

FOR HIRE TRUCK RENEWAL INSURANCE APPLICATION

The Colony For Hire Truck Renewal Application can only be used when all four (4) of the following conditions are met:

- The Colony For Hire Truck Insurance Application was completed for the expiring policy term
- The applicant is a Colony renewal
- The For Hire Truck Renewal Insurance Application has not been used for more than two (2) consecutive policy periods
- There have been absolutely no material changes in the operation (other than changes in units or drivers) since the current policy term

Colony Insurance Company
 Colony Specialty Insurance Company

Argonaut Insurance Company
 Argonaut Midwest Insurance Company

SECTION I- APPLICANT INFORMATION

Renewal of Policy# _____

1. Insured Name or dba _____

2. Effective Date: _____ Expiration Date _____
12:01 A.M. at applicant's mailing address

3. Mailing Address: _____

4. Insured is: Individual Partnership Corporation LLC Joint Venture Other: _____

5. Describe business/operations: _____

6. Have you filed bankruptcy or legal reorganization in the past 5 years? Yes No

7. History of Gross receipts - current year.

Year	Gross Receipts/Revenues	# of power units at inception	Radius
Projected / Current			

SECTION II -COVERAGES

Please check all applicable coverages:

- Combined Single Limit (BI/PD) each accident \$ _____ Cannot exceed \$1ML
- Liability Property Damage Deductible (Available for fleet accounts only) \$ _____
- Uninsured Motorists (UM) \$ _____
- Underinsured Motorists (UIM) \$ _____
- Personal Injury Protection (PIP - No Fault) \$ _____

Attach appropriate Uninsured Motorists / Underinsured Motorists / Personal Injury Protection Selection form(s). Must be completed in full and signed by the applicant when binding coverage.

- Medical Payments \$ _____ Property Protection (Michigan Only) \$ _____
- Property Damage Buyback (Michigan Only) Physical Damage Total Insured Value \$ _____
- Non-Owned Trailer Physical Damage: Max Value \$ _____
Max # of non-owned trailers in possession at any one time: _____
- Trailer Interchange: Max Trailer Value \$ _____ # of Trailer Days per Power Unit: _____
Power Units under Agreement: _____

Cargo: Please complete Colony Cargo Supplemental Application.

Broadened Pollution (Not available in FL)

Indicate which For-Hire Auto Physical Damage Coverages are requested (coverages not available in FL):

Downtime Opt 1 or Opt 2

Tapes, Records & Discs

Rental Reimbursement

Personal Effects

Electronic Equipment

Single Deductible per loss/Occurrence

Hired Auto Liability: Estimated Cost of Hire \$ _____ OR Contract Requirement Only

Non-Owned Liability: # Employees: _____

Hired Auto Physical Damage: Max Value \$ _____ # of days: _____

Waiver of Subrogation: Total _____ Loss Payees Additional Insureds

SECTION III - DESCRIPTION OF OPERATIONS

1. Commodities Transported (If Cargo Coverage requested, complete the Colony Cargo Supplement)

Commodity	%	Max Value	Commodity	%	Max Value

2. Do you back haul for hire? Yes No If Yes, complete table below:

(If Cargo Coverage requested, complete the chart below as well as the Colony Cargo Supplement)

Commodity	%	Max Value	Commodity	%	Max Value

SECTION IV - AREA OF OPERATIONS

1. Radius of operation: 0-100 101-300 301-500 501+ explain: _____

2. Indicate all locations where you regularly pick-up and drop off loads:

- | | | | | |
|--|---------------------------------------|--|---|--|
| <input type="checkbox"/> Atlanta | <input type="checkbox"/> Denver | <input type="checkbox"/> Louisville | <input type="checkbox"/> Oklahoma City | <input type="checkbox"/> Tulsa |
| <input type="checkbox"/> Baltimore | <input type="checkbox"/> Detroit | <input type="checkbox"/> Memphis | <input type="checkbox"/> Omaha | <input type="checkbox"/> San Diego |
| <input type="checkbox"/> Boston | <input type="checkbox"/> Hartford | <input type="checkbox"/> Mexico * | <input type="checkbox"/> Phoenix | <input type="checkbox"/> Seattle |
| <input type="checkbox"/> Buffalo | <input type="checkbox"/> Houston | <input type="checkbox"/> Miami | <input type="checkbox"/> Philadelphia | <input type="checkbox"/> Sacramento |
| <input type="checkbox"/> Canada | <input type="checkbox"/> Indianapolis | <input type="checkbox"/> Milwaukee | <input type="checkbox"/> Pittsburgh | <input type="checkbox"/> San Antonio |
| <input type="checkbox"/> Charlotte | <input type="checkbox"/> Jacksonville | <input type="checkbox"/> Minneapolis/St Paul | <input type="checkbox"/> Portland | <input type="checkbox"/> Washington DC |
| <input type="checkbox"/> Chicago | <input type="checkbox"/> Kansas City | <input type="checkbox"/> Nashville | <input type="checkbox"/> Richmond | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Cincinnati | <input type="checkbox"/> Little Rock | <input type="checkbox"/> New England | <input type="checkbox"/> St Louis | |
| <input type="checkbox"/> Cleveland | <input type="checkbox"/> Las Vegas | <input type="checkbox"/> New Orleans | <input type="checkbox"/> Salt Lake City | |
| <input type="checkbox"/> Dallas/FT Worth | <input type="checkbox"/> Los Angeles | <input type="checkbox"/> New York City | <input type="checkbox"/> San Francisco | |

*If operating into Mexico, refer to Company

SECTION VII - PREVIOUS INSURANCE AND LOSS EXPERIENCE

THIS SECTION MUST BE COMPLETED IN ITS ENTIRETY

List prior Colony policy numbers including dates of coverage

Coverage Date /Policy number _____/_____ Coverage Date /Policy number _____/_____

Coverage Date /Policy number _____/_____ Coverage Date /Policy number _____/_____

SECTION VIII - VEHICLE INFORMATION

1. Provide name, title & phone number of person responsible for Vehicle Maintenance & Safety:

2. Are you requesting Trailer Interchange Coverage under a Trailer Interchange Agreement? Yes No

If yes, please submit a copy of the Trailer Interchange Agreement with the application. If No, refer to company

3. Is this insurance to cover all owned, leased and operated vehicles?

Yes No If No, refer to company

4. Do you hire any equipment? Yes No If Yes; please explain and give estimated annual cost of hire:

5. Is there specialized equipment attached to any unit? i.e., Cranes, Booms, etc. Yes No If Yes, describe:

If more than one unit insured, describe which unit is specially equipped_____

6. Specify safety equipment attached to units:

Anti theft device

Reflective tape

Back up Alarms

Reflectors

Drive Cam monitored service

Speed Governors; indicate set speed _____

Electronic Log Programs

Tarp s

Fender Mirrors

O ther _____

7. Vehicle Maintenance Information:

How often are units serviced? _____

Do drivers conduct pre-trip check of units? Yes No

Are there service/maintenance logs Kept? Yes No

Are Annual State Inspections required? Yes No

8. Vehicle Safety & Overnight Security Information:

Vehicles taken home by drivers

Well lit lot

Vehicles stored at insured's open lot

I ntrusion Alarm

Vehicle stored at non-owned open lot

Security Guard

Vehicles stored inside building

Guard dogs

Fenced lot

Keys locked in secured location

Other _____

9. Additional Interest (attached separate sheet if necessary):

UNIT NO.	INDICATE INTEREST	NAME	STREET ADDRESS, CITY, ST, ZIP
	<input type="checkbox"/> Additional Insured <input type="checkbox"/> Certificate Holder <input type="checkbox"/> Lien holder <input type="checkbox"/> Loss Payee <input type="checkbox"/> Waiver of Subro <input type="checkbox"/> _____		

UNIT NO.	INDICATE INTEREST	NAME	STREET ADDRESS, CITY, ST, ZIP
	<input type="checkbox"/> Additional Insured <input type="checkbox"/> Certificate Holder <input type="checkbox"/> Lien holder <input type="checkbox"/> Loss Payee <input type="checkbox"/> Waiver of Subro <input type="checkbox"/> _____		

UNIT NO.	INDICATE INTEREST	NAME	STREET ADDRESS, CITY, ST, ZIP
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UNIT NO.	INDICATE INTEREST	NAME	STREET ADDRESS, CITY, ST, ZIP
	<input type="checkbox"/> Additional Insured <input type="checkbox"/> Certificate Holder <input type="checkbox"/> Lien holder <input type="checkbox"/> Loss Payee <input type="checkbox"/> Waiver of Subro <input type="checkbox"/> _____		

SECTION IX - VEHICLE SCHEDULE

NOTE: If you have more than 10 Power Units please submit to Colony Underwriter.

Unit No.	Model Year	Make & Model	Body Type*	VIN	GCVW	Garaging Location (City, Zip)
1						
	Physical	Comp Ded-	SCOL Ded-	Collision Ded-		Stated Amount
	Damage:					\$
Unit No.	Model Year	Make & Model	Body Type*	VIN	GCVW	Garaging Location (City, Zip)
2						
	Physical	Comp Ded-	SCOL Ded-	Collision Ded-		Stated Amount
	Damage:					\$
Unit No.	Model Year	Make & Model	Body Type*	VIN	GCVW	Garaging Location (City, Zip)
3						
	Physical	Comp Ded-	SCOL Ded-	Collision Ded-		Stated Amount
	Damage:					\$
Unit No.	Model Year	Make & Model	Body Type*	VIN	GCVW	Garaging Location (City, Zip)
4						
	Physical	Comp Ded-	SCOL Ded-	Collision Ded-		Stated Amount
	Damage:					\$
Unit No.	Model Year	Make & Model	Body Type*	VIN	GCVW	Garaging Location (City, Zip)
5						
	Physical	Comp Ded-	SCOL Ded-	Collision Ded-		Stated Amount
	Damage:					\$

Unit No.	Model Year	Make & Model	Body Type*	VIN	GCVW	Graging Location (City, Zip)
6						
	Physical	Comp Ded-	SCOL Ded-	Collision Ded-		Stated Amount
	Damage:					\$
Unit No.	Model Year	Make & Model	Body Type*	VIN	GCVW	Garaging Location (City, Zip)
7						
	Physical	Comp Ded-	SCOL Ded	Collision Ded-		Stated Amount
	Damage:					\$
Unit No.	Model Year	Make & Model	Body Type*	VIN	GCVW	Garaging Location (City, Zip)
8						
	Physical	Comp Ded-	SCOL Ded-	Collision Ded-		Stated Amount
	Damage:					\$
Unit No.	Model Year	Make & Model	Body Type*	VIN	GCVW	Garaging Location (City, Zip)
9						
	Physical	Comp Ded-	SCOL Ded-	Collision Ded-		Stated Amount
	Damage:					\$
Unit No.	Model Year	Make & Model	Body Type*	VIN	GCVW	Garaging Location (City, Zip)
10						
	Physical	Comp Ded-	SCOL Ded-	Collision Ded-		Stated Amount
	Damage:					\$

*****NOTE: Fleets with more than 10 power units require submission to company.*****

*Truck Body/Trailer type i.e Tractor, Box van, Flatbed, Lowboy, Tanker, Open Top, etc.

SECTION X - SIGNATURE SECTION

I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the Insurance Company

 Applicant's Signature Date

 Witness Date

Agent:
 Are you personally familiar with this Applicant's operations? Yes No
 Did your office control this risk in the past year? Yes No

 Agent's or Broker's Name Telephone Number License #

 Address

 Agents Signature Date

GENERAL FRAUD STATEMENT (Not applicable in Colorado, Ohio and Oregon)		
Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subject the person to criminal and [NY: substantial] civil penalties. In the District of Columbia, Louisiana, Maine, Tennessee and Virginia, insurance benefits may also be denied.		
APPLICANT'S	SIGNATURE	DATE (MM/DD/YY)
Applicable in Colorado		
It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.		
APPLICANT'S	SIGNATURE	DATE (MM/DD/YY)
Applicable in Ohio		
Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.		
APPLICANT'S	SIGNATURE	DATE (MM/DD/YY)
Applicable in Oregon		
Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of Insurance Fraud.		
APPLICANT'S	SIGNATURE	DATE (MM/DD/YY)

SECTION XI- INFORMATION SECTION

1. LONGER COMBINATION VEHICLES (LCVs):

Note: Colony Transportation is not a market for LCVs

What are Longer Combination Vehicles (LCVs)? Longer combination vehicles, commonly called "LCVs," are tractor-trailer combinations with two or more trailers that may exceed 80,000 pounds gross vehicle weight (GVW). LCVs typically include three vehicle types:

		APPROXIMATE LENGTH (ft)			
		OVERALL Length (includes tractor)	TRAILER NUMBER		
TYPE	WEIGHT (lbs)		1	2	3
Rocky Mountain Double	105,000	95	48	28	--
Turnpike Double	135,000	120	48	48	--
Triple Trailer	110,000	110	28	28	28

Information obtained from the CA Department of Transportation web-site

2. DRIVER REQUIREMENTS:

For rating purposes, we look at all moving violations occurring within a three (3) year period of the proposed policy effective date. However, when underwriting the account, we take into consideration all violations listed on the driver's motor vehicle record. A driver with a history of moving violations with no signs of improvement; is not an acceptable driver for this program.

- Submit drivers with the following moving violations:
 - A combination of three (3) or more Category A & B violations
 - 1 Category C (serious) violations
 - With a prior suspended or revoked license. Provide full details of the circumstances surrounding the suspension or revocation

- Decline drivers with the following:
 - CDL Learners Permits when a CDL is required to operate the unit
 - With more than one DUI/DWI
 - Under the age of 23 years old
 - 2 or more Category C (serious) violations
 - 3 or more At-Fault accidents
 - Requiring a SR-22 filing or other proof of financial responsibility certification
 - Any Category D violations appearing on the Motor Vehicle Record

3. MOVING VIOLATION CATEGORIES:

CATEGORY A (Non-Serious Violations)

- Defective Vehicle or Equipment
- Driving with No or Improper License
- Failure to Obey Traffic Control Devices
- Failure to Secure Load
- Failure to Signal
- Failure to Yield
- Improper Lane Use
- Improper Lights
- Improper Passing
- Improper Turn
- Load Spill/Shift/Drop
- **Maintenance of Lamps/Lights**

CATEGORY B (Standard Violations)

- At-Fault Accidents
- Careless or Imprudent/Inattentive Driving
- Driving Too Fast for Conditions
- Driving the Wrong-Way on One-Way Street
- Driving on Wrong Side of the Road
- Failure to Maintain Control

CATEGORY C (Serious Violations) - SUBMIT

- All Alcohol Related Offenses
- All Drug Related Offenses
- Habitual Offender
- Ignition Control Device Required (This may appear as a License Type or as a Violation)
- Multiple Past Suspensions on MVR

CATEGORY D - DECLINE

- Eluding Police
- Failing to Stop for Accident
- Felony with a Motor Vehicle
- Hit-and-Run
- Leaving the Scene of Accident

- **Other Misc. state specific moving violations**
- Obstructed View
- Oversize or Overweight
- **Seat Belt Violation**
- Speeding 1-14 mph (except IA)
- Speeding 11-14 miles over in 35-55 MPH Zone (IA only)
- Unlawful Use of Drivers License
- **Use of Hand-Held Cell Phone while Operating a Motor Vehicle**

- Following Too Close
- Illegal or Improper Backing
- Speeding 15-28 MPH
- **Texting while Operating a Motor Vehicle**

- Open Container
- Out of Service (OOS) Suspensions
- Reckless or Unsafe Driving
- Speeding 29+ MPH

- License currently suspended or revoked—submit to company when reinstated
- **Manslaughter with a motor vehicle**
- Negligent Homicide
- Racing or Speed Contest