

**TRANSPORTATION APPLICATION**

- Colony Insurance Company
- Colony Specialty Insurance Company

- Argonaut Insurance Company
- Argonaut Midwest Insurance Company

**Section I - General Information**

1. Policy Period Desired \_\_\_\_\_ Phone # \_\_\_\_\_
2. Insured Name \_\_\_\_\_ Fax # \_\_\_\_\_  
(dba) \_\_\_\_\_ Website \_\_\_\_\_
3. Mailing Address: \_\_\_\_\_
4. Insured is:  Individual  Partnership  Corporation  Limited Liability Corp.  Other: \_\_\_\_\_
5. Describe business/operations \_\_\_\_\_  
\_\_\_\_\_
6. Years operating this business: \_\_\_\_\_
7. Have you ever operated under another name?  Yes  No
  - a. If "Yes," what was the name of that operation? \_\_\_\_\_
  - b. If this is a new venture, where did you get your experience? \_\_\_\_\_
8. In the past 3 years, have you ever had insurance for this type of operation cancelled, declined or renewal refused? If "Yes," explain:  Yes  No  
\_\_\_\_\_
9. Gross receipts last year: \_\_\_\_\_ Estimate for coming year: \_\_\_\_\_
10. Annual miles driven per power unit: \_\_\_\_\_
11. Percentage of the types of roads traveled:  
Four-lane Highway or larger: \_\_\_\_\_ Two-lane Highway: \_\_\_\_\_ Dirt Roads: \_\_\_\_\_ Other( \_\_\_\_\_ ): \_\_\_\_\_ = **100%**

**Section II - Description of Operations**

12. Dump Operation: (Includes Cement Trucks) (Select one)
  - Hauling your own goods (Not for Hire)
  - Cement Trucks
  - Hauling for single concern (Name of Concern: \_\_\_\_\_)
  - Hauling for multiple concerns
 Types of Cargo:  Sand  Gravel  Dirt  Asphalt
13. Wrecker Operation: (Select one/or combination)
  - Repossessor (Also complete Supp'l App. AU 1110)
  - In conjunction with Auto Dealer operation
  - In conjunction with Garage Service operation
    - \_\_\_\_\_ % used to transport customer's autos
    - \_\_\_\_\_ % used on a for hire basis
  - For hire, servicing public
 Methods you use to acquire your wrecker business:
  - \_\_\_\_\_ % Rotation-contracted by state/city/local authority
  - \_\_\_\_\_ % Police Scanner
  - \_\_\_\_\_ % Auto club
  - \_\_\_\_\_ % Other (explain) \_\_\_\_\_

14. Contractor(s) other than dump operations (Select one/or combination):

- Building-commercial
- Building-private dwellings
- Electrical, plumbing, masonry, and other repair or services
- Excavating
- Street/road
- Other \_\_\_\_\_

15. Food Delivery: (Autos used by food manufactures to transport raw and finished products or used in wholesale distribution of food). Type of food or product: \_\_\_\_\_

16. Specialized Delivery (Select one):

- Magazines/Newspapers
- Mail/Parcel Post
- Oilfield Delivery

17. Trash/Refuse/Waste (non hazardous):

Residential \_\_\_\_\_% Commercial \_\_\_\_\_%

If landfill/dumpsite is owned by you, advise who writes Pollution and General Liability \_\_\_\_\_  
Evidence of this coverage is mandatory.

18. Not otherwise classified in 12 through 17 above (Select one):

- Hauling your own goods
- Hauling exclusively for one concern

Is concern trucking firm?

Yes  No

Name of concern \_\_\_\_\_

Specify type of cargo or operation \_\_\_\_\_

19. Do you back haul for hire?

Yes  No

If "Yes," what commodities, and how often? \_\_\_\_\_

### Section III - Area of Operations

20. Define normal areas of operation, i.e., cities, states: \_\_\_\_\_

21. Do you operate over a regular route?

Yes  No

If "Yes," describe \_\_\_\_\_

22. List largest cities entered in each state: \_\_\_\_\_

23. Radius of operation:  0-100  101-300  301-500

24. Do you ever exceed 500 miles?

Yes  No

If "Yes," explain: \_\_\_\_\_

### Section IV - Driver Information

25. Do you carry Worker's Compensation?

Yes  No

26. Do you order motor vehicle reports on all of your drivers within 30 days of employment?

Yes  No

27. Schedule of Drivers (if any additional drivers, attach list)

a. How are drivers paid?  Per Load  Per Hour  Per Mile  Other(describe) \_\_\_\_\_

28. Advise number of drivers employed over the past 6 mos. \_\_\_\_\_ or over the past 12 months \_\_\_\_\_

Drivers Full Name	Date of Birth	Date Employed	Yrs Experience Comm'l Driving on like equipment	Drivers License Number/State
1.				
2.				
3.				
4.				
Driver	Description of Convictions for Violations and Accidents (Past 3 years)			
1.				
2.				
3.				
4.				

**Section V - Schedule of Units**

29. Number of vehicles owned: \_\_\_\_\_ Pickups \_\_\_\_\_ Trucks \_\_\_\_\_ Tractors \_\_\_\_\_ Semi Trailer \_\_\_\_\_ Full Trailers

30. Number of vehicles leased: \_\_\_\_\_ Pickups \_\_\_\_\_ Trucks \_\_\_\_\_ Tractors \_\_\_\_\_ Semi Trailer \_\_\_\_\_ Full Trailers

a. Do others operate under your authority?  Yes  No

If "Yes," please explain: \_\_\_\_\_

b. Number of vehicles operating under your authority:

\_\_\_\_\_ Pickups \_\_\_\_\_ Trucks \_\_\_\_\_ Tractors \_\_\_\_\_ Semi Trailer \_\_\_\_\_ Full Trailers

c. Do you ever lease your authority to others?  Yes  No

If "Yes," please explain: \_\_\_\_\_

31. Is this insurance to cover all owned, leased and operated vehicles?  Yes  No

If "No," please explain: \_\_\_\_\_

32. Do you hire any equipment?  Yes  No

If "Yes," please explain and give estimated annual cost of hire: \_\_\_\_\_

33. Do you loan or rent any of your equipment to others?  Yes  No

If "Yes," please explain: \_\_\_\_\_

34. Do you interchange equipment with other carriers?  Yes  No

If "Yes," give details: \_\_\_\_\_

35. Is there specialized equipment attached to any unit? i.e., Cranes, Booms, etc.  Yes  No

If "Yes," describe: \_\_\_\_\_

36. If more than one unit insured, describe which unit is specially equipped.

37. Schedule of units:

Unit No.	Model Year	Trade Name	Tractor, Truck, Semi Trailer etc	Body Type* Structure Type**	Cargo Hauled	Model and Vin Number	Max GVW/Max GCW
1.							
2.							
3.							
4.							
5.							

\*Body type i.e., Belly Dump, Side Dump, Tanker, Lowboy, Reefer, Drop Deck, Rollback, Packer Etc.

\*\*Structure type i.e., Stainless steel, Metal, Fiberglass, etc.

Unit No.	Principal Location of Garaging	Maximum Radius of Operations
1.		
2.		
3.		
4.		
5.		

### Section VI - Safety and Maintenance

38. Is there a formal safety program in effect?  Yes  No  
 If "Yes," give details and/or attach copy of your safety program: \_\_\_\_\_
39. Explain your maintenance program., i.e., How often is maintenance done and by whom? \_\_\_\_\_  
 \_\_\_\_\_
40. What criteria do you have in place for acceptability of drivers? \_\_\_\_\_
41. Describe your accident reporting procedures: \_\_\_\_\_
42. Are periodic reviews of all drivers conducted?  Yes  No  
 If "Yes," how often? \_\_\_\_\_
43. Is any action taken against a driver for having a chargeable accident or a poor motor vehicle record?  Yes  No  
 If "Yes," explain: \_\_\_\_\_
44. Do you have a safety incentive program?  Yes  No  
 If "Yes," describe and/or attach a copy of your program: \_\_\_\_\_
45. Is there safety equipment attached to any unit? i.e., Anti theft devices, tarps, back up alarms etc., (Be specific)  
 \_\_\_\_\_
46. Are your trailers retrofitted with Reflective tape or Reflectors?  Yes  No

### Section VII - Filing Information

For prompt and accurate filing, complete information must be given including name, address and Docket No. EXACTLY as authority exists. Use separate sheet if necessary. Failure to provide accurate information will result in delays and suspensions.

47. Do you hold an I.C.C. permit?  Yes  No  
 If "Yes," Docket Number \_\_\_\_\_ Please attach a copy of your completed RS form.
48. Do you hold a DOT registration?  Yes  No  
 If "Yes," DOT number \_\_\_\_\_
49. State filings required?  Yes  No  
 If "Yes," show states and permit numbers \_\_\_\_\_  
 Do you hold broker authority?  Yes  No
50. Is any special filing required such as oversize, overweight, city or hazardous permit?  Yes  No  
 If "Yes," give details: \_\_\_\_\_

**Section VIII - Previous Insurance and Loss Experience**

**THIS SECTION MUST BE COMPLETED IN ITS ENTIRETY**

Policy Year	Insurance Carrier	Policy #	# of Accidents	Total Amount of Claims Paid		Total Amt. of Unsettled Claims (reserves)	
				Bodily Injury	Property Damage	Bodily Injury	Property Damage
to							
to							
to							
				Paid Losses on Fire, Lightning, Explosion	Paid Losses on Theft/Vandalism	Paid Losses on Collision	Paid Losses on Windstorm, Hail, Flood etc
to							
to							
to							

**\*\*\*FOR FLEETS CONSISTING OF 5 POWER UNITS OR MORE – HARD COPY LOSS RUNS ARE REQUIRED\*\*\***

**Section IX - Coverage and Limits Requested**

51. Liability Limits

- a. Combined Single Limit: \$ \_\_\_\_\_  
 Split Limits:  
 Bodily Injury \$ \_\_\_\_\_ each person  
 \$ \_\_\_\_\_ each accident  
 Property Damage \$ \_\_\_\_\_ each accident

- b. Liability Deductibles  
 Bodily Injury only \$ \_\_\_\_\_  
 Property Damage only \$ \_\_\_\_\_  
 Bodily Injury and Property Damage \$ \_\_\_\_\_  
 Bodily Injury and Property Damage applied separately \$ \_\_\_\_\_

52. Do you desire Uninsured/Underinsured Motorist coverage? (for requirements, check state statutes)  Yes  No  
 If "Yes," limit desired \$ \_\_\_\_\_  
 If required by state, please complete, sign and attach proper form for selection or rejection of this coverage.

53. Do you desire Personal Injury Protection coverage? (for requirements, check state statutes)  Yes  No  
 If required by state, please complete, sign and attach proper form for selection or rejection of coverage.

54. Do you desire Medical Payments Coverage?  Yes  No  
 If "Yes," advise limit \$ \_\_\_\_\_

55. Do you desire Hired and/or Non Owned Coverage?  Yes  No  
 If "Yes," please complete Supplemental forms AU 1129 and AU 1130.

56. Physical Damage Coverages and deductible selection

Unit Description	Stated Amount	Collision Deductible	Other than Collision Deductible		Single Deductible Per Occurrence
			Specified Causes of Loss	Comprehensive	
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

57. Loss Payable Name and Address (advise which unit(s) this applies to): \_\_\_\_\_

58. List any Additional Insureds to be named and advise what their interest is in your operation: \_\_\_\_\_

59. List any Person or Organization requesting a Waiver of Subrogation, and advise reason for this request: \_\_\_\_\_

**Section X – Signatures**

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 Agents Signature  
 (Please print)

\_\_\_\_\_  
Address Date  
License No.

**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)