

National Casualty Company
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 8877 Gainey Center Drive
 Scottsdale, Arizona 85258

Scottsdale Indemnity Company
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

Scottsdale Insurance Company
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

Scottsdale Surplus Lines Insurance Company
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

1-800-423-7675 • Fax (480) 483-6752

COMMERCIAL AUTOMOBILE/TRUCKERS APPLICATION

Name of Applicant: _____

 D/B/A: _____

 Street Address: _____

 P.O. Mailing Address: _____

 Phone No.: _____
 FEIN/Social Security/Soundex No.: _____
 Website: _____

Agent Name: _____

 Address: _____

 Agent No.: _____

PROPOSED EFFECTIVE DATE:
 From _____ To _____
 12:01 A.M., Standard Time, at the mailing address of the Applicant.

PLEASE ANSWER ALL QUESTIONS

DESCRIPTION OF OPERATIONS

1. **Applicant is:** Individual Partnership Corporation Joint Venture LLC Other: _____
2. **Description of operations:** _____

 Attach appropriate supplemental application as needed.
3. **How long has this operation been in business?** _____
4. **How many years of experience does your management have in the truck/transportation business?** _____
 Provide an explanation of their experience: _____
5. **Have you had any insurance canceled, declined or non-renewed in the last three years** (Not applicable in Missouri)?..... Yes No
 If yes, explain: _____
6. **Has there been any change in the nature of operations, ownership, management or the name of the operation during the last five years?**..... Yes No
 If yes, provide details: _____



7. **Is the applicant a subsidiary of another entity, does the applicant have any subsidiaries or has the applicant operated under a different name?** Yes No
If yes, provide details: _____
8. **Is there a formal safety program?** Yes No
If yes, provide details or a copy: _____
9. **List commodities transported:** _____
10. **Any exposure to flammables, explosives, chemicals or hazardous materials (including medical or contaminated waste)?** Yes No
If yes, provide specific details: _____
11. **Radius of operations:** Intrastate only Interstate
0-100 miles: _____% 101-300 miles: _____% 301-500 miles: _____% Over 500 miles: _____%
12. **List all states in which vehicles operate:** _____
a. For all states, list largest cities entered: _____
b. For all states, list farthest city entered from garaging location: _____
13. **Is your operation subject to time constraints when delivering the commodity?** Yes No
14. **Do you haul for others?** Yes No
If yes, indicate percentage and for whom: _____
15. **Do you back haul?** Yes No
If yes, advise for whom and commodities transported: _____
16. **Do you have a signed trailer interchange agreement?** Yes No
If yes, provide a copy of the signed agreement, cover letter and provider list.
17. **Do you operate under a UIIA (Uniform Intermodal Interchange Association) contract?** Yes No
If yes, provide a copy of the signed contract, cover letter and provider list.
18. **Do any units have special equipment, customizations or alterations?** Yes No
a. If yes, describe: _____
b. If a boom, how far does the collapsed length of the boom extend beyond the front or rear bumper? _____
19. **Are any vehicles used by family members?** Yes No
If yes, list and provide MVRs: _____
20. **Is there personal use of vehicles?** Yes No
If yes, explain: _____
21. **Do you allow passengers?** Yes No
If yes, explain: _____
22. **Are any vehicles or equipment loaned, rented, or leased to others?** Yes No
If yes, explain: _____
23. **Are all drivers covered by Workers' Compensation insurance?** Yes No

DRIVER INFORMATION

24. **Is there a formal driver hiring procedure?**..... Yes No
 If yes, provide a copy.

25. **Is there a formal driver training program?**..... Yes No
 If yes, provide a copy.

26. **Do you:**
 Perform employee drug and alcohol screening/testing?..... Yes No
 Perform criminal background checks?..... Yes No
 Have a "Good Driver" incentive program Yes No
 Order MVRs prior to allowing employees to drive? Yes No

27. **Criteria for hiring drivers: Minimum age:** _____ **Years of experience:** _____
 Describe MVR standards: _____

28. **Average driver turnover per year:**..... _____ %
Number of drivers hired in the past twelve (12) months:..... _____

29. **Is there an accident review procedure?**..... Yes No
 If yes, please describe: _____

30. **Are all drivers employees?**..... Yes No
 If no, provide copy of contract.

31. **How are your drivers paid?** Per load Per hour Other: _____

32. **Do you agree to screen and report all potential operators immediately upon hiring?**..... Yes No

33. **Maximum number of hours driver will operate a vehicle in a twenty-four (24) hour period:** _____

34. **Are driver teams used?** Yes No

35. **Are drivers assigned to specific units?** Yes No

36. **List below all drivers, owners/officers, partners currently employed as of the proposed effective date.** If a Non-Owned auto is to be considered, you must list information for all employees currently employed by you.

Driver's Name	D/C*	Date of Birth	Driver's License No.	State	Class of License	No. of Years Driving Similar Vehicle	Length of Employment	List Past Three Years of Accidents & Traffic Violations

*Designation Code: O—Owner/Officer, P—Partner, E—Employee



VEHICLE INFORMATION

37. **Number of vehicles owned:** Light: _____ Medium: _____ Heavy: _____ Extra Heavy: _____
 Tractors: _____ Trailers: _____ Private Passenger Types: _____
38. **Number of vehicles leased:** Light: _____ Medium: _____ Heavy: _____ Extra Heavy: _____
 Tractors: _____ Trailers: _____ Private Passenger Types: _____
39. **Do you use double or triple trailers?** Yes No
 If yes, what percentage of trips involves the use of multiple trailers?..... _____%
40. **Do all trailers have DOT-required reflective tape?** Yes No
41. **Provide details on your vehicle maintenance program:** _____

42. **Are any vehicles owned, operated or leased that are not included in the vehicle schedule?** Yes No
 If yes, provide details: _____

PRIOR CARRIER AND LOSS EXPERIENCE SUMMARY

Include a minimum of four years currently valued company loss runs for all accounts.

The following Prior Carrier and Loss Experience Section must be completed:

Policy Period	Prior Carrier	Policy No.	Past Deductible Amount	Liability Premium	Physical Damage Premium	No. Of Losses	Liability Losses Paid/ Open*	Physical Damage Losses Paid/ Open*

OPERATION HISTORY

Year	Gross Receipts	Mileage	Number of Power Units
Current Year			
Projected for Coming Year			

FILING INFORMATION

- 43. Do you hold an ICC/FHWA permit or UCRA/DOT registration?
44. State filings required?
45. Provide exact name and address as shown on application for filings, permits, certificates, etc.:
46. Are there any special requirements needed for City permits, Certificates of Insurance, oversize and/or overweight permits?

HIRED AUTO INFORMATION—Coverage Subject to Audit

- 47. Why is hired auto coverage being requested?
48. Do you lease, hire, rent or borrow any vehicles from others?
49. Do you hire independent contractors?
50. If owner/operators are leased, will they be scheduled on your policy?
51. Do you use sub-haulers?
52. Do you lease, hire, rent or borrow any vehicles from others without drivers?
53. What is your cost to lease, hire, rent or borrow vehicles?
54. Is Hired Auto Physical Damage coverage desired?
55. How many autos are hired on average within a twelve (12) month period?
56. How many hired autos are in the insured's possession at any one time?
57. What type of vehicles do you lease, hire, rent or borrow?



58. At any time will your employees, subcontractors, or owner/operators lease vehicles in your name?..... Yes No
 If yes, explain: _____
59. Do you arrange or dispatch loads for others, not including your own hired truckers? Yes No
 Explain: _____
 Are you named on the Bills of Lading? Yes No
 Annual number of Truckers: _____ Loads: _____
60. Do you have motor carrier brokerage authority? Yes No
 If yes, is the brokerage authority held under the same name and motor carrier number as your trucking operation? Yes No
 What is your motor carrier brokerage number? _____
 Whose name appears on the bill of lading as the carrier? _____
 What is your brokerage revenue for the most recent twelve (12) months? _____
 Estimated next twelve (12) months: _____
61. Do you understand that we may audit your records for Hired auto exposure, which might result in an additional premium?..... Yes No

NON-OWNED AUTO INFORMATION—Coverage Subject to Audit

62. Why is non-ownership liability coverage being requested? _____
63. What types of non-owned autos will be used in your business? _____
 Total number of non-owned autos used: _____ How will they be used? _____
64. How often are non-owned autos used in your business? Daily Weekly Monthly Other: _____
 Estimate the number of hours per month:..... _____
 Estimated annual mileage for use of all non-owned autos: _____
65. Do any employees use their autos in your business? Yes No
 If yes, what limit of liability insurance are they required to maintain? _____
 Do you require evidence of insurance? Yes No
66. Will you use non-owned autos other than those owned by employees?..... Yes No
 If yes, describe the relationship: _____
67. Total number of employees: _____ Total number of officers and partners: _____
68. If a social service operation, do you use the autos of volunteers? Yes No
 Maximum number of volunteers at any one time:..... _____
 How will they use their vehicles? _____
69. Are volunteers required to have their own insurance?..... Yes No
 Minimum limits required: _____
70. Do you obtain motor vehicle records for all employees and volunteers? Yes No
71. Do you understand that we may audit your records for Non-Owned auto exposure, which might result in an additional premium? Yes No

LIMIT AND COVERAGE INFORMATION

72. Liability: Combined Single Limits:\$ _____
 Split Limit: B.I. Per Person: \$ _____ B.I. Per Accident: \$ _____ Property Damage: \$ _____
 Liability Deductible: \$1,000 Over \$1,000 _____ **Submit to company—financials may be required**

73. Hired Auto: Cost of Hire:.....\$ _____
Hired auto coverage is subject to audit.

74. Non-owned Auto: Number of: Partners: _____ Employees: _____ Volunteers: _____
Non-owned auto coverage is subject to audit.

75. Uninsured Motorist: Rejected Limits Accepted:.....\$ _____

76. Underinsured Motorist: Rejected Limits Accepted:.....\$ _____
 (Complete appropriate UM/UIM Selection/Rejection Form for Questions **75.** and **76.**)

77. Optional no-fault state: PIP rejected? Yes No

78. Mandatory no-fault state: PIP basic limits accepted? Yes No
 (Complete appropriate Personal Injury Protection Selection/Rejection Form for Questions **77.** and **78.**)

79. Medical Payments: Rejected Limits accepted:\$ _____

80. Trailer Interchange: Limit \$ _____ Number of Trailers: _____
 Deductibles: Comp \$ _____ SCOL \$ _____ Coll \$ _____

81. Do you understand that we may audit your records, which might result in an additional premium? Yes No

82. Are any Lessors or other entities to be added as additional insureds? Yes No
 If yes, list:

NAME	VEHICLE	ADDRESS	RELATIONSHIP/INTEREST

VEHICLE SCHEDULE

(Attach copies of the vehicle registration for all vehicles and explain if registration name is different from applicant's name.)

Vehicle No.:	Year:	V.I.N.:
Make/model/type of vehicle:		
<input type="checkbox"/> ACV <input type="checkbox"/> ST AMT: \$	Value of perm. attached equip.: \$	
Mfg. seating capacity:	Radius:	Farthest city:
City, state, zip where garaged:		
License state:		License plate No.:
GVW/GCW:		Class.:
Deductibles:	<input type="checkbox"/> COMP	<input type="checkbox"/> SCOL <input type="checkbox"/> COLL
<input type="checkbox"/> Commercial <input type="checkbox"/> Retail <input type="checkbox"/> Service Leased Vehicle?..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
Loss payee/additional insured/lessor:		
If limousine, name of coach builder:		Length:

Vehicle No.:	Year:	V.I.N.:
Make/model/type of vehicle:		
<input type="checkbox"/> ACV <input type="checkbox"/> ST AMT: \$		Value of perm. attached equip.: \$
Mfg. seating capacity:	Radius:	Farthest city:
City, state, zip where garaged:		
License state:		License plate No.:
GVW/GCW:		Class.:
Deductibles:	<input type="checkbox"/> COMP	<input type="checkbox"/> SCOL <input type="checkbox"/> COLL
<input type="checkbox"/> Commercial <input type="checkbox"/> Retail <input type="checkbox"/> Service Leased Vehicle?..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
Loss payee/additional insured/lessor:		
If limousine, name of coach builder:		Length:

Vehicle No.:	Year:	V.I.N.:
Make/model/type of vehicle:		
<input type="checkbox"/> ACV <input type="checkbox"/> ST AMT: \$		Value of perm. attached equip.: \$
Mfg. seating capacity:	Radius:	Farthest city:
City, state, zip where garaged:		
License state:		License plate No.:
GVW/GCW:		Class.:
Deductibles:	<input type="checkbox"/> COMP	<input type="checkbox"/> SCOL <input type="checkbox"/> COLL
<input type="checkbox"/> Commercial <input type="checkbox"/> Retail <input type="checkbox"/> Service Leased Vehicle?..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
Loss payee/additional insured/lessor:		
If limousine, name of coach builder:		Length:

Vehicle No.:	Year:	V.I.N.:
Make/model/type of vehicle:		
<input type="checkbox"/> ACV <input type="checkbox"/> ST AMT: \$		Value of perm. attached equip.: \$
Mfg. seating capacity:	Radius:	Farthest city:
City, state, zip where garaged:		
License state:		License plate No.:
GVW/GCW:		Class.:
Deductibles:	<input type="checkbox"/> COMP	<input type="checkbox"/> SCOL <input type="checkbox"/> COLL
<input type="checkbox"/> Commercial <input type="checkbox"/> Retail <input type="checkbox"/> Service Leased Vehicle?..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
Loss payee/additional insured/lessor:		
If limousine, name of coach builder:		Length:

Vehicle No.:		Year:	V.I.N.:	
Make/model/type of vehicle:				
<input type="checkbox"/> ACV <input type="checkbox"/> ST AMT: \$			Value of perm. attached equip.: \$	
Mfg. seating capacity:	Radius:		Farthest city:	
City, state, zip where garaged:				
License state:			License plate No.:	
GVW/GCW:			Class.:	
Deductibles:	<input type="checkbox"/> COMP		<input type="checkbox"/> SCOL	
<input type="checkbox"/> Commercial		<input type="checkbox"/> Retail		<input type="checkbox"/> Service Leased Vehicle?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
Loss payee/additional insured/lessor:				
If limousine, name of coach builder:				Length:

This application does not bind YOU or US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

California Notice And Disclosure: Please note a policy fee of one hundred fifty dollars (\$150) applies to NEW business policies only. This policy fee is fully earned at policy inception.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 subjects such person to criminal and civil penalties. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO COLORADO APPLICANTS: 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.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.



NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: 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 is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NEW YORK AUTOMOBILE FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only)

IMPORTANT NOTICE

As part of the underwriting procedure, a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.