

**EASTERN ATLANTIC INSURANCE COMPANY**  
**COMMERCIAL AUTO LIABILITY & PHYSICAL DAMAGE APPLICATION**  
**(MAIN APPLICATION)**

**PRODUCER INFORMATION:**

**DATE OF APPLICATION:** \_\_\_\_\_

1. Agency: \_\_\_\_\_ Producer's name: \_\_\_\_\_  
2. Effective date: \_\_\_\_\_ Expiration date: \_\_\_\_\_  
3. Quote date: \_\_\_\_\_ Do you control? \_\_\_\_\_ If yes, how long? \_\_\_\_\_

**GENERAL INFORMATION:**

4. Legal name of applicant: \_\_\_\_\_  
5. T/A or D/B/A name: \_\_\_\_\_  
6. Legal status:  Corporation  LLC  Sole Prop.  Partnership Other \_\_\_\_\_  
7. Person Authorized To Sign: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
8. Physical Address: \_\_\_\_\_  
(Street) (City, State) (Zip)  
9. Mailing Address: \_\_\_\_\_  
(Street) (City, State) (Zip)  
10. Main Phone: \_\_\_\_\_ Website: \_\_\_\_\_  
11. Main Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
12. Safety Director: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**DESCRIPTION OF OPERATIONS:**

- Year business was started? \_\_\_\_\_ Years under current ownership? \_\_\_\_\_
13. Have you ever operated under any other names? \_\_\_\_\_ If yes, list each name & give brief explanation below:  
a. \_\_\_\_\_  
b. \_\_\_\_\_
14. Do you haul only your own goods? \_\_\_\_\_ (If yes, you may skip question 16. below & Permits on page 3)  
a. Do you backhaul for hire? \_\_\_\_\_ (If yes, you must answer question 16. below & Permits on page 3)
15. Do you haul the goods of others for hire? \_\_\_\_\_
16. What do you haul? (Attach separate sheet if necessary and give percentage of gross receipts for each)  
a. \_\_\_\_\_ What % \_\_\_\_\_  
b. \_\_\_\_\_ What % \_\_\_\_\_  
c. Oversize/Overweight? \_\_\_\_\_ If yes, describe \_\_\_\_\_ What % \_\_\_\_\_  
d. Hazmat? \_\_\_\_\_ If yes, describe \_\_\_\_\_ What % \_\_\_\_\_  
e. List any owned goods you might haul & percentage of gross receipts:  
i. \_\_\_\_\_ What % \_\_\_\_\_
17. What is your authority?  Common  Contract  Brokerage (Complete Filings, Permits on page 3)  
a. If brokerage, what % of gross receipts is it? \_\_\_\_\_  
b. How do you use this authority? \_\_\_\_\_  
c. Do you broker freight to truckers you don't know? \_\_\_\_\_ If yes, explain: \_\_\_\_\_
18. Gross receipts last 12 mos.: \$ \_\_\_\_\_ Total miles last 12 months: \_\_\_\_\_  
19. Est. gross receipts next 12 mos.: \$ \_\_\_\_\_ Est. miles next 12 months: \_\_\_\_\_
20. Number of tractors owned: \_\_\_\_\_ Straight Trucks: \_\_\_\_\_ Light Service Trucks: \_\_\_\_\_ Other: \_\_\_\_\_  
a. If "other" describe: \_\_\_\_\_
21. Number of trailers owned: \_\_\_\_\_ Dry vans: \_\_\_\_\_ Flatbeds: \_\_\_\_\_ Dumps: \_\_\_\_\_ Dry bulk: \_\_\_\_\_  
Tanks: \_\_\_\_\_ Other: \_\_\_\_\_ If other, describe: \_\_\_\_\_
22. Do you own or operate vehicles that are not scheduled on your policy? \_\_\_\_\_ If yes:  
a. How many? \_\_\_\_\_ What types? \_\_\_\_\_  
b. How are these used? \_\_\_\_\_
23. Do you hire, rent, lease or borrow vehicles?  Yes  No If hired, leased or rented:  
a. What was your total cost-of-hire last year? \$ \_\_\_\_\_  
b. What is your estimated cost-of-hire for next year? \$ \_\_\_\_\_

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- c. How are these vehicles used? \_\_\_\_\_
- d. If you borrow, explain: \_\_\_\_\_
24. Do you have a written safety program? \_\_\_\_\_ If yes, attach a copy.
25. Do you use owner/operators? \_\_\_\_\_ If yes:
- a. How many last year? \_\_\_\_\_ How many estimated next year? \_\_\_\_\_
- b. Attach a copy of your lease agreement. (NOTE: If leases are not identical, attach copies of all.)
- c. Do you require owner/operators to have non-trucking liability "bobtail/deadhead"? \_\_\_\_\_ If yes:
- i. What limits do you require? \$ \_\_\_\_\_
- d. Do owner/operators provide monthly maintenance reports on their vehicles? \_\_\_\_\_
- e. If owner/operators file their own IFTAs, do you obtain copies for audit purposes? \_\_\_\_\_
- f. Are owner/operators required to comply with your safety program? \_\_\_\_\_
26. Do you haul for others? \_\_\_\_\_ If yes:
- a. Who? \_\_\_\_\_
- b. Long-term lease? \_\_\_\_\_ If yes, are you required to provide primary liability insurance? \_\_\_\_\_
- i. Or, proof of non-trucking "bobtail/deadhead" insurance? \_\_\_\_\_
- ii. Attach a copy of your lease agreement.
- c. Short-term lease? \_\_\_\_\_ If yes, are you required to provide primary liability insurance? \_\_\_\_\_
- i. Or, proof of non-trucking "bobtail/deadhead" insurance? \_\_\_\_\_
- ii. Attach a copy of your lease agreement.
27. Do you allow passengers in your vehicles and/or those operating under your authority? \_\_\_\_\_ If yes:
- a. Explain why you do this: \_\_\_\_\_
- b. Explain how you control this practice: \_\_\_\_\_
28. List all states entered in the last year: \_\_\_\_\_
29. List largest cities entered in the last year: \_\_\_\_\_
30. What is your radius of operations?
- Up to 100 miles: \_\_\_\_\_ %                      601 – 1,000+ miles: \_\_\_\_\_ %
- 101 – 300 miles: \_\_\_\_\_ %                      Average trip: \_\_\_\_\_ miles
- 301 – 600 miles: \_\_\_\_\_ %                      Longest trip: \_\_\_\_\_ miles
31. Do you do anything else under this business name besides trucking for hire? \_\_\_\_\_ If yes:
- a. Explain in detail: \_\_\_\_\_
32. Do you pull double or triple trailers? \_\_\_\_\_ If yes, percentage of loads: \_\_\_\_\_ % Double, \_\_\_\_\_ % Triple
33. Are owned trucks equipped with Electronic Logging Devices (ELD)? \_\_\_\_\_ If not, why not? \_\_\_\_\_
34. Do you use DriveCam or similar system? \_\_\_\_\_ If yes, give details: \_\_\_\_\_
35. List garaging / terminal locations & number of power units principally garaged at each.

Loc.	Street	City	State	Zip	No. Units
1.					
2.					
3.					

36. Do any drivers commute more than 60 minutes drive time to any of the above locations? \_\_\_\_\_ If yes:
- a. List names and commute times for each: \_\_\_\_\_
- i. Do these drivers begin their logged driving time as soon as they arrive at work? \_\_\_\_\_
- ii. If no, explain: \_\_\_\_\_
37. At what location are all operational decisions made and records kept? \_\_\_\_\_
38. Have you filed bankruptcy in the last 10 years? \_\_\_\_\_
- a. Date filed: \_\_\_\_\_ Date discharged: \_\_\_\_\_

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**FILINGS, PERMITS:** *(continued from question 14. on page 1)*

39. FMCSA: MC#: \_\_\_\_\_ DOT#: \_\_\_\_\_ PA PUC#: \_\_\_\_\_ Other: \_\_\_\_\_
40. List any states where you are required to file a Form E: \_\_\_\_\_
41. List any other state filings / forms you may be required to file and the states requiring them: \_\_\_\_\_  
a. Examples: California, DMV 67 or Maryland, FR-19 (FR-19 REQUIRED when vehicles are DUALY registered in Maryland)  
b. \_\_\_\_\_  
    i. If FR-19, are any vehicles registered outside Maryland? \_\_\_\_\_
42. List any special permits you are required to have:  
a. Example: Ohio, OS-32  
b. \_\_\_\_\_
43. Does your legal name appearing on any of these forms differ in any way from the legal name you provided under the "GENERAL INFORMATION" section of this application? \_\_\_\_\_ If yes:  
a. Identify each form and list the way your legal name appears on them below:  
    ii. \_\_\_\_\_  
    iii. \_\_\_\_\_

**ADDITIONAL INSURED, CERTIFICATES OF INSURANCE:**

44. List all additional insureds on your current policy and/or requested: (Attach a separate sheet if necessary)  
a. Name: \_\_\_\_\_  
    i. Mailing address: \_\_\_\_\_  
    ii. Describe your relationship: \_\_\_\_\_  
b. Name: \_\_\_\_\_  
    i. Mailing address: \_\_\_\_\_  
    ii. Describe your relationship: \_\_\_\_\_
45. List all active certificate holders: (Attach a separate sheet if necessary)  
a. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
b. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
c. Name: \_\_\_\_\_ Address: \_\_\_\_\_
46. Do any additional insureds or certificate holders require special language on certificates of insurance? \_\_\_\_\_ If yes:  
a. Provide copies of all such requests.  
    i. Examples: Waiver of Subrogation; Primary & Noncontributory, etc.  
    ii. NOTE: Eastern Atlantic does not guarantee such special language will be provided.

**PREVIOUS INSURANCE & QUOTE HISTORY:** *(Attach a separate sheet if necessary)*

47. In the last five (5) years has any commercial auto policy issued to you been:  
a. Cancelled for non-payment of premium? \_\_\_\_\_ If yes, when? \_\_\_\_\_  
b. Cancelled for underwriting reasons? \_\_\_\_\_ If yes, when? \_\_\_\_\_  
    i. State the reason: \_\_\_\_\_  
c. Non-renewed? \_\_\_\_\_ If yes, when? \_\_\_\_\_  
    i. State the reason: \_\_\_\_\_
48. In the last five (5) years has any request by you for any commercial auto quote been:  
a. Declined? \_\_\_\_\_ If yes, when? \_\_\_\_\_  
    i. State the reason: \_\_\_\_\_  
b. Refused? \_\_\_\_\_ If yes, when? \_\_\_\_\_  
    i. State the reason: \_\_\_\_\_  
c. Withdrawn? \_\_\_\_\_ If yes, when? \_\_\_\_\_  
    i. State the reason: \_\_\_\_\_

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**LOSS HISTORY:** (Provide three years – do NOT leave blank spaces – attach current company loss runs\* if available)

Policy Period		Prior Insurance Carrier	Liability Loss Experience				Physical Damage Loss Experience		
From	To		No. of Pwr. Units	No. of Claims	Less Liab. Ded. (If Any)	Total Incurred	No. of Claims	Less Salvage & Subro. (If Any)	Total Incurred
					\$	\$		\$	\$
					\$	\$		\$	\$
					\$	\$		\$	\$

(Attach a separate sheet providing details on any loss with a total incurred amount greater than \$25,000.)

(\* **NOTE:** Current company loss runs must be provided within 30 days of binding should an offer of coverage be made. The company reserves its right to cancel the policy, within the time permitted by the state for new policies, if the loss runs differ substantially from the loss information provided above.)

**DRIVERS:**

49. Do you hire drivers with less than two (2) years commercial driving experience? \_\_\_\_\_ If yes:  
a. Explain: \_\_\_\_\_
50. Are new drivers required to have recent experience in the truck type they will be driving for you? \_\_\_\_\_ If not:  
a. Explain: \_\_\_\_\_
51. What is your minimum age requirement for new hires? \_\_\_\_\_ If you don't have one:  
a. Explain: \_\_\_\_\_
52. Explain all "NO" answers to the following questions on hiring practices in the space provided.
- a. Are MVRs checked prior to employment?  Yes  No
  - b. Are pre-employment drug tests obtained?  Yes  No
  - c. Are pre-employment screening (FMCSA PSP) reports obtained?  Yes  No
  - d. Are pre-employment physicals obtained?  Yes  No
  - e. Are written tests given?  Yes  No
  - f. Are road tests given?  Yes  No

52. a-f

53. How do you find new drivers? \_\_\_\_\_
54. How are drivers paid?  Per load  Percentage of gross  Per trip  Hourly Other \_\_\_\_\_
55. Do you have an award / penalty / incentive program? \_\_\_\_\_ If yes, describe below.

55.

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56. List all drivers. (To use applicant's driver list, write "SEE ATTACHED LIST" on sch. Must show same info.)

Driver Name	Hire Date	D.O.B.	License #	CDL State	Years Exp.	Accidents Last Three (3) Years	Moving Violations Last Three (3) Years

57. List any current driver with DUI, DWI, reckless driving or speeding > 15 mph over limit & explain why still employed:  
a. \_\_\_\_\_

**MILES, GROSS REVENUE & FLEET DATA:**

58. The following information is required if you operate 15 or more revenue power units:

Term	Year/Year	Total Miles	Gross Revenue	# of Owned Tractors	# of Owned Straight Trucks	# of O/O Pwr. Units	# of Trailers
Est. Next			\$				
Current			\$				
1st Prior			\$				
2nd Prior			\$				
3rd Prior			\$				

**COVERAGES & LIMITS OF LIABILITY:**

59. List desired coverages, covered auto symbols, limits & applicable deductible by completing the following table and appropriate state forms:

Coverages	Limits of Liability (Combined Single Limit)	Deductibles (Prop. Dam. Only for Liab.)
Liability – Commercial Auto	\$	\$
Uninsured Motorists – Attach Appropriate State's Selector Form	\$	(see state selector form)
Underinsured Motorists – Attach Appropriate State's Selector Form	\$	(see state selector form)
First Party Benefits – Attach Appropriate State Selector Form	\$	(Not Applicable)
Physical Damage – Complete Items #60 & #61 of this Section on Page 7	(List All Stated Amounts in Item #60)	(List Deductibles in Item #60)

NOTE: Policies issued by Eastern Atlantic are either the Motor Carrier Coverage Form (MCCF) or the Business Auto Coverage Form (BACF) as provided by Insurance Services Office (ISO)© and used with permission by EAIC.

60. **PHYSICAL DAMAGE** - List all owned and permanently leased autos in the schedule below: (check if leased from owner/operators)

- a. Garaging street address: **(MUST complete question 35 on page 2 of this application)**
- b. If there are loss payees, list names and addresses corresponding to unit numbers in the spaces provided below the vehicle schedule.

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c. The applicant's vehicle list may be substituted for this schedule if it provides the same information. Write "SEE ATTACHED LIST" on schedule. (Attach applicant's list for all submissions of 10+ autos)

Unit No.	Mod. Year	Make	Serial Number (Incl. All 17 Digits)	Model (Tractor, Trailer...)	Stated Amount	Comp. Ded.	Coll. Ded.	Leased O/O (Y/N)
1					\$	\$	\$	
2					\$	\$	\$	
3					\$	\$	\$	
4					\$	\$	\$	
5					\$	\$	\$	
6					\$	\$	\$	
7					\$	\$	\$	
8					\$	\$	\$	
9					\$	\$	\$	
10					\$	\$	\$	

60. b. Loss Payee list:

Unit No.	Loss Payee	Mailing address
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

61. Do you require Trailer Interchange coverage? \_\_\_\_\_ If yes:
- a. Do you have written trailer interchange agreements? \_\_\_\_\_
  - b. Limit needed? \$ \_\_\_\_\_
  - c. How many days are trailers in your possession each month? \_\_\_\_\_
  - d. Do you require TRUCKERS-INTERMODAL INTERCHANGE ENDORSEMENT FORM UIIE-1? \_\_\_\_\_

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**STATE FRAUD STATEMENTS:**

62. Please read carefully. By signing page 8 of this application you certify that you have read and understand the fraud statement listed below that applies to your state of domicile.

- **Arizona** - For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
- **GEORGIA** - 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.
- **IDAHO** - Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
- **INDIANA** - Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.
- **MARYLAND** - 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.
- **MINNESOTA** – Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
- **MONTANA** – 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.
- **NORTH CAROLINA** - 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.
- **NORTH DAKOTA** – 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.
- **OHIO** - 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.
- **PENNSYLVANIA** - Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.
- **SOUTH DAKOTA** - 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.
- **UTAH** - 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.

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**ADDITIONAL UNDERWRITING INFORMATION REQUIRED:** If coverage is quoted and then bound, the following apply as indicated:

- 63. Loss Runs – Company loss runs will be required within 30 days of binding for all lines quoted. These must not be more than 60 days old as of the date of binding. – Required on all bound business.
- 64. Motor Vehicle Records (MVRs) – Are required within 30 days of binding if not provided at time of quoting. These must not be more than 30 days old as of the date of binding. The company reserves its right to cancel the policy (within the time permitted by the state for new policies) if the MVRs differ substantially from the information provided in this application. – Required on all bound business.
- 65. Financial Statements – No quote will be released for a monthly reporting form policy without at least the most current year’s income statement and profit & loss statement. – May also be required on scheduled policies with fleets of 15+ power units. EAIC reserves its right to ask for financial statements for any size risk if indicated by circumstance or experience.
- 66. IFTAs – The most recent four (4) quarters of Schedule B reports listing miles for all states traveled in. – Required for all monthly reporting form policies and for fleets of 15+ power units.
- 67. Additional documents – Signed statements verifying unusual circumstances or risk characteristics may be required as a condition of offering a quote or of binding coverage as the underwriter may determine.

**PURPOSE, DISCLAIMERS & AUTHORIZING SIGNATURES:** (PLEASE READ BEFORE SIGNING)

- 68. **PURPOSE** - The Applicant, by completing and submitting this application, any cargo and/or general liability supplemental applications and all supporting documents, hereby applies for a policy or policies of insurance as described herein (including any supplemental applications and supporting documents attached hereto and hereinafter referred to as the “application”) to be written by Eastern Atlantic Insurance Company (EAIC).
- 69. **DISCLAIMER** - EAIC’s receipt and review of the application in no way obligates EAIC to issue any policy. No coverage will be bound until EAIC, through its authorized agent, advises you that a policy or policies will be issued and then only as of the policy effective date and in accordance with all of that policy’s or those policies’ terms and conditions. The Applicant acknowledges that the Applicant’s representative named below is acting as the Applicant’s agent and not on behalf of EAIC. The Applicant’s representative does not have authority to bind coverage for EAIC.
- 70. **DISCLAIMER** - The Applicant hereby certifies that the information provided in this application is true and correct. The Applicant further agrees that EAIC and its authorized representative may rely on this information in preparing a quote and, if bound, in issuing a policy. The Applicant understands that if any of the information provided in this application is determined to be materially false, EAIC or its authorized representative may withdraw any quote that has been offered or cancel any policy that may have been issued upon their reliance of such false information.
  - a. Further, the Applicant hereby acknowledges that they have read and understand the fraud statement on page 8 of this application pertaining to the Applicant’s state as regards information in this application provided by the Applicant or with respect to any policy or policies that may later be issued by EAIC based on that information or with respect to any claim that may subsequently be made against such policy or policies.
- 71. **DISCLAIMER** - The Applicant understands that, if coverage is bound, EAIC, at its own expense and sole option, may make inquiries into or physically inspect the Applicant’s operations using an independent inspection/audit company. Such an inspection/audit will be for the sole purpose of verifying information contained in this application and evaluating the hazards insured by any policy that EAIC may issue.

**AUTHORIZING SIGNATURES:**

- 72. The Applicant hereby attests that she/he has read and completed all relevant sections of this application prior to signing and that the Applicant has personally signed below or, if Applicant is a Corporation, Limited Liability Company or partnership, a corporate officer, member or senior partner, has signed below.
- 73. Any Applicant domiciled in Arizona, Idaho or Indiana who perpetrates fraud or material misrepresentation in obtaining a policy of insurance from EAIC will be subject to cancellation.

\_\_\_\_\_  
Representative’s Signature

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
(Month/Day/Year)

\_\_\_\_\_  
Print Representative’s Name

\_\_\_\_\_  
Print Applicant’s Name

\_\_\_\_\_  
Print Applicant’s Title