

COMMERCIAL COMBINATION INSURANCE APPLICATION


Carolina Casualty Insurance Company
 PO Box 2575 · Jacksonville, Florida 32203 ·
 904-363-0900 · 800-874-8053 · Fax 904-363-8093

7. LIST OF DRIVERS OF INSURED VEHICLES (attach list of drivers with required information if space below is not adequate)
 I understand that an essential factor in obtaining automobile insurance is the list of drivers of vehicles covered by the policy for which I am applying. I declare the attached list includes all of the drivers of vehicles requested to be covered under the policy including employees, leased employees, mechanics, family members, as well as any other person allowed to drive an insured vehicle. I agree to notify my agent of any additional drivers before they are allowed to drive an insured vehicle.

Driver's Name	Class A, B, C	Original CDL License Date	Date of Birth	Driver's License State	Driver's License Number	No. of Accidents, Convictions and Violations in Last Three Years		No. of serious violations in last 7 years (1)	Date of Hire	Years Driving Similar Vehicle
						Accidents	Violations			

(1) Serous violations include, but are not limited to: DUI, homicide or assault involving an auto, leaving the scene of an accident, etc.

Are all drivers your employees? Yes No

Do you maintain employment application and personnel files for each driver? Yes No

Are all drivers covered by Workers Compensation Insurance? Yes No

Do you order MVRs on new drivers before hiring? Yes No

Do you verify previous employment? Yes No

How many drivers did you employ in the last year? _____

8. DESCRIPTION OF VEHICLES (Trailers must be scheduled for coverage to apply while detached from power unit.)

Unit No.	Model Year	Manufacturer	Vehicle Type (truck, tractor, trailer, mobile equipment, etc.)	Serial Number (17 digit)	Radius	Truck GVW Tractor GCW	Owner Type *
1							
2							
3							
4							
5							

* N=Owned by Named Insured; L=Owned by Leasing Co. (long term lease without driver); O=Owned by Owner Operator; E=Owned by Employee of Named Insured (Officer).

Unit No.	Percent of trips by radius			Trailer* Pulled	Primary commodities hauled (list top 3 commodities for each power unit)
	0 - 50	51 - 300	Over 300		
1					
2					
3					
4					
5					

* Trailer type or type trailer pulled by power unit – D = dump, F = flatbed, P = pole/logging, R = reefer, T = tank, V = dry van, A = auto hauler

9. PHYSICAL DAMAGE COVERAGE (Indicated coverage options and limits desired if applicable.)

Collision and specified causes of loss or
 Collision and comprehensive

Additional towing limit (In the event of total loss to the vehicle – 5,000 included?)

Trailer interchange limit Minus \$1,000 deductible (UIIA container haulers)

Non-owned trailer limit Minus \$1,000 deductible (coverage applies only while attached to your trailer)

Unit No.	Phy. Dam. Limit*	SCL Comp / Coll Deductible	Name of Loss Payee	Full Address of Loss Payee
1				
2				
3				
4				
5				

* Fill in the limit next to each vehicle if coverage is desired.

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10. MOTOR TRUCK CARGO COVERAGE
 NOTE: Only power units are to be scheduled on the cargo declarations pages; NEVER TRAILERS. Cargo on trailers is covered when attached to a scheduled power unit.

Cargo Coverage Limit \$ Deductible: \$1,000 Other \$
 Carriers Schedule Form Owners Schedule Form Both Carriers and Owners Schedule Forms
 Radius: 0 – 300 301 – 500 501 - over Attended Vehicle Requirement Applied

Optional Cargo Coverages:
 Temperature Control Equipment Breakdown – minimum \$2,500 deductible
 Water Damage / Tarpaulin Endorsement – minimum \$2,500 deductible
 Special Limit for Shipper or Commodity
 Terminal Coverage
 Poultry Cages (Non-owned) Endorsement

COMMODITIES HAULED				COMMODITIES HAULED			
%	Type	Average Value	Max Value	%	Type	Average Value	Max Value

11. AUTO LIABILITY LOSS INFORMATION

Policy Year	From	To	# of Claims	Total Paid & Reserved Losses	Insurance Carrier
Current Year				\$	
1 st Prior				\$	
2 nd Prior				\$	
3 rd Prior				\$	
Describe large claims:					

AUTO PHYSICAL DAMAGE LOSS INFORMATION

Policy Year	From	To	# of Claims	Total Paid & Reserved Losses	Insurance Carrier
Current Year				\$	
1 st Prior				\$	
2 nd Prior				\$	
3 rd Prior				\$	
Describe large claims:					

CARGO LOSS INFORMATION

Policy Year	From	To	# of Claims	Total Paid & Reserved Losses	Insurance Carrier
Current Year				\$	
1 st Prior				\$	
2 nd Prior				\$	
3 rd Prior				\$	
Describe large claims:					

GENERAL LIABILITY LOSS INFORMATION

Policy Year	From	To	# of Claims	Total Paid & Reserved Losses	Insurance Carrier
Current Year				\$	
1 st Prior				\$	
2 nd Prior				\$	
3 rd Prior				\$	
Describe large claims:					

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EXPOSURE HISTORY						
Year	From	To	# of Units	Gross Receipts	Mileage	
Current Year				\$		
1 st Prior				\$		
2 nd Prior				\$		
3 rd Prior				\$		
Projected for next 12 months:				\$		
12. ADDITIONAL INSURED						
Name	Mailing Address			Cov (1)	Relationship to Insured (2)	
13. CERTIFICATE HOLDERS						
Name	Mailing Address			Cov (1)	Relationship to Insured (2)	
(1) A=Auto Liability G=General Liability C=Cargo (certificate holders only) Attach separate list if space above is not adequate. (2) Indicate lessor, lessee, shipper, broker, interchange facility owner, etc., and show vehicle number if applicable.						
<p><u>Please complete and attach state (**) specific Truck Application Supplemental page CTP5037** and UM/UIM select/reject form.</u></p> <p>I hereby certify that the information contained in this application is true and agree that a misrepresentation of any of the facts by me will constitute a reason for the company to void or cancel any policy issued on the basis of this application and will hold the company harmless for the action taken. I also agree that if a policy is issued pursuant to this application, the application and any elections or rejections, which are included with the application and signed by me, may be relied upon by the company as accurate and shall become part of the policy.</p> <p>I recognize that all or parts of my operations are under the Department of Transportation oversight requiring me to adhere to their rules and regulations, acknowledge that DOT's rules and regulations are understood by me and I will adhere to the rules and regulations including, but not limited to, driver hiring, vehicle inspection and maintenance, and hours of service.</p>						
14.						
Signature of APPLICANT			Signature of AGENT of Applicant			
X _____			X _____			
Type or print Applicant Name: _____			Agency Name: _____			
			Address of Agency: _____			
Title or relationship to Applicant: _____			Agent License or Registration #: _____			
			Agent Phone Number: _____			
Licensed Agent of the Company: _____			Date Application Completed: _____			
Licensed Agent ID#: _____						

TRUCK APPLICATION SUPPLEMENT



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A CREDIT REPORT OR OTHER INVESTIGATIVE REPORT ABOUT YOU MAY BE REQUESTED IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT RENEWALS. ANY INFORMATION WHICH WE HAVE OR MAY OBTAIN ABOUT YOU OR OTHER INDIVIDUALS LISTED AS POLICYHOLDERS ON YOUR POLICY WILL BE TREATED CONFIDENTIALLY. HOWEVER, THIS INFORMATION, AS WELL AS OTHER PERSONAL OR PRIVILEGED INFORMATION SUBSEQUENTLY COLLECTED, MAY, UNDER CERTAIN CIRCUMSTANCES, BE DISCLOSED WITHOUT PRIOR AUTHORIZATION TO NON-AFFILIATED THIRD PARTIES. WE MAY ALSO SHARE SUCH INFORMATION WITH AFFILIATED COMPANIES FOR SUCH PURPOSES AS CLAIMS HANDLING, SERVICING, UNDERWRITING AND INSURANCE MARKETING. YOU HAVE THE RIGHT TO SEE PERSONAL INFORMATION COLLECTED ABOUT YOU, AND YOU HAVE THE RIGHT TO CORRECT ANY INFORMATION WHICH MAY BE WRONG. IF YOU ARE INTERESTED IN OBTAINING A DESCRIPTION OF OUR INFORMATION PRACTICES, AND YOUR RIGHTS REGARDING INFORMATION WE COLLECT, ASK YOUR AGENT, OR, IF YOU HAVE BEEN ISSUED A POLICY, PLEASE WRITE US AT THE ADDRESS PROVIDED WITH YOUR POLICY.

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 SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

I UNDERSTAND AND ACKNOWLEDGE THAT MEDICAL PAYMENTS COVERAGE HAS BEEN OFFERED TO ME. I REJECT THIS COVERAGE ENTIRELY. _____ (INITIALS)

I UNDERSTAND AND ACKNOWLEDGE THAT I HAVE BEEN OFFERED UNINSURED AND UNDERINSURED MOTORISTS COVERAGES. I HAVE SELECTED THE LIMITS(S) INDICATED IN THIS APPLICATION. IF I HAVE REJECTED UNDERINSURED MOTORISTS COVERAGE, I HAVE ALSO SIGNED THE WISCONSIN AUTO SUPPLEMENT.

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

COVERAGE HAS NOT COMMENCED. You, or your agent, may commence coverage only by requesting a licensed general agent of Carolina Casualty Insurance Company to bind coverage. A binder of insurance will be issued by our licensed general agent specifying the date and time coverage will become effective, but in no event shall coverage become effective prior to the date and time you, or your agent, contact a licensed general agent of Carolina Casualty Insurance Company and coverage is bound by him or her.

I understand this application is not a binder and that binding must be made by an Authorized Licensed Representative of Carolina Casualty Insurance Company.
Signature of Producing Agent _____

I hereby authorize Carolina Casualty Insurance Company and/or the Producing Agent to obtain from the proper authority a copy of my Motor Vehicle Report for use in rating and/or underwriting the insurance for which I do hereby apply and any renewal thereof. I hereby represent that the named drivers under this policy (names specified on application and/or drivers hired during the term of this insurance) have or will have authorized me to consent on their behalf for the insurer to obtain Motor Vehicle Reports for rating and/or underwriting. **I have read this application and all of the responses are mine and not supplied by the producer, agent or company.**

I hereby represent that the information contained in this application is true.

Date Application Completed _____	Name & Address Of Agent _____
Applicant's Signature _____	Agent Registration # _____
Licensed Agent of the Company _____	Agent Phone Number _____
Licensed Agent ID# _____	Agent Signature _____