



**Small Fleet  
Transportation Supplemental Application**



**Table of Contents**

Applicant Information	.....	Page 2
Historical Data	.....	Page 2
Coverages	.....	Page 3
Employee and Payroll Information	.....	Page 3
Business Profile	.....	Page 4
Operations Profile	.....	Page 4
Loss History	.....	Page 5
Driver Information	.....	Page 6
Driver Profile	.....	Page 6
Schedule of Vehicles	.....	Page 6
Radius of Operations	.....	Page 6
Terminal Locations	.....	Page 7
Equipment Profile	.....	Page 7
Schedule of Equipment	.....	Page 8
Summary of Equipment Values	.....	Page 8
Cargo	.....	Page 8
Cargo Profile	.....	Page 8
General Liability Supplement	.....	Page 9
Hired and Non-Owned Auto	.....	Page 9
Signatures Page	.....	Page 12

<b>APPLICANT INFORMATION</b>					
Named Insured:					
Website Address:					
Business Phone:		Fax Number:			
Mailing Address:		City:	State:	Zip:	County:
Garage Address (if different from Mailing Address):		City:	State:	Zip:	County:
Primary Contact Name:					
Contact Phone Number:		Contact Email Address:			
Federal Tax ID or Social Security No.:					
MC #:			DOT #:		
# Years in Business Under this Name:		# Years with FHWA Authority:		# of Years Trucking Experience:	
Who is your ELD Provider?					

Business Type:	
Description of Business Operations:	

HISTORICAL DATA			
Policy Year	Annual Revenues	Annual Fleet Miles	Number of Power Units
Projected Policy Year	\$		
Current Policy Year	\$		
1 <sup>st</sup> Prior Policy Year	\$		
2 <sup>nd</sup> Prior Policy Year	\$		
3 <sup>rd</sup> Prior Policy Year	\$		
4 <sup>th</sup> Prior Policy Year	\$		

**COVERAGES**

Select the Coverage(s) to be included with the Truck Insurance Package.

- ☐ Automobile Liability Limit: \$ \_\_\_\_\_ CSL Deductible: \$ \_\_\_\_\_
- ☐ Liability for Non-Trucking Use Limit: \$ \_\_\_\_\_ CSL Leased to: \_\_\_\_\_
- ☐ Non-Owned Liability\* Number of Employees \_\_\_\_\_
- ☐ Hired Auto Liability\* Cost of Hire: \$ \_\_\_\_\_ \*(Complete **HIRED AND NON-OWNED SUPPLEMENT** on Page 9)

**Uninsured / Underinsured Motorists and No-Fault Options**

- ☐ Uninsured Motorists Limit: \$ \_\_\_\_\_
- ☐ Underinsured Motorists Limit: \$ \_\_\_\_\_
- ☐ Personal Injury Protection Limit: \$ \_\_\_\_\_
- ☐ Medical Payments Limit: \$ \_\_\_\_\_
- Reporting Basis**  
☐ Revenue ☐ Mileage ☐ Units

**Trailer Interchange**

- ☐
- Trailer Interchange (Please provide a copy of the Trailer Interchange Agreement)

# of Power Units Under Agreement:	# of Trailer Days Per Power Unit Per Year:	Maximum Trailer Value:	Deductible:
		\$ _____	\$ _____

**YES NO**

- ☐ ☐ 1. Do you interchange trailers under a written trailer interchange agreement? If 'Yes', how many trailers are interchanged? \_\_\_\_\_
- ☐ ☐ 2. Do you haul empty containers or freight in sealed containers? If 'Yes', what percentage of loads? \_\_\_\_\_%
- ☐ ☐ 3. Is the Uniform Interchange Intermodal Endorsement required?

**Physical Damage Deductibles**

- ☐ Comprehensive \$ \_\_\_\_\_ or ☐ Specified Causes of Loss \$ \_\_\_\_\_
- ☐ Collision \$ \_\_\_\_\_

- ☐
- Hired Auto Physical Damage

Vehicle Type	Lease Days Per Year	Occurrence Limit Per Vehicle	Deductible
Truck / Tractor		\$ _____	\$ _____
Trailer		\$ _____	\$ _____

- ☐ Cargo Limit: \$ \_\_\_\_\_ Deductible: \$ \_\_\_\_\_

- ☐
- General Liability (Complete
- GENERAL LIABILITY SUPPLEMENT**
- on Page 9)

Limits:	Per Occurrence	Gen Aggregate	Prod/Comp Ops	Pl/AI Aggregate	Fire Damage	Med Pay
	\$ _____	\$ _____	\$ _____	\$1,000,000	\$100,000	\$5,000

**EMPLOYEE AND PAYROLL INFORMATION**

Employee Group	Total Number	Payroll
Individual insureds and co-partners		\$ _____
Executive Officers of Corporation or LLC		\$ _____
Outside Sales, Dispatch, Mechanics, Terminal Employees*		\$ _____
<b>Total Payroll</b>		<b>\$ _____</b>

\*Do not include payroll of drivers, clerical personnel and inside sales.

BUSINESS PROFILE		
Yes	No	ANSWER ALL QUESTIONS AND PROVIDE EXPLANATIONS AS INDICATED
<input type="checkbox"/>	<input type="checkbox"/>	1. Has any insurance company cancelled or non-renewed your commercial insurance in the past 3 years? * If 'Yes', please provide name of insurer and reason for cancellation in space provided.  *Missouri residents should not answer this question.
<input type="checkbox"/>	<input type="checkbox"/>	2. Have you filed for bankruptcy under this or any other business name in the past 7 years? If 'Yes', please advise when and under what name was the bankruptcy filed in space provided.  Please attach a copy of the Bankruptcy Order.
<input type="checkbox"/>	<input type="checkbox"/>	3. Have you operated under a different business name in the past 5 years? If 'Yes', please explain on a separate sheet of paper.
<input type="checkbox"/>	<input type="checkbox"/>	4. Is this company a subsidiary of another entity or does this company own or operate any subsidiaries? If 'Yes', please provide names of subsidiaries and details of operations on a separate sheet of paper.
<input type="checkbox"/>	<input type="checkbox"/>	5. Has your Federal Motor Carrier authority been suspended or revoked in the past 3 years? If 'Yes', please explain on a separate sheet of paper.
<input type="checkbox"/>	<input type="checkbox"/>	6. Do you act as a freight broker or freight forwarder? If 'Yes', select one and provide information as outlined below: <input type="checkbox"/> Freight Broker <input type="checkbox"/> Freight Forwarder Broker name filed with the FMSCA/DOT: _____ Docket # _____ Annual Revenue: \$ _____ If 'Yes', please also complete the Broker/Freight Forwarder Supplement.

OPERATIONS PROFILE							
Yes	No	ANSWER ALL QUESTIONS AND PROVIDE EXPLANATIONS AS INDICATED					
<input type="checkbox"/>	<input type="checkbox"/>	1. Do you haul your own goods? If 'Yes', what percentage of loads? ____%. Please provide additional details in space provided.					
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you hire other companies or independent owner operators to haul for you? If 'Yes', please answer questions 2a. through 2e. below. If 'No', skip to Question 3.					
<input type="checkbox"/>	<input type="checkbox"/>	2a. Are the hired vehicles permanently leased to your company?					
<input type="checkbox"/>	<input type="checkbox"/>	2b. Are all the hired vehicles listed on the equipment schedule with this application?					
<input type="checkbox"/>	<input type="checkbox"/>	2c. Do the leased vehicles include drivers?					
<input type="checkbox"/>	<input type="checkbox"/>	2d. Do you require leased owner-operators to purchase non-trucking/bobtail liability insurance?					
<input type="checkbox"/>	<input type="checkbox"/>	2e. Do you obtain certificates of insurance?					
<input type="checkbox"/>	<input type="checkbox"/>	3. Do you trip lease under other truckers' authority? If 'Yes', how many trips per month? ____ Per year? ____					
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you allow backhauling when others trip lease under your authority? If 'Yes', what is the percentage of loads? ____%					
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you lease equipment to others?					
		If 'Yes', who provides primary insurance?	<table border="1"> <tr> <td>Lessor (You)</td> <td>Lessee (Other Trucker)</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Lessor (You)	Lessee (Other Trucker)	<input type="checkbox"/>	<input type="checkbox"/>
Lessor (You)	Lessee (Other Trucker)						
<input type="checkbox"/>	<input type="checkbox"/>						
		If you provide primary insurance, is coverage needed for:	<table border="1"> <tr> <td>Named Lessee</td> <td>All Lessees (blanket)</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Named Lessee	All Lessees (blanket)	<input type="checkbox"/>	<input type="checkbox"/>
Named Lessee	All Lessees (blanket)						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	6. Do you hire sub-haulers under your authority? If 'Yes', please answer questions 6a. and 6.b. below and provide a copy of the Sub-Haul Agreement.					
		6a. Do all sub-haulers carry primary insurance? If 'No', please explain on a separate sheet of paper. What percentage do not? ____%					

<input type="checkbox"/>	<input type="checkbox"/>	6b. Will Crum & Forster need to make regulatory filings <u>under your policy</u> on behalf of the sub-haulers?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you haul oversize, overweight loads? If 'Yes', please explain on a separate sheet.
<input type="checkbox"/>	<input type="checkbox"/>	8. Do you require the use of escort vehicles? If 'Yes', and escort vehicles <b>are not included</b> in this application for insurance, please provide the name of the insurance carrier, Policy number and Automobile Liability and General Liability limits.  _____  If 'Yes' and escort vehicles <b>are included</b> in this application, drivers of escort vehicles should be listed in the <b>DRIVER PROFILE</b> section, along with copies of the most recent MVR for each driver.
<input type="checkbox"/>	<input type="checkbox"/>	9. Do you haul to/from well drilling sites? If 'Yes', percent of loads these commodities represent for your business ____%. Please complete <b>CARGO</b> section on Page 8.
<input type="checkbox"/>	<input type="checkbox"/>	10. Do you haul logs, poles or beams? If 'Yes', answer question 10a. below.
<input type="checkbox"/>	<input type="checkbox"/>	10a. Do you go into the cutting area or onto logging roads?

<b>LOSS HISTORY</b>
---------------------

Complete the loss history summary below and attach currently valued, hard copy loss runs for each line of coverage requested. Loss history must be valued within the last 60 days. Please provide explanations of all losses greater than \$25,000.

**Automobile**

Insurer / Policy Number	Policy Term		Automobile Liability Losses			Automobile Physical Damage Losses		
	From Mo/Yr	To Mo/Yr	#	Reserve	Paid	#	Reserve	Paid
				\$	\$		\$	\$
				\$	\$		\$	\$
				\$	\$		\$	\$
				\$	\$		\$	\$
				\$	\$		\$	\$

**Cargo**

Insurer / Policy Number	Policy Term		Cargo		
	From Mo/Yr	To Mo/Yr	#	Reserve	Paid
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$

**General Liability**

Insurer / Policy Number	Policy Term		General Liability Losses		
	From Mo/Yr	To Mo/Yr	#	Reserve	Paid
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$

**DRIVER INFORMATION**

If more than 5 drivers, please attach an Excel spreadsheet which lists all drivers. List should include all full and part-time company drivers, owner operators and other employees that may drive on a casual basis (including mechanics). A **Driver Employment History** must be provided for all drivers under the age of 24. \*Provide explanations of all accidents (regardless of fault) on a separate sheet. MVRs for each Driver listed should accompany the Small Fleet Transportation Supplemental Application.

Driver's Full Name	Date of Birth	State	License #	Date of Hire	# of Years Class A CDL Experience	Owner Operator or Company Driver	# of Accidents in Last 3 Years*

**DRIVER PROFILE**

Please complete the following:

<b>Drivers Hired or Leased Last Year</b>		<b>Company Drivers</b>		<b>Leased Owner/Operators</b>	
<b>Number replaced:</b>					
<b>Number increased:</b>					
<b>Age</b>		<b>Min:</b>		<b>Max:</b>	
<b>How are your drivers compensated?</b>		<b>Select from drop down below:</b>			
<b>Yes</b>	<b>No</b>	<b>ANSWER ALL QUESTIONS AND PROVIDE EXPLANATIONS AS INDICATED</b>			
<input type="checkbox"/>	<input type="checkbox"/>	1. If you haul hazardous materials, do all of your drivers have the HazMat endorsement on their CDL?			
<input type="checkbox"/>	<input type="checkbox"/>	2. If you run Doubles and/or Triples, do all of your drivers have the Doubles/Triple endorsement on their CDL?			
<input type="checkbox"/>	<input type="checkbox"/>	3. Do you allow passengers (non-company employees) to ride with drivers?			
<input type="checkbox"/>	<input type="checkbox"/>	4. Does your passenger program comply with FMCSA Regulation 392.60?			
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you use team, hot seat, slip seat or relay driver operations? If 'Yes', what percentage of drivers? _____%			
<input type="checkbox"/>	<input type="checkbox"/>	6. Are company drivers allowed to take equipment home? If 'Yes', please explain on a separate sheet of paper.			
<input type="checkbox"/>	<input type="checkbox"/>	7. Do your employees ever use their personal autos for your business? If 'Yes', how many? _____ How often? _____			

**SCHEDULE OF VEHICLES**

Please attach an Excel spreadsheet listing all vehicles. List should include the following: Year, Make, Model, Vehicle Type, Radius, VIN # and Stated Amount (if Physical Damage Coverage is requested).

**RADIUS OF OPERATIONS**

Percentage of Annual Miles by Radius:	0-150:	151-300:	301-500:	Over 500:
	%	%	%	%
<b>Longest Trip One Way:</b>				

Check all Metropolitan Areas Traveled To or Through – Attach most recent 4 quarters of IFTA Reports:											
<input type="checkbox"/>	Atlanta	<input type="checkbox"/>	Cleveland	<input type="checkbox"/>	Indianapolis	<input type="checkbox"/>	Miami	<input type="checkbox"/>	Omaha	<input type="checkbox"/>	St. Louis
<input type="checkbox"/>	Balt-Wash	<input type="checkbox"/>	Columbus	<input type="checkbox"/>	Jacksonville	<input type="checkbox"/>	Milwaukee	<input type="checkbox"/>	Orlando	<input type="checkbox"/>	Salt Lake City
<input type="checkbox"/>	Boston	<input type="checkbox"/>	Dallas-Ft. Worth	<input type="checkbox"/>	Kansas City	<input type="checkbox"/>	Mpls.-St. Paul	<input type="checkbox"/>	Philadelphia	<input type="checkbox"/>	San Antonio
<input type="checkbox"/>	Buffalo	<input type="checkbox"/>	Denver	<input type="checkbox"/>	Little Rock	<input type="checkbox"/>	Nashville	<input type="checkbox"/>	Phoenix	<input type="checkbox"/>	San Diego
<input type="checkbox"/>	Charlotte	<input type="checkbox"/>	Detroit	<input type="checkbox"/>	Los Angeles	<input type="checkbox"/>	New Orleans	<input type="checkbox"/>	Pittsburgh	<input type="checkbox"/>	San Francisco
<input type="checkbox"/>	Chicago	<input type="checkbox"/>	Hartford	<input type="checkbox"/>	Louisville	<input type="checkbox"/>	New York	<input type="checkbox"/>	Portland	<input type="checkbox"/>	Seattle
<input type="checkbox"/>	Cincinnati	<input type="checkbox"/>	Houston	<input type="checkbox"/>	Memphis	<input type="checkbox"/>	Okla. City	<input type="checkbox"/>	Richmond	<input type="checkbox"/>	Tulsa
List other cities not shown above: _____											
Do you operate in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, # of Miles _____ Percentage of Total Fleet Miles _____%											

TERMINAL LOCATIONS						
Please complete the table below if you own or lease other offices, terminals, warehouses, garages or properties.						
Loc	Street Address	City	State	Zip	# of Trucks at Location	Is Location Owned or Leased?

EQUIPMENT PROFILE		
Yes	No	ANSWER ALL QUESTIONS AND PROVIDE EXPLANATIONS AS INDICATED
<input type="checkbox"/>	<input type="checkbox"/>	1. Do you operate any mobile equipment? If 'Yes', answer questions 1a. through 1c. below. If 'No', skip to Question 2.
		1a. Provide a description of the equipment shown below in the space provided:
		1b. What is it used for?
		1c. How often is it used? _____
<input type="checkbox"/>	<input type="checkbox"/>	2. Is all equipment operated under your authority scheduled on this application? If 'No', please explain on a separate sheet of paper.
<input type="checkbox"/>	<input type="checkbox"/>	3. Is all of your owned equipment scheduled on this application? If 'No', please explain in space provided.
<input type="checkbox"/>	<input type="checkbox"/>	4. Are any vehicles equipped with permanently attached equipment such as booms, cranes or other mechanical devices? If 'Yes', describe the equipment and how it is used in space provided.
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you pull Doubles and/or Triples? If 'Yes', specify which: <input type="checkbox"/> Doubles <input type="checkbox"/> Triples <input type="checkbox"/> Both
		5a. List states (in which you pull them) below:
		5b. What percentage of your total annual miles is generated from double/triple loads? _____%
<input type="checkbox"/>	<input type="checkbox"/>	6. Are your trucks equipped with speed governors? If 'Yes', what is the maximum governed speed? _____
<input type="checkbox"/>	<input type="checkbox"/>	7. Are any trailers painted or do they display advertising to bring attention to the cargo on board?

SCHEDULE OF EQUIPMENT							
Complete the following table and attach a current Schedule of Equipment with this Small Fleet Transportation Supplemental Application. Schedule of Equipment should list Manufacturer, Year, Vehicle Type, VIN #, GVWR, Stated Amount and Radius. Attach names and addresses of lien holders of the equipment.							
Auto Classification	# Owned	# Leased with Drivers	# Leased without Drivers	0 to 150 Mile Radius	151 to 300 Mile Radius	301 or More Mile Radius	Total # of Units
Private Passenger (Cars, SUVs, Pickups)							
Light Trucks 0 to 14,000 lbs GVWR							
Medium Trucks 14,001 to 26,000 lbs							
Heavy Trucks 26,001 or more lbs GVWR							
Tractors (with 5 <sup>th</sup> wheel) 26,001 or more lbs GVWR							

SUMMARY OF EQUIPMENT VALUES					
Total Tractor / Truck Value	\$	Average Value	\$	# of Power Units	
Total Trailer Value	\$	Average Value	\$	# of Trailers	
Total Fleet Value	\$				

CARGO					
Please complete the following. Attach a separate sheet of paper as needed.					
Commodity	% of Loads (must total 100%)	Average Load Value	Maximum Load Value	Is the Commodity Hazardous?	
				Yes	No
	%	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
	%	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
	%	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>

CARGO PROFILE		
Yes	No	ANSWER ALL QUESTIONS AND PROVIDE EXPLANATIONS AS INDICATED
<input type="checkbox"/>	<input type="checkbox"/>	1. Do your drivers ever load or unload? If 'Yes', please explain on a separate sheet of paper.
<input type="checkbox"/>	<input type="checkbox"/>	2. Are loaded trailers ever left unattended for more than one hour? If 'Yes', how often? _____ Where are the loaded trailers left when unattended? _____
<input type="checkbox"/>	<input type="checkbox"/>	3. Are all loaded trailers secured with padlocks or other locking devices?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you haul refrigerated loads? If 'Yes', answer questions 4a. through 4c. below. If 'No', skip to Question 5.
<input type="checkbox"/>	<input type="checkbox"/>	4a. Do you keep maintenance records for the refrigeration units?
		4b. Describe your maintenance program for the refrigeration unit in space provided.
		4c. Describe emergency procedures used to prevent a load from spoiling when a refrigeration unit breaks down in space provided.



<input type="checkbox"/>	<input type="checkbox"/>	5. Do pull flatbeds? If 'Yes', answer questions 5a. and 5b. below. If 'No', skip to Question 6.
		5a. What procedures do you follow to keep flatbed loads dry from wetness or dampness?
		5b. What procedures do you follow to ensure that loads remain firmly secured to the trailer?
<input type="checkbox"/>	<input type="checkbox"/>	6. Do you ever haul any hazardous materials other than ORM-D Consumer Commodities or hazardous waste? If 'Yes', you must complete the <b>Hazardous Materials Supplement</b> and attach it the Small Fleet Transportation Supplemental Application.
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you have contracts with shippers which give the shipper the right to determine cargo salvage value or declare cargo a total loss regardless of actual damage in the event of loss? If 'Yes', please provide copies of contracts with <u>all</u> shippers.
		8. Whose name appears on Bill of Lading for shipments transported under your authority when:  You haul under another carrier's authority? <input type="checkbox"/> Not Applicable <input type="checkbox"/> Your Name <input type="checkbox"/> Other Trucker <input type="checkbox"/> Both Another carrier hauls under your authority? <input type="checkbox"/> Not Applicable <input type="checkbox"/> Your Name <input type="checkbox"/> Other Trucker <input type="checkbox"/> Both

### GENERAL LIABILITY SUPPLEMENT

Provide a thorough description of all your business operations in the space provided below.

Yes	No	ANSWER ALL QUESTIONS AND PROVIDE EXPLANATIONS AS INDICATED
<input type="checkbox"/>	<input type="checkbox"/>	1. Do you store goods or vehicles for others?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you repair vehicles for others?
<input type="checkbox"/>	<input type="checkbox"/>	3. Do you lease space to others?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you sell fuel, parts or any other products to others?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you act as a broker, freight forwarder or load consolidator for others?
<input type="checkbox"/>	<input type="checkbox"/>	6. Do you have any farming operations?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you have any other business activities located at the same premises?
<input type="checkbox"/>	<input type="checkbox"/>	8. Do you generate any revenue from activities or operations other than trucking?
<input type="checkbox"/>	<input type="checkbox"/>	9. Have you signed any contracts that require you to assume the liability of another party?
<input type="checkbox"/>	<input type="checkbox"/>	10. Do you own or operate any mobile equipment such as forklifts, snowplows, graders, yard goats?
<input type="checkbox"/>	<input type="checkbox"/>	11. Do you own or engage in operations that involve distributing, storing, treating, discharging, disposing or transporting hazardous materials, substances or waste?
<input type="checkbox"/>	<input type="checkbox"/>	12. Have you sold, acquired or discontinued any business operations in the past 5 years?

*Please provide details for any 'Yes' responses to the questions above on a separate sheet of paper.*

### HIRED AND NON-OWNED AUTO SUPPLEMENT

You must complete this section if you "hire, lease, rent or borrow" any equipment from others with or without operators.

Yes	No	ANSWER ALL QUESTIONS AND PROVIDE EXPLANATIONS AS INDICATED
<input type="checkbox"/>	<input type="checkbox"/>	1. Do you lease, hire, rent or borrow equipment from others <u>with</u> drivers? If 'Yes', please provide a copy of the lease agreement and answer questions 1.a. and 1.b. below. If 'No', please skip to question 2.
<input type="checkbox"/>	<input type="checkbox"/>	1a. Are all permanent leased vehicles with drivers included on the equipment schedule with this application? If 'No', please explain in space provided.

<input type="checkbox"/>	<input type="checkbox"/>	1b. Do you require all leased owner-operators to purchase non-trucking/bobtail liability insurance? If 'No', please explain in space provided.
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you lease, hire, rent or borrow equipment from others without drivers? If 'Yes', please complete <b>Hired Auto Physical Damage</b> section on Page 3.
<input type="checkbox"/>	<input type="checkbox"/>	3. Have you signed any contracts that require you to assume the liability of another party?
		4. What percentage of the rental/lease transactions include a written contract? _____%
<input type="checkbox"/>	<input type="checkbox"/>	5. Do any contracts include a Hold Harmless Agreement and/or Additional Insured endorsement? If 'Yes', please provide a copy of the contract.
<input type="checkbox"/>	<input type="checkbox"/>	6. Are you responsible for maintenance of the equipment?
<input type="checkbox"/>	<input type="checkbox"/>	7. Are your accounting records available to Crum & Forster for auditing purposes?

**Uninsured/Underinsured Motorists, Personal Injury Protection and Medical Payments Selection/Rejection forms must be completed, signed and returned with the completed Crum & Forster Small Fleet Transportation Supplemental Application at or prior to binding coverage.**

#### **Insured Agreement**

**Disclosure:** In connection with this application for Commercial Automobile Insured, we may review a credit report or obtain or use a credit-based insurance score based on the information contained in that credit report. We may use a third party connection with the development of the insurance score. Your credit report/credit based insurance score will not be used for any purpose other than the underwriting of the commercial automobile insurance policy for which you have applied.

**Under no circumstances can the credit-based insurance score, the lack thereof, or the refusal to authorize the obtaining of a credit report or credit-based insurance score be a factor in determining your eligibility for commercial automobile insurance, including cancellation or nonrenewal, if a policy is ultimately issued.**

I authorize Crum & Forster to obtain a credit report, including but not limited to a credit-based insurance score based on personal information provided. This authorization is valid for future reports obtained for renewal policies with Crum & Forster.

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, AR, CO, DC, FL, KS, KY, LA, MD, ME, NJ, NM, NY, OH, OK, OR, RI, TN, VA, VT, WA or WV – see Additional Fraud Notices for these States below).

#### **ADDITIONAL FRAUD NOTICES**

**NOTICE TO ALABAMA, ARKANSAS, LOUISIANA, NEW MEXICO, RHODE ISLAND AND WEST VIRGINIA 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 fine and confinement in prison.

**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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING:** 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.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other 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.

**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 denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of 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 NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW YORK APPLICANTS:** 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**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: WARNING:** 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 OREGON APPLICANTS:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON 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 include imprisonment, fines, and denial of insurance benefits.

**NOTICE TO VERMONT APPLICANTS:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

The undersigned declares that to the best of his or her knowledge and belief the statements and representations made herein and in any attachments appended hereto and/or incorporated herein by reference are true and complete and that no material facts have been misstated, misrepresented, suppressed or concealed. The signing of this application does not bind the undersigned to purchase insurance, nor does review of the application bind any insurer to issue a policy. It is agreed, however, that this application shall be the basis of the contract should a policy be issued. If there is any material change in the answers to the questions provided herein or in any of the attachments appended hereto and/or incorporated herein by reference prior to the effective date of the insurance policy, the applicant must immediately notify the insurer in writing and the insurer reserves the right in such instance to modify or withdraw any quotation or binder that may have been issued. The undersigned also represents that he or she is authorized on behalf of the applicant to complete and sign this application on its behalf.

<b>SIGNATURES</b>
-------------------

---

Applicant Name (Printed)

---

Applicant Title

---

Applicant Signature\*

---

Date

**\*ELECTRONIC SIGNATURE AND ACCEPTABLE** ☐

**PRODUCER INFORMATION:**

---

Producer Name (Printed)

---

Producer Signature\*

---

Date

---

Agency Name

---

Agency Code

---

License Number

**\*ELECTRONIC SIGNATURE AND ACCEPTABLE** ☐

\*You can apply your signature to this form electronically by checking the Electronic Signature and Acceptance box below your signature line and then by either applying your electronic signature to this form or by typing your name above your signature line on this form. By doing so, you hereby consent and agree that your use of a key pad, mouse pad, keyboard or other device to accomplish the foregoing constitutes your signature, acceptance and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand. Further you agree that the lack of a certification authority or other third party verification will not in any way affect the validity or enforceability of your signature or any resulting contract.