

D.C. WHITE AGENCY

Over 60 Years of Leadership in Commercial Auto Insurance

General: (516) 431-9191

Underwriting: (516) 431-6200 • Fax: (516) 431-0488

370 West Park Avenue, Long Beach, NY 11561-9004

www.dcwhiteagency.com

Pennsylvania Commercial Automobile Application

THIS APPLICATION MUST BE EXECUTED BY THE APPLICANT, IF AN INDIVIDUAL, OR AN OFFICER OR AUTHORIZED REPRESENTATIVE OF THE APPLICANT'S COMPANY. ALL ANSWERS MUST BE COMPLETED.

Is this an application for a quotation? Yes No

Is this an application for a bound policy? Yes No

If Yes, what is the Policy Number? _____

Corporate or Individual Name (Include DBA): _____ FEIN: * _____

Mailing Address: _____ Contact: _____

Telephone No.: (____) _____ E-Mail Address: _____ Fax No.: (____) _____

List commodities carried: _____

Type of carrier: Trucker Dump & Transit Mix Time Sensitive Food Delivery Waste Disposal
 Contractor Other (Specify) _____ Years in business: _____

Fully describe your operation: _____

Provide the name(s) of any transportation entity(ies) not covered under this application in which the Named Insured or any of its officers, directors, partners or stockholders have a direct or indirect ownership interest. If none, state none: _____

Do you haul your own products? Yes No

Do you haul products of others? Yes No

If both, indicate the percentage of each: Own ____% Other ____%

COVERAGE & LIMITS REQUESTED - ALL QUOTATIONS WILL BE FOR SPECIFIED AUTOS ONLY

LIABILITY

- \$35,000 CSL \$500,000 CSL
 \$100,000 CSL \$750,000 CSL
 \$300,000 CSL \$1,000,000 CSL

NONSTACKED UNINSURED MOTORISTS

\$ _____

Specify Limit (cannot exceed Liability Limit)

NONSTACKED UNDERINSURED MOTORISTS

\$ _____

Specify Limit (cannot exceed Liability Limit)

TOW TRUCK ON HOOK COVERAGE **

\$25,000 Other (Specify) \$ _____

** Subject to a \$500 Per Accident Deductible

FIRST PARTY BENEFITS

MEDICAL EXPENSES

\$5,000 \$10,000 \$25,000 \$50,000 \$100,000

INCOME LOSS (per month/total benefit)

None \$1,000/\$5000 \$1,000/\$15,000
 \$1,500/\$25,000 2,500/\$50,000

ACCIDENTAL DEATH

None \$1,000 \$5,000 \$10,000 \$25,000

FUNERAL EXPENSE

None \$1,500 \$2,500

PHYSICAL DAMAGE

- Comprehensive
 Collision

PHYSICAL DAMAGE DEDUCTIBLE

- \$500 \$2,000
 \$1,000 \$3,000

Yes No **Hired Car** If Yes, complete **Hired Car Application**

Yes No **Non-Ownership** If Yes, complete **Non-Ownership Application**

* A Federal Employer Identification Number is required for each corporate entity

FILING INFORMATION

In order for a prompt and accurate filing to be made, we require complete and correct information, including name, address and docket number under which authority exists. Use separate sheet if necessary.

ALL FILINGS REQUIRE SUBMISSION OF CURRENT FINANCIAL STATEMENT PREPARED BY A CPA PRIOR TO QUOTING

Do you hold a Federal Filing? Yes No

If Yes, what is the Docket Number? _____

Do you hold any state filings? Yes No

If Yes, show states and permit numbers: _____

Are special filings required? Yes No If Yes, specify: _____

Show exact name in which filings or permits are issued: _____

Have you ever had authority withdrawn or been under probation by any operating authority? Yes No

If Yes, give full details: _____

GENERAL INFORMATION

List all states in which your vehicles operate: _____

What is the maximum radius of operation from garage location for your vehicles? _____ miles

What is the regular radius of operation from garage location for your vehicles? _____ miles

Do you transport or allow others to transport under your authority any of the following? Gasoline Explosives LPG

Chemicals (Specify) _____

Other Hazardous Materials (Specify) _____

Yes No Do you own any autos not shown on **SCHEDULE** portion of application? If Yes, attach a separate list.

Yes No Do you pull double trailers?

Yes No Do you pull triple trailers?

Yes No Are oversized or overweight commodities hauled?

Yes No Do you barter, hire or lease any vehicles?

Yes No Do you service your own vehicles? If No, who services them? _____

Yes No Do you have a written maintenance program?

Yes No Are scheduled safety meetings conducted? If Yes, how often? _____

Yes No Do all drivers carry accident report forms?

Yes No Are all accident reports completed in a timely manner?

Yes No Are all accidents reviewed with driver?

Yes No Are driver logs kept?

Yes No Are your procedures and systems in compliance with regulatory requirements?

Yes No Are you or your firm a subsidiary of another entity? If Yes, specify: _____

Yes No Are vehicles leased to others with driver?

Yes No Are vehicles leased to others without driver?

Yes No Are any vehicles altered or have special equipment? If Yes, specify: _____

Yes No Do you obtain MVR verification of all drivers?

Yes No Do you have special driver recruiting?

Yes No Are all drivers covered by Worker's Compensation? If Yes, provide name and policy number of insurer: _____

Yes No Do you hire independent contractors or lease vehicles for use in your business? If Yes, **Hired Car Application** must be completed.

Yes No Have you ever had insurance for this type of operation canceled, declined or nonrenewed?

If Yes, explain fully on a separate sheet and attach hereto. Be sure to give name(s) of insurance companies, dates and reasons for cancellation or refusal.

SCHEDULE OF AUTOS YOU OWN - List all vehicles to be quoted. If more space is required, use **Supplemental Automobile Schedule**.
IF COVERAGE IS BOUND, COPIES OF ALL REGISTRATIONS WILL BE REQUIRED

Unit #	Year	Trade Name/Model	Vehicle Identification #	Body Type	Cost New*	GVW	Garage Location	State of Registration
1					\$			
2					\$			
3					\$			
4					\$			

* Must be provided for all vehicles for which Physical Damage Coverage is requested.

Describe below special equipment attached to any vehicle. Include its value under **COST NEW**. Designate by Unit # listed above.

LOSS EXPERIENCE & PREVIOUS CARRIER INFORMATION - If no losses, indicate "no losses" under the **Amount Paid** column. Furnish loss information, whether or not covered by commercial insurance, for the past 3 years. Attach Loss Runs.

Year	Carrier	Policy #	Premium	# of Losses	Amount Paid	Amount Reserved
			\$		\$	\$
			\$		\$	\$
			\$		\$	\$
			\$		\$	\$

DRIVER INFORMATION - List all drivers, both full and part time. Include Proprietors. If more space is needed, attach a separate sheet.

Name	Address	D.O.B.	License No. & State	Date Employed

A Motor Vehicle Report must be provided for each driver.

ACCIDENTS & VIOLATIONS - If more space is needed, attach a separate sheet.

Operator	Description	Date

