

California Long Haul Trucking Application



Underwritten by Topa Insurance Company

This application will not be given consideration unless:
1. It is fully completed and every question is answered;
2. Accompanied by a current MVR for ALL drivers and
3. Application is signed personally by the Applicant and Agent.

Agent's Name and Address

 Phone Number: _____ Agent Code: _____

Applicant's Full Name

 D.B. A. - If any

 Mailing Address - If P. O. Box then provide actual street address below

 City _____ State _____ Zip Code _____
 Phone Number _____ Name of Contact Person _____
 Place of principal garaging - If same as mailing address then write "SAME"

Application Type: New Business
 Renewal of Topa policy #: _____

Is the applicant: An Individual A Partnership A Corporation or
 Other - If Other please specify _____

How Long has the applicant been in business? _____ Years

Is this a new venture? No Yes - if yes, explain past experience

Describe the business operations of the applicant

Proposed Effective Date _____ at 12:01 A.M. Standard Time	POLICY TERM <input type="checkbox"/> 12 Months <input type="checkbox"/> 6 months	NOTE: Coverage cannot be bound until approved by the Company. When approved the application and payment must be postmarked within 48 hours of the effective date; otherwise coverage will be effective at 12:01 A.M. on the date following the postmark on the envelope.
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GENERAL INFORMATION ALL QUESTIONS MUST BE FULLY ANSWERED!

1. Must the applicant comply with the Motor Carrier Act or 1980? <input type="checkbox"/> NO <input type="checkbox"/> YES - not eligible	11. Is there a vehicle maintenance program in place? <input type="checkbox"/> NO <input type="checkbox"/> YES - Explain _____
2. Does applicant EVER haul hazardous substances, flammables, explosives, chemicals or acids? <input type="checkbox"/> NO <input type="checkbox"/> YES - Not Eligible	12. List ALL MC, USDOT and any other authority numbers used by applicant. _____
3. How often does applicant run the same route? List Cities _____	13. Are any sub-haulers utilized? <input type="checkbox"/> NO <input type="checkbox"/> YES - What percentage? _____
4. Does the applicant rent or lease vehicles to others? <input type="checkbox"/> NO <input type="checkbox"/> YES - not eligible	14. Do other truckers operate under the applicant's filing authority? <input type="checkbox"/> NO <input type="checkbox"/> YES
5. Is the applicant under contract or lease to haul for a single firm? <input type="checkbox"/> NO <input type="checkbox"/> YES - Give full name: _____	15. Number of Employees? _____
6. Are all vehicles owned or operated by the applicant shown on application? <input type="checkbox"/> YES <input type="checkbox"/> NO - Where insured? _____	16. Do any employees use their own vehicles during the course of employment? <input type="checkbox"/> No <input type="checkbox"/> Yes
7. Is the applicant the registered owner of all units listed. except "unidentified trailers"? <input type="checkbox"/> YES <input type="checkbox"/> NO - Explain _____	17. What is the applicant's annual gross receipts? \$ _____
8. Any policy or coverage declined, cancelled or nonrenewed in the past 36 months? <input type="checkbox"/> NO <input type="checkbox"/> YES - Explain _____	18. Are any vehicles not registered in California? <input type="checkbox"/> NO <input type="checkbox"/> Yes - If yes, the risk is unacceptable _____
9. Is this account currently written by your agency? <input type="checkbox"/> Yes <input type="checkbox"/> NO	19. Is this a mid-term replacement? <input type="checkbox"/> NO <input type="checkbox"/> Yes - WHY? _____
10. Has applicant maintained commercial insurance for the past 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO - EXPLAIN: _____	20. Hauling under other carrier's authority under long term lease? <input type="checkbox"/> NO <input type="checkbox"/> YES - Provide their names and authority #: _____

FILINGS: ICC # _____ DMV # _____ Other _____
NOTE: There is a fully earned fee for each filing. We must insure ALL vehicles owned or operated by the applicant in order to make regulatory filings.

LIST ALL INSURANCE POLICIES FOR THE PAST 3 YEARS

Insurance Company	Policy Number	Policy Period - Dates	Coverage (BI/PD/Comp/Coll)

LIST ALL CLAIMS IN THE PAST 3 YEARS

Date of Loss	Type of Loss - BI/PD etc.	Description of Loss	Amount Paid	Driver

Coverages & Limits of Liability									
1. Liability <input type="checkbox"/> 750,000 CSL <input type="checkbox"/> 1,000,000 CSL					2. Medical Payments <input type="checkbox"/> 1,000 <input type="checkbox"/> 2,000 <input type="checkbox"/> 5,000				
3. Uninsured Motorist - BI <input type="checkbox"/> 15/30 <input type="checkbox"/> 25/50 <input type="checkbox"/> 30/60					4. Uninsured Motorist - PD <input type="checkbox"/> 3,500 -Cannot have Collision				
VEHICLE INFORMATION: COMPLETE FOR EACH UNIT TO BE INSURED. USE ADDITIONAL APPLICATIONS IF NECESSARY									
Unit # 1		How is this unit used? _____							
Year	Manufacturer and Model			Body Type	Complete Serial Number			Current Replacement Value	
GVW or Gallons	Use		Specified Perils Ded.		Collision Ded.		Annual Mileage	Oh-Hook Liab	
	<input type="checkbox"/> COMMERCIAL		<input type="checkbox"/> 500	<input type="checkbox"/> 1,000	<input type="checkbox"/> 500	<input type="checkbox"/> 1,000		Limit <input type="checkbox"/> 25,000 <input type="checkbox"/> 50,000	
	<input type="checkbox"/> HEAVY/SPECIAL		<input type="checkbox"/> 2,500	<input type="checkbox"/> 5,000	<input type="checkbox"/> 2,500	<input type="checkbox"/> 5,000		Deductible <input type="checkbox"/> 500 <input type="checkbox"/> 1000	
Loss Payee Name and Address: _____									
Additional Insured- Lessor Name & Address _____									
Additional Insured Name & Address _____									
Unit # 2		How is this unit used? _____							
Year	Manufacturer and Model			Body Type	Complete Serial Number			Current Replacement Value	
GVW or Gallons	Use		Specified Perils Ded.		Collision Ded.		Annual Mileage	Oh-Hook Liab	
	<input type="checkbox"/> COMMERCIAL		<input type="checkbox"/> 500	<input type="checkbox"/> 1,000	<input type="checkbox"/> 500	<input type="checkbox"/> 1,000		Limit <input type="checkbox"/> 25,000 <input type="checkbox"/> 50,000	
	<input type="checkbox"/> HEAVY/SPECIAL		<input type="checkbox"/> 2,500	<input type="checkbox"/> 5,000	<input type="checkbox"/> 2,500	<input type="checkbox"/> 5,000		Deductible <input type="checkbox"/> 500 <input type="checkbox"/> 1000	
Loss Payee Name and Address: _____									
Additional Insured- Lessor Name & Address _____									
Additional Insured Name & Address _____									
Unit # 3		How is this unit used? _____							
Year	Manufacturer and Model			Body Type	Complete Serial Number			Current Replacement Value	
GVW or Gallons	Use		Specified Perils Ded.		Collision Ded.		Annual Mileage	Oh-Hook Liab	
	<input type="checkbox"/> COMMERCIAL		<input type="checkbox"/> 500	<input type="checkbox"/> 1,000	<input type="checkbox"/> 500	<input type="checkbox"/> 1,000		Limit <input type="checkbox"/> 25,000 <input type="checkbox"/> 50,000	
	<input type="checkbox"/> HEAVY/SPECIAL		<input type="checkbox"/> 2,500	<input type="checkbox"/> 5,000	<input type="checkbox"/> 2,500	<input type="checkbox"/> 5,000		Deductible <input type="checkbox"/> 500 <input type="checkbox"/> 1000	
Loss Payee Name and Address: _____									
Additional Insured- Lessor Name & Address _____									
Additional Insured Name & Address _____									
Unit # 4		How is this unit used? _____							
Year	Manufacturer and Model			Body Type	Complete Serial Number			Current Replacement Value	
GVW or Gallons	Use		Specified Perils Ded.		Collision Ded.		Annual Mileage	Oh-Hook Liab	
	<input type="checkbox"/> COMMERCIAL		<input type="checkbox"/> 500	<input type="checkbox"/> 1,000	<input type="checkbox"/> 500	<input type="checkbox"/> 1,000		Limit <input type="checkbox"/> 25,000 <input type="checkbox"/> 50,000	
	<input type="checkbox"/> HEAVY/SPECIAL		<input type="checkbox"/> 2,500	<input type="checkbox"/> 5,000	<input type="checkbox"/> 2,500	<input type="checkbox"/> 5,000		Deductible <input type="checkbox"/> 500 <input type="checkbox"/> 1000	
Loss Payee Name and Address: _____									
Additional Insured- Lessor Name & Address _____									
Additional Insured Name & Address _____									
Unit # 5		How is this unit used? _____							
Year	Manufacturer and Model			Body Type	Complete Serial Number			Current Replacement Value	
GVW or Gallons	Use		Specified Perils Ded.		Collision Ded.		Annual Mileage	Oh-Hook Liab	
	<input type="checkbox"/> COMMERCIAL		<input type="checkbox"/> 500	<input type="checkbox"/> 1,000	<input type="checkbox"/> 500	<input type="checkbox"/> 1,000		Limit <input type="checkbox"/> 25,000 <input type="checkbox"/> 50,000	
	<input type="checkbox"/> HEAVY/SPECIAL		<input type="checkbox"/> 2,500	<input type="checkbox"/> 5,000	<input type="checkbox"/> 2,500	<input type="checkbox"/> 5,000		Deductible <input type="checkbox"/> 500 <input type="checkbox"/> 1000	
Loss Payee Name and Address: _____									
Additional Insured- Lessor Name & Address _____									
Additional Insured Name & Address _____									

DRIVER INFORMATION - LIST ALL PART-TIME, FULL-TIME OR OCCASIONAL DRIVERS. ALL DRIVERS MUST BE LISTED					
Does applicant review MVR's before hiring? <input type="checkbox"/> YES <input type="checkbox"/> NO			Does applicant require current D.O.T. physicals on all drivers? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Driver #	Full name	Date of Birth	Years of Class A or B Experience	Driver's License Number	State
1					
2					
3					
4					
6					

Driver #	Date	List ALL violations, convictions and accidents in the past 3 years . Provide proof on no-fault accidents	Accidents or Losses
1			
2			
3			
4			
5			

APPLICANT QUESTIONNAIRE - TO BE COMPLETED AND INITIALED IN THE APPLICANT'S HANDWRITING.

Have all drivers who may operate an insured vehicle on an occasional, part-time or full time basis been listed in the driver section? This includes family members who may operate a listed vehicle.	<input type="checkbox"/> Yes <input type="checkbox"/> NO - Explain below Applicant's Initials:
Are all owned or operated (including vehicles under a 30 day or longer lease) commercial vehicles listed in the vehicle section?	<input type="checkbox"/> Yes <input type="checkbox"/> NO - Explain below Applicant's Initials:
Are all vehicles listed on the application which are operated under the insured's regulatory filing?	<input type="checkbox"/> Yes <input type="checkbox"/> NO - Explain below Applicant's Initials:
Explain:	< = = Explain any "no" answers

PREMIUM SUMMARY

<p>This is only a summary of the premium and fees due. The premium breakdown by coverage and vehicle will be provided to you under a separate quote sheet. Do not sign this application until you have reviewed the actual quote sheet details.</p> <p>I have reviewed the actual quote: Applicant's Initials: X _____</p>	Total Premium for All Vehicles	\$
	Hired & Non-Owned Auto Premium - if any	\$
	Filing Fees -if any	\$
	Fully Earned Policy Fee	\$
	Total Premium Due	\$
	AMOUNT REMITTED WITH APPLICATION	\$

APPLICANT AND AGENT SIGNATURES. THIS MUST BE SIGNED OR APPLICATION WILL BE REJECTED.

I hereby declare and warrant that to the best of my knowledge the statements made on the application are true and complete and that these statements are made as an inducement to the Company to issue the insurance policy for which I am applying. I agree that such policy shall be null and void if my premium payment check does not clear the bank when initially presented. I acknowledge that a \$10.00 change will apply for all checks returned due to insufficient funds.

I understand a routine investigation may be made as to my insurability, including requesting a copy of my motor vehicle record from the Department of Motor vehicles, character, general reputation, personal characteristics, credit history, condition of vehicles and their use. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

I further declare that I have not had an accident or loss in the last 72 hours and that I am the legal and/or registered owner of all vehicles.

APPLICANT'S SIGNATURE: _____ Time: _____ AM - PM Date: _____

I warrant and certify that all information contained herein is correct to the best of my knowledge, that this application was completed and then signed by the insured/applicant, that a completed copy hereof has been given to the insured/applicant, and that I am retaining a duplicate copy.

AGENT'S SIGNATURE: _____ Time: _____ AM - PM Date: _____

DRIVER EXCLUSION

It is hereby understood and agreed that all coverages and OUR obligation to defend under this policy shall not apply nor accrue to the benefit of any INSURED or any third party claimant while any VEHICLE or MOBILE EQUIPMENT described in the policy or any other VEHICLE or MOBILE EQUIPMENT, to which the terms of the policy are extended, is being driven, used or operated by any person designated below.

The driver exclusion shall be binding upon every INSURED to whom such policy or endorsements provisions apply while such policy is in force and shall continue to be binding with respect to any continuation, renewal or replacement of such policy by the Named Insured or with respect to any reinstatement of such policy within 30 days of any lapse thereof. This DRIVER EXCLUSION provisions shall conform State statutes and laws.

Name of Person Excluded	Reason For Exclusion	Driver License Number

Acceptance by signature of Named Insured: _____ Date: _____

Identify Metropolitan Areas Traveled Through or Into

- | | | | | | |
|--|---|---------------------------------------|---|---|--|
| <input type="checkbox"/> Atlanta | <input type="checkbox"/> Cleveland | <input type="checkbox"/> Jacksonville | <input type="checkbox"/> Milwaukee | <input type="checkbox"/> Philadelphia | <input type="checkbox"/> San Diego |
| <input type="checkbox"/> Balt-Washington | <input type="checkbox"/> Dallas/Ft, Worth | <input type="checkbox"/> Kansas City | <input type="checkbox"/> Mpls./St, Paul | <input type="checkbox"/> Phoenix | <input type="checkbox"/> San Francisco |
| <input type="checkbox"/> Boston | <input type="checkbox"/> Denver | <input type="checkbox"/> Little Rock | <input type="checkbox"/> Nashville | <input type="checkbox"/> Pittsburgh | <input type="checkbox"/> Seattle |
| <input type="checkbox"/> Buffalo | <input type="checkbox"/> Detroit | <input type="checkbox"/> Los Angeles | <input type="checkbox"/> New Orleans | <input type="checkbox"/> Portland | <input type="checkbox"/> Tulsa |
| <input type="checkbox"/> Charlotte | <input type="checkbox"/> Hartford | <input type="checkbox"/> Louisville | <input type="checkbox"/> New York City | <input type="checkbox"/> Richmond | <input type="checkbox"/> |
| <input type="checkbox"/> Chicago | <input type="checkbox"/> Houston | <input type="checkbox"/> Memphis | <input type="checkbox"/> Oklahoma City | <input type="checkbox"/> St Louis | <input type="checkbox"/> |
| <input type="checkbox"/> Cincinnati | <input type="checkbox"/> Indianapolis | <input type="checkbox"/> Miami | <input type="checkbox"/> Omaha | <input type="checkbox"/> Salt Lake City | <input type="checkbox"/> |

Cities other than above or regular routes _____

"X" all states traveled through or into

<input type="checkbox"/> Alabama - 3	<input type="checkbox"/> Arizona - 1	<input type="checkbox"/> Arkansas - 2	<input type="checkbox"/> California - 1	<input type="checkbox"/> Colorado - 1	<input type="checkbox"/> Connecticut - 3	<input type="checkbox"/> Delaware - 3
<input type="checkbox"/> Florida - 3	<input type="checkbox"/> Georgia - 3	<input type="checkbox"/> Idaho - 1	<input type="checkbox"/> Illinois - 2	<input type="checkbox"/> Indiana - 3	<input type="checkbox"/> Iowa - 2	<input type="checkbox"/> Kansas - 2
<input type="checkbox"/> Kentucky - 3	<input type="checkbox"/> Louisiana - 2	<input type="checkbox"/> Maine - 3	<input type="checkbox"/> Maryland - 3	<input type="checkbox"/> Massachusetts - 3	<input type="checkbox"/> Michigan - 3	<input type="checkbox"/> Minnesota - 2
<input type="checkbox"/> Mississippi - 3	<input type="checkbox"/> Missouri - 2	<input type="checkbox"/> Montana - 1	<input type="checkbox"/> Nebraska - 2	<input type="checkbox"/> Nevada - 1	<input type="checkbox"/> New Hampshire - 3	<input type="checkbox"/> New Jersey - 3
<input type="checkbox"/> New Mexico - 1	<input type="checkbox"/> New York - 3	<input type="checkbox"/> N. Carolina - 3	<input type="checkbox"/> N. Dakota - 2	<input type="checkbox"/> Ohio - 3	<input type="checkbox"/> Oklahoma - 2	<input type="checkbox"/> Oregon - 1
<input type="checkbox"/> Pennsylvania - 3	<input type="checkbox"/> Rhode Island - 3	<input type="checkbox"/> S. Carolina - 3	<input type="checkbox"/> S. Dakota - 2	<input type="checkbox"/> Tennessee - 3	<input type="checkbox"/> Texas - 1	<input type="checkbox"/> Utah - 1
<input type="checkbox"/> Vermont - 3	<input type="checkbox"/> Virginia - 3	<input type="checkbox"/> Washington - 1	<input type="checkbox"/> Washington D.C, -3	<input type="checkbox"/> W. Virginia - 3	<input type="checkbox"/> Wisconsin - 2	<input type="checkbox"/> Wyoming - 1

Commodity Hauled	Percent of Loads	Maximum Value	Commodity Hauled	Percent of Loads	Maximum Value

Cargo Insurance - Submit to Company for Approval

Commodity	Which Unit Number	Limit or Liability	Theft Coverage	Earned Freight	Refrigeration Breakdown*	Locked Truck Warranty**	Deductible
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	250
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	250
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	250
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	250

*Refrigeration Breakdown coverage can only be written on units that have refrigeration equipment installed.

** Locked Truck Warranty is required when Theft and/or Earned Freight coverage is written.

Remarks or special instructions