

LARSEN INSURANCE FLYNN

100 South Water St. - Silverton Oregon 97381 - Phone: (888) 566-8616 - Fax: (503) 873-2081

NON-FLEET AUTO APPLICATION

For use with owned auto fleets of less than five (5) vehicles

Date:

1. General Information			
Applicant Legal Name:		DOT #:	
DBA:			
Mailing Address:			
Physical Address:			
Applicant is: Individual Partnership Corporation LLC/LLP Other			
Years in Business:	If under 3 years, years experience:		Proposed Effective Date:
Contact for Inspection:		Ph:	
Fax:		Email:	
Description of business operations (provide specific details on type of business and vehicle use - attach risk narrative if necessary):			
2. Coverage History			
Current Carrier:		Premium:	
Is this a mid-term replacement? Yes No If Yes, please explain:			
Prior Carriers	Limits	Premium	Term
Have you maintained commercial insurance for the past 12 months? Yes No			
If No, please explain:			
Have you had your coverage cancelled or non-renewed in the last five years? Yes No			
If Yes, please explain:			
Please include the following with all applications:			
<div style="display: flex; justify-content: space-between;"> Mileage Pro Rate (Sch. B) Current MVRs for all drivers Copy of brokerage and/or sub haul contract (if applicable) </div> <div style="display: flex; justify-content: space-between;"> Currently valued loss runs within 90 days. </div>			

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3. Coverages / Limits Requested						
Please list all auto coverages requested. Hired Auto Physical Damage, Hired Auto Liability, Non-Owned Auto Liability and Motor Truck Cargo may require a supplemental application.						
<u>LIMIT/DEDUCTIBLES</u>						
Auto Liability	\$	Deductible \$	BI	PD	BI/PD	
Personal Injury Protection (PIP)		Statutory	Increased Limits	Other		
Medical Payments	\$					
Uninsured/Underinsured Motorists (UM/UIM)	\$					
Comprehensive		Deductible \$				
Specified Perils		Deductible \$				
Collision		Deductible \$				
Trailer Interchange	Limit \$	# of Trailer Days:	Deductibles \$			
Hired Auto Physical Damage	If Any	COH \$				
	Limit \$		Deductibles \$			
Hired Auto Liability	If Any	Sub-Haul COH \$				
		Brokerage COH \$				
Non-Owned Liability		Number of Employees				
Motor Truck Cargo	\$	Deductible \$				
Legal Liability	Are vehicles left unlocked or unattended? Yes No					
<i>Coverage does not apply to Insured's own goods</i>	Additional Coverages:					
	Loading and Unloading \$1,000 deductible					
	Refrigeration Breakdown \$2,500 deductible					
Will the insured have other Auto Liability coverage in force concurrent with this coverage? Yes No						
If Yes, please explain:						
*PIP limits . than the statutory minimum and UM/UIM limits lower than the auto liability limit may require a signed rejection form.						
4. Loss History						
If currently valued loss runs are not available, <u>please provide the reason</u> and list all known and/or reported losses (or claims where no loss payment was made) for the past four (4) years (attach another sheet if necessary).						
Date of Loss	Coverage	Description of Loss	Paid	Reserved	Status	
5. Schedule of Equipment Operated						
Model Year	Model Name & Vehicle/Trailer Type	VIN	GVW	Cover for Phys Dam?		ACV
				Yes	No	
				Yes	No	
				Yes	No	
				Yes	No	

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6. Operations/Territory/Mileage				
A) Commodities hauled, % of each and average/max value of load:				
Commodity:	Value of load			Avg/Max Value
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B) Define the type of carrier and % of operation:				
Contract	Common	Private		
Hauling under other carrier's authority/under long term lease			%, # of units under lease:	
<i>(Please attach copy of contract)</i>				
If Hauling under another carrier's authority, carrier's authority under which insured is hauling:				
If hauling under another carrier's authority, does other carrier provide Auto Liability coverage for trucking use?				
Yes	No	Non-trucking use?	Yes	No
C) Are you primarily hauling under long-term contract or as a trip lease operator?				
If trip lease operator, % of operation:			%	
D) For whom do you primarily haul?				
E) Are you involved in any retail delivery? Yes No If Yes, % of operation and description				
F) Are you involved in any LTL (Less than truckload) operations? Yes No, If Yes, % of operation				
G) Is insured involved in freight forwarding operations? Yes No, If Yes, % of operation				
H) Are FHWA, PUC or other filings required? Yes No				
If Yes, please provide authority numbers and define EXACTLY how name appears on filing(s):				
Name:				
FHWA#	CA#	WA#	OR#	OTHER
Are any special filings required? Yes No				
If Yes, please explain/describe commodities				
Does insured have more than one CA filing, FHWA filing, or any other state filing? Yes No				
If Yes, please explain:				
I) Under whose bill of lading are shipments moved?				
J) Do you own any vehicles that are not on the schedule? Yes No				
If Yes, please explain:				
K) Do other truckers operate under your name or authority? Yes No				
If Yes, please explain:				
L) Do you rent or lease vehicles or equipment to others without operators? Yes No				
If Yes, please explain:				
M) Is a waiver of subrogation or primary/non-contributory wording required by any sipper(s)? Yes No				
If Yes, please explain:				
N) Do you pull double trailers? Yes No If Yes, % of operation: %				
O) What is the average radius of operation? What is the maximum radius of operation?				
P) Regular Route % , Irregular Route %				

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Q) What % of time do you operate on these road types?				
% Freeway Rural	% Freeway Urban	% 2-Lane Highway	% Off-Road/On-Site	
% Surface Rural	% Surface Urban	% Surface Suburban	%Other	
R) What are your Pick up and delivery locations?				
Manufacturers	Warehouse	Retail location		
Construction Site	Residence	Other		
S) To what cities so you predominantly travel to/from ?				
T) % of deadhead miles		%	% of bobtail miles	
U) Units, Mileage and Revenue				
	Period	# of Commercial Units	TOTAL Fleet Mileage	Revenue
Projected:				
Current:				
1st Prior:				
V) Are any vehicles laid up on a regular basis during the year? Yes No				
If Yes, # of units, length and time of layup:				
7. Driver Information				
A) What is the minimum age of driver allowed? Maximum?				
B) How are divers compensated? Salary Per Trip per Mile % of Load Other				
C) What is the average annual % turnover in drivers? %				
D) Are all units operated by employee drivers and/or owners? Yes No				
If No, please explain:				
E) Is it the policy of the company to allow passengers/family members to ride in the commercial units with drivers? Yes No				
8. Insured / Producer Signature				
APPLICANT PLEASE READ				
FRAUD WARNING: Any person who knowingly and with intent to defraud or deceive any insurer or another person, files an applicant 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.				
APPLICANT'S STATEMENT: By signing below, I acknowledge that I have read the above application and declare that to the best of my knowledge and belief all of the foregoing statements and answers are a just, true and full exposition of all of the facts and circumstances with regard to the risk to be insured.				
Applicant's Signature: _____ Date _____				
Producer's Signature: _____ Date _____				