# Westchester

# A Chubb Company

## HAZARDOUS TRANSPORTERS COMMERCIAL AUTO

APPLICATION

SECTION I: APPLICANT									
NAME OF APPLICAN	T:					C	DATE:		
MAILING ADDRESS:									
CITY:			S	TATE:	ZIP	CODE	:		
PHYSICAL ADDRESS IF DIFFERS FROM MAILING:									
TELEPHONE NUMBER: FAX NUMBER: WEB ADDRESS:									
INSPECTION CONTA	INSPECTION CONTACT: EMAIL ADDRESS:								
Company is an:									
Has any insurance cov Please explain:	Has any insurance coverage been non-renewed or canceled in the last 3 years?								
Has the Applicant mer Please explain:	ged with or pu	urchased/sold any oth	er trucl	king company	in the past 3 ye	ars?		Yes 🗌 No	
<ol> <li>Two years most re</li> <li>Four years of curr</li> <li>Current vehicle sc</li> <li>Current Drivers Li</li> </ol>	ecent years' ir ently valued l chedule ist including:	HE FOLLOWING INF ncome statement and oss runs. Name, Date of Birth, I currently used by the	balanc Drivers	e sheet. License Numl	ber, State of Lic	ense ai	nd Date of		
	SE	CTION II: CURREN	NT INS	URANCE IN	FORMATION				
Coverage	Carrier	Limits		Premium	Effective Dat	e Re	etention	Retro Date	
Auto Liability		\$	CSL	\$		\$		Not Applicable	
Auto Physical Damage		\$		\$		\$		Not Applicable	
General Liability		\$ /\$		\$		\$			
Site Pollution		\$ / \$		\$		\$			
Cargo		\$		\$		\$		Not Applicable	
Cargo       \$       Not Applicable         Has any carrier ever refused to renew or instigated cancellation with respect to a liability policy issued to Applicant, a predecessor in business, or a person, firm or organization for whom Applicant has assumed the liabilities of or has a liability policy issued to any aforementioned ever been cancelled at the instigation of any premium finance company? (If yes, provide details below)       Yes       No									

	SECTION III: COVERAGE REQUESTED Please use the Covered Auto Symbols located to the left where applicable								
			-						
C	Covered Auto Symbols		Liability						
41	Any Auto	Covered Auto S	ymbols		Limits			Deductible	es
	Owned Autos Only	☐ 41 ☐ 42 ☐ 43 ☐ 46	☐ 47 ☐ 50 ☐	\$	\$1,000,000 ( \$5,000,000 ( \$	CSL	□ \$_	☐ No ☐ Yes	
43	Owned Commercial Autos Only		-		-	ACV 🗌 Stat			
44	Owned Autos subject to No-Fault	Comprehensive/O Specified Causes Collision		4		46 🗌 47 46 🗌 47 46 🗌 47			
45		Towing & Labor				40 [] 47	□\$		
	subject to a Compulsory					ed Liability			
	UM Law	Non-Truckers Truckers		Stat			Cost of Hire	e: \$	
46	Specifically Described					If Any Basis			
	Autos	Non-Owned Auto Liability							
47	Hired Autos Only Trailers in your	Number of:         States:           Employees:							
	possession under a Trailer Interchange Agreement	Partners:							
		Hired Physical Damage         Primary Coverage       States:       # of Days:							
		Secondary Coverage						/ehicles: _	
49	Your Trailers in the possession	Trailer Interchange							
	of another trucker under a			•	# Trailers	Farthest	# Days	Radius	Deductible
	Trailer Interchange	Comprehensive/O	TC 48	□ 49		Zone			\$
	Agreement	Specified Causes							\$
50	Non-0wned Autos								
	Only		48	∐ 49					\$
	Medical Payments								
	Personal Injury Pro	otection (PIP)  44	46						
	Uninsured Motorist	45							
	Other Auto Related	d Coverage:					0.5.0.51.0.1		
	Cargo		Attach ACC				SECTION		
	Garage Liability Commercial Gener	al Liability	Attach ACC				ERAL LIABI	ITY SECT	ION
	Premises Pollution	-					applicable a		

SECTION VI: FLEET COMPOSITION						
Vehicle Type	Company Owned	Owner Operator	Total			
Tractors						
Heavy Trucks						
Medium Trucks						
Light/Service						
Private Passenger						
			1			
Trailer Type	Company Owned	Owner Operator	Total			
Tanker – Liquid						
Tanker – Dry						
Van						
Dump						
Roll-Off						
Does the Applicant pull double	trailers? Yes No					
Does the Applicant pull triple tra	ailers? 🗌 Yes 🗌 No					

	SECTION V: OWNER OPERATOR DATA (IF APPLICABLE)						
1.	Are owner operators exclusively hauling for the Applicant under written contract? If no, explain in detail:	☐ Yes ☐ No					
2.	Does the contract require non-trucking liability to be in place? If no, explain in detail:	☐ Yes ☐ No					
3.	Are owner operators subject to same hiring and training standards as company drivers? If no, explain in detail:	☐ Yes ☐ No					
4.	Are owner operators held to the same equipment maintenance standards as company equipment? If yes, where is the equipment inspected and at what intervals? If no, explain in detail:	🗌 Yes 🗌 No					

SECTION VI: RADIUS INFORMATION						
1. Provide exact physical add	ress of each terminal or wareho	use location and activities of each	ו:			
Exact physical sectors in the sector of the sectors in the sectors	sical address:	Activities at th	is location:			
1.						
2.						
3.						
4.						
5.						
6.						
7.						
2 From each terminal indica	te the following average radius	as a percentage of loads:				
			Movimum Dadius (Tris			
Local (0-50)	Intermediate (51-200)	Long Haul (201+)	Maximum Radius/Trip			
1.						
3.						
4. 5.						
6.						
7.						
<ol><li>Does the Applicant operate is not related to trucking?</li></ol>		wned, occupied or leased locatior	n that Yes No			
4. Does any Applicant engage	in any business(es) other than	trucking? If yes, explain in deta	ail: 🗌 Yes 🗌 No			
5. Does the Applicant operate	a tank wash? If yes, at which	location(s)?	🗌 Yes 🗌 No			
	,					
		in the second				
	tions? If yes, manage or otherw	vise have any interest in convenie	nce 🗌 Yes 🗌 No			
	- · •					
7. Does the Applicant assume	ownership of any product they	haul? If yes, explain in detail:	🗌 Yes 🔲 No			
	e or only or only produce they					

	SEC	CTION VII: PR	ODUCTS/CO	MMODITIES H	IAULED		
	Product	% of Loads	% of Reciepts	Value	Tanker? (Yes/No)	Drums? (Yes/No)	Totes? (Yes/No)
				\$			
				\$			
				\$			
				\$			
				\$			
				\$			
				\$			
				\$			
				\$			
				\$			
				\$			
2.	Radioactive waste						
	Decontamination Procedures: Who decontaminates trailers, c How are trailers, containers, et						
3.	Are records of decontamination						
3.							
3.	Are records of decontaminatior	n procedures for	mally maintaine	ed? 🗌 Ye	∋s [	es 🗌 No	es 🗌 No

Full Time Ei	nployedF	Part Time Employed	Owner Operator	TOTAL
2. Driver Selection Pr	ocess			
Written Application	on?	]Yes 🗌 No		
Road Test?		] Yes 🔲 No		
Reference Check	(? E	] Yes 🔲 No		
Criminal Backgro	und Check?	] Yes 🔲 No		
MVR Check?		] Yes 🔲 No		
3. Who is responsib	le for screening dri	vers?		

4.	Is there a full-time safety director?
5.	How often are drivers safety meetings held? By whom?
	Are drivers required to attend?       Yes       No         Is there a record of attendance?       Yes       No
6.	Are the following programs/procedures formalized?   Safety programs   Product handling procedures   Yes   No   Driver hiring procedures   Yes   No   Training Programs
7.	Is there a written disciplinary program?
8.	Are driver hiring criteria formalized?
9.	Does Applicant have a safety incentive program for drivers?

### SECTION X: VEHICLE PREVENTATIVE MAINTENANCE

1.	Is there a written, formalized maintenance program for all units?
2.	Is the insured responsible for Owner Operator Equipment?  Yes No
3.	Is mechanical or body work performed for third parties? ☐ Yes ☐ No <b>Please detail type of work, frequency, etc.</b>
4.	Are vehicle condition reports completed regularly or before each load?
	SECTION XI: ADDITIONAL RELEVANT INFORMATION

Please detail:

#### FRAUD WARNING STATEMENTS – MOTOR VEHICLE

**NOTICE TO ARKANSAS, ARIZONA, FLORIDA, KENTUCKY, LOUISIANA, NEW MEXICO, TENNESSEE, VIRGINIA, AND WEST VIRGINIA APPLICANTS:** 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.

**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 THEPURPOSE 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 HAWAII APPLICANTS:** FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.

**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 A DENIAL OF INSURANCE BENEFITS.

**NOTICE TO MARYLAND APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND 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 THE INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO, IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR VEHICLES OR AN INSURANCE COMPANY, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NO TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH 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, WITH INTENT TO KNOWINGLY DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE OR DECEPTIVE INFORMATION THAT IS MATERIAL TO THE ACCEPTANCE OF THE RISK OR TO THE CLAIM COMMITS A FRAUDULENT INSURANCE ACT AND MAY BE COMMITTING A CRIME.

**NOTICE TO PENNSYLVANIA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE OR DEFRAUD ANY INSURER FILES AN APPLICATION OR CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION SHALL, UPON CONVICTION, BE SUBJECT TO IMPRISONMENT FOR UP TO SEVEN YEARS AND PAYMENT OF A FINE OF UP TO \$15,000."

**NOTICE TO WASHINGTON APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSES OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

#### NOTICE TO ALL APPLICANTS:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS INFORMATION FOR THE PURPOSE OF MISLEADING, COMMITS A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

Name of Applicant							
Signature of Authorized Applicant	Signature of Broker/Agent						
Print Name	Print Name						
Title	Agency Name						
Date	Date						



A Chubb Company

## STATE AND FEDERAL FILINGS

Addendum

NAME OF API	NAME OF APPLICANT:						DATE:		
INSURED IDE	NTIFICATION N	NAME:				FEIN NUME	FEIN NUMBER:		
ADDRESS:									
	ADDRESS.								
IF NAME/ADD	RESS ON REQ	UESTED FILIN	GS SHOULD RE	AD DIFFEREN	tly than pol	LICY, PLEASE E	XPLAIN:		
			POLI	CY INFORM	ΔΤΙΩΝ				
Liability Polic	:v #	Limits:	FOLK	Effective D					
	,	\$					If ICC-Regulat	ied	
Cargo Policy	#	Limits: \$		Effective D	ate:	Base Stat	e:		
TYPE OF AUTHORITY									
STATE	LIABILITY	CARGO	STATE	LIABILTY	CARGO	STATE	LIABILITY	CARGO	
AL	E	Пн	LA	E	□н	ОН		Пн	
AK		ΠH	ME		ΠH	OK (5)	E	ΠH	
AR	E	ПН	MD	E	ПН	OR	E	ПН	
AZ	E	ПН	MA	E	ПН	PA	E	ПН	
CA (1)	E	ПН	MI	E	ΠH	RI	E	ПН	
CO	E	ΠH	MN	E	ПН	SC	E	ПН	
СТ	E	ПН	MS	E	ПН	SD	E	ПН	
DE	E	ΠH	MO (4)	E	□н	TN (6)	E	ПН	
FL	E	ПН	MT	E	ПН	TX		ПН	
GA		ПН	NE	E	□ H	UT		Пн	
HI	E	ПН	NV	E	ПН	VA		ПН	
ID		□н	NH		<u> </u>	VT		ПН	
IL (2)		ПН	NJ		ПН	WA		ПН	
IN		ПН	NM			WI			
IA		ПН	NY		□ H	WV			
KS			NC			WY	E	ΠH	
KY (3)	E	ΠH	ND	🗌 E	ΠH				
(1) California Motor Carrie	:: r #:		(2) Illinois: Motor Carrier #:			<b>(3)</b> Kentucky: KYU#			
(4) Missouri: DOT #: DNR #:			(5) Oklahom Docket #:	a:		(6) Tennessee: Docket #:			
For ICC Filir	ngs: 🗌 BMC	91(X) 🗌 BN	IC34 Liab	oility MC#		Cargo MC #	ŧ		
Canadian Pr	ovince(s):								
Oversize/Ove	erweight Certil	ficate(s):							
Remarks:									