

Submitted by Agency: _____ Agent: _____



Intermodal Contractors Association of North America
6055 E. Washington Blvd. Ste. 1090, Commerce, CA 90040

OWNER-OPERATOR APPLICATION (1-4 UNITS)

COVERAGES REQUESTED

Proposed Effective Date: _____

Auto Liability: \$1,000,000 **Trailer Interchange:** _____ (\$1000 Deductible)

Physical Damage: Stated Amount: \$ _____ Not Requested

Motor Truck Cargo: \$50,000 \$100,000 \$250,000 Not Requested

General Liability: \$1,000,000/\$2,000,000 Limits Not Requested

INSURED INFORMATION

First Name: _____ Middle Name: _____ Last Name: _____

DBA: _____ Phone #: _____ Social Security #: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Garaging Address: _____ City: _____ State: _____ Zip: _____

DOT: _____ MC: _____

DRIVER SCHEDULE

#	Driver	Status	DOB	License #	State	Yrs Exp	SS #
1							
2							
3							

VEHICLE SCHEDULE

#	Year	Make	VIN #	Purch. Date	Current Value
1					
2					
3					

Security Technology (Check all that apply): GPS Tracking EOBR Anti-Theft System Trailer Alarms Electronic Seals

TERMINAL COVERAGE

For terminal coverage to apply, terminal address(es) and information must be declared:

Terminal Address: _____ City: _____ State: _____ Zip: _____

Fenced: Yes No Lighted: Yes No On-Site Security Guards: Yes No

PRIOR COVERAGE

Year	Company	Policy #	# Claims	Amount Paid
Current				
1st Prior				
2nd Prior				
3rd Prior				

*Please list last four years of coverage

GENERAL LIABILITY

Per Trucker Form 99793

Limits: \$1,000,000 Per Occurrence / \$2,000,000 Annual Aggregate

Payroll (Non-Driver): \$ _____

OPERATIONS INFORMATION

Annual Miles: _____ Maximum Radius: _____

Routes/Cities/States Entered: _____

Do you file IFTA's? Yes No *If yes, provide copy of last two quarter reports.*

Commodities Hauled and %: _____

Do you rent/lease equipment to others? Yes No

Do you own any equipment not listed on the page above? Yes No

Do you allow passengers in your tractor? Yes No

Do you understand that you must report all drivers? Yes No

Do you understand that you must report any vehicle changes? Yes No

Have you had **any** Cargo losses/claims in the last 3 years? Yes No

If so, please provide details: _____

***Provide details on any other type of Loss/Claim including description, Reserves, Status, etc.:

LOSS PAYEE

Unit	Loss Payee Name	Address
1		
2		
3		

ADDITIONAL INSURED

Additional Insured Name	Address	Phone of Fax #

IMPORTANT NOTICE

The trailer you are hauling must be attached to your scheduled power unit for coverage to be in effect. Please read your policy for a complete definition of your coverage.

Applicable in Florida:

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.

APPLICANT'S STATEMENT

Important - Please Read Before Signing

I, the undersigned (applicant), hereby applies for a policy of insurance as set forth in the application on the basis of information and statements contained in the application, all supporting and supplementary documents, and this application statement. The supporting and supplementary documents and this Applicant's Statement are incorporated into and part of the application. The application, all supporting and supplementary documents, and this Applicant's Statement shall be referred to below as the "Application Materials". If a policy is issued, the Application Materials shall be deemed to be attached to and part of the policy.

Applicant understands and acknowledges the following:

That insurer's receipt and consideration of the Application Materials does not obligate insurer to provide a quotation for insurance to applicant.

That any quotations provided will be issued subject to underwriting approval, and will not constitute an offer by the insurer to insure at the quoted rates or prices unless and until such approval has been issued.

That if the initial premium is paid with a check, the coverage provided by the policy is conditioned upon the check being honored when presented for payment, and that if the check is not honored, the policy shall be deemed void from inception due to a lack of consideration.

That once a policy is issued, insured is responsible for the timely payment of premiums pursuant to the terms of the policy. Should it become necessary for the insurer or the insurer's agent to obtain the services of an attorney to recover premiums due under the terms of the policy, then the insured shall pay the reasonable attorneys' fees and related legal expenses and cost of litigation. The court in such action shall award reasonable attorney fees and cost of litigation in addition to any other recovery.

Applicant declares that it has carefully reviewed the information and statements made in the Application Materials and that such information and statements are true and correct. Applicant agrees that any policy of insurance that may be issued now or in the future will be issued in reliance on the information, statements, warranties, and representations contained therein, and that the policy and renewals thereof may be declared null and void by insurer if the Application Materials, or future statements or documents provided by or on behalf of Applicant, contain information that is incomplete, false, or misleading.

If Applicant applies for a commercial auto policy that is not rated based on mileage, payroll, or other measure of exposure, Applicant warrants and represents that all vehicles owned by, leased to, or used by the Applicant have been disclosed in the Application Materials or otherwise disclosed in writing to insurer. All vehicles, the use of which is acquired after inception of coverage will be reported immediately to the insurer and such vehicles are subject to approval. If Applicant applies for a commercial auto policy that is exposure rated, Applicant warrants and represents that all mileage, payroll, or other measure of exposure relating to Applicant's operations have been disclosed in the Application Materials or otherwise disclosed in writing to insurer for all applicable periods of time.

Applicant understands that an inquiry may be made that will provide information concerning general reputation, financial stability and other pertinent financial data, credit history, driving experience, vehicle usage, and other information considered by insurer in deciding to issue a policy, in determining the rates therefore, and in adjusting claims. Applicant authorizes insurer to obtain such reports in connection with this policy and all renewals thereof. Upon written request, Applicant will be informed of the source of any reports considered by the insurer.

Any person, who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act which is a crime.

Agency Name: _____ Date: _____

Agent's Signature: _____

Applicant Name: _____ Date: _____

Applicant's Authorized Signature: _____