



Bellingham
UNDERWRITERS

1417 N State Street, Bellingham, WA 98225 Ph: 360-671-0500 Fx: 360-671-3959 E: info@bell-uw.com

SPECIALTY AUTO APPLICATION

Agency: _____ Producer: _____

Phone: _____ Fax: _____

Please include the following with all applications:

- Current MVR's for all drivers Complete Vehicle & Equipment Schedule
 Currently valued loss runs for the prior four years. Complete description of Insured operations

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: _____ Phone: _____

2. Operations/Territory/Mileage

COMPLETE THIS SECTION FOR ALL SPECIAL RISK TYPES

1. Units, Mileage and Revenue

	Period	# of Units	TOTAL Fleet Mileage	Revenue
Projected	_____	_____	_____	_____
Current	_____	_____	_____	_____
1st Prior	_____	_____	_____	_____
2st Prior	_____	_____	_____	_____

2. To the extent possible, please define the route structure, how the vehicles are being used and in what primary areas:

3. What is the normal radius of operation? _____ What is the maximum radius of operation? _____

4. Please identify the number of vehicles stored at each location:

Home _____ Business _____ Employee's Home _____ Other _____ Description of location: _____

5. Security Measures for Vehicle Storage (check all that apply):

- Lighting Fencing Dogs 3rd Party Surveillance
 Key Control Indoor Parking Guards Other _____

6. Is the insured's yard location leased to or from any others? Yes No

if "Yes," please explain: _____

7. 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 _____

8. Does the insured own any vehicles that are not on the schedule? Yes No

If "Yes," please explain: _____

9. Are all vehicles used in business operations owned by the insured? Yes No

If "No," please explain: _____



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10. Does the insured rent or lease vehicles or equipment to others without operators? Yes No
 If "Yes," please explain: _____

11. Does the insured allow any personal use of the vehicles? Yes No
 If "Yes," please explain the personal use policy: _____

3. Loss History

If currently valued loss runs are not available, please provide the reason 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
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

4. Coverage History

Current Carrier: _____ Premium: _____

Is this account currently written by your agency? Yes No

Is this a mid-term replacement? Yes No

If "Yes," please explain: _____

Prior Carriers	Limits	Premium	Term
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has the insured maintained commercial insurance for the past 12 months? Yes No

If "No," please explain: _____

Has the insured had their coverage cancelled or non-renewed in the last five years? Yes No

If "Yes," please explain: _____

5. Coverages/Limits Requested

List all auto coverages requested. Hired Auto Physical Damage, Hired Auto Liability, Non-Owned Auto Liability and Cargo may require a supplemental application.

<u>AUTO</u>	<u>LIMIT/DEDUCTIBLES</u>
Auto Liability	\$ _____ Deductible \$ _____ <input type="checkbox"/> BI <input type="checkbox"/> PD <input type="checkbox"/> BI/PD
Personal Injury Protection (PIP)*	<input type="checkbox"/> Statutory <input type="checkbox"/> Increased Limits <input type="checkbox"/> 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	<input type="checkbox"/> If Any <input type="checkbox"/> COH \$ _____ Limit \$ _____ Deductibles \$ _____



Hired Auto Liability If Any Sub-Haul COH \$ _____ Brokerage COH \$ _____

Non-Owned Liability Number of Employees _____

CARGO

Motor Truck Cargo Legal Liability Limit \$ _____ Average Value \$ _____ Deductible \$ _____

Are vehicles left unlocked or unattended? Yes No

Additional Coverage:

On Hook Coverage Deductible \$ _____

Loading & Unloading Terminal Coverage Deductible \$ _____

Will the insured have other Auto Liability coverage in force concurrent with this coverage? Yes No

If "Yes," please explain: _____

*PIP limits lower than the statutory minimum and UM/UIM limits lower than the auto liability limit may require a signed rejection form.

6. Schedule of Equipment Used in Operations (Owned and Long-term Lease)

Model Year	Make, Model and Vehicle/Trailer Type	VIN	GVW	Cover for Phys Dam?	ACV
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

7. Driver Information

1. How many drivers are classified as employees? _____ Independent Operators? _____ Other? _____

2. How many drivers are regular or full time drivers? _____ Occasional or Part time drivers? _____

3. How many drivers have been with this insured for:
Less than 6 months: _____ Six months to one year: _____ One to three years: _____ More than Three years: _____

4. Which of the following are utilized in the hiring and management of drivers (check all that apply)?

- Application Interview Road Test MVR Physical Exam Drug Test Written Test
- Prior Employee Check Periodic MVR Review Accident Review Post Accident Drug Testing

5. Are Training Courses provided for by the insured for drivers? Yes No

6. Are drivers required to take outside training courses? Yes No

If "Yes," what courses are required? _____

7. What are the minimum License Class or Designation requirements for all drivers? _____

8. Does the insured provide workers compensation for drivers? Yes No



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Complete the below sections as applicable for the Specific Business Operations of the Insured.

8. Towing & Recovery Operations

1. What is the average number of tows performed per month? _____
2. What is the percentage breakdown for the size of vehicles towed by the insured?
 Light and Medium Vehicles _____% Commercial Vehicles over 26,000lbs _____ %
3. What is the percentage breakdown for each type of towing performed by the insured?
 Towing For Hire-Motor Club _____% Towing for Hire-Banks or Finance Companies _____%
 Private Towing -Illegal parking or Violator Removal _____% Private Towing- Owned Garage or Body Shop _____%
 Municipality, Highway or Turnpike Rotation _____% Voluntary Repossession _____%
 Involuntary Repossession _____%
4. If Repossession Towing is performed, please answer the following:
 Who issues the assignment to pick up a vehicle? _____
 Are Debtors notified in advance and agreeable to the voluntary surrender of the vehicles? Yes No
5. What type of Tow Trucks are used in the Insured's operation?
 Boom Hook & Chain Wheel-Lift Flatbed Integrated Other _____
6. What are the total receipts from all operations? _____
7. What percentage of total revenue is derived from the following operations?
 Trucking or Freight Transport for Hire _____% Tire Sales, Repair or Service _____% Used Car or Lease Sales _____%
 Sale of Auto Parts New _____% Sale of Auto Parts Salvaged/Used _____% Car Auction _____%
 Auto repair: Mechanical _____% specific description of work performed _____
 Auto repair: Body Work _____% specific description of work performed _____
8. Which of the following Safety Procedures are required on every tow (check all that apply?)
 Safety Chains Wheel Lift Straps Towing Lights Other _____
9. Are all Tow Trucks Equipped with Scanners? Yes No
10. Does the insured participate in any "Chase" or first on the Scene Towing? Yes No
11. Is each tow performed by the company required to be dispatched by an office dispatcher? Yes No
12. Is the condition of each vehicle to be towed checked before performing services? Yes No
 If "Yes," How? Checklist/D iagram Digital Camera Other _____

9. Rural Taxi /Paratransit and other Livery

1. What are the total receipts from all operations? _____
2. What percentage of total revenue is derived from the following operations?
 Fare Based Pick-up from airport, rail station, or port _____% Other Fare Based Curb Side Pick-up _____%
 Non-Emergency Medical transport _____% Pre-Arranged or Scheduled Transport _____%
 Special Event/Limousine Services _____% Tours _____%
3. Does the insured operate a 24 hour service? Yes No
4. How many shifts does each vehicle run? _____
5. Do the operations vary by shift? Yes No If Yes, how _____
6. Are all vehicles titled or licensed in the state in which they operate? Yes No
 If "No," please explain: _____



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7. Are all vehicles solely owned by and registered to the Insured? Yes No

If "No," please provide a copy of the lease agreement between the named insured and the vehicle owner.

8. What is the maximum passenger capacity of each vehicle to be insured? _____

9. Are seat belts provided for all passengers? Yes No

10. What are the maximum hours of service for a single driver? _____

11. Are daily pre-trip inspections made to the vehicle? Yes No

12. Are any vehicles customized, altered or have special equipment? Yes No If "Yes," How?

- Lift out/Pull out ramps Mechanical Lifts Wheelchair passenger/patient safety restraint system
 Ambulatory passenger/patient safety restraint system Vehicle Wheelchair Securing System Other _____

10. Armored Cars

1. What percentage of operations is derived from the following customers?

Banks or Financial Services companies _____% Retail Stores _____% Restaurants _____%
 Manufacturers, contractors or industrial services _____% Other _____%

2. Please indicate the percentage of each type of goods being transported.

Cash Currency and Financial Instruments _____% Jewelry or Precious Stones _____%
 Paintings, sculpture or other works of art _____% Other _____%

3. What is the total number of employees in each category?

Non-Armed Drivers _____ Armed Drivers _____ Non-Armed Security(non-driver) _____ Armed Security(non-driver) _____

4. Are vehicles equipped with GPS units for location monitoring? Yes No

5. Are vehicles in continuous contact with a local dispatcher? Yes No

6. Has the insured been involved in an armed robbery or attempted robbery in the past five years? Yes No

If "yes," Please explain: _____

7. Are vehicles ever left unattended when under dispatch? Yes No If Yes, explain: _____

11. Catering for Food Service Vehicles

1. What are the total receipts from all operations? _____

2. What percentage of total revenue is derived from the following products?

Prepackaged non-perishable foods(Industrial catering vehicles or ICV) _____% Prepackaged refrigerated foods(ICV) _____%
 Foods prepared in advance and transported to Point of Sale(Mobile Food Preparation Vehicles or MFPV) _____%
 Foods prepared in vehicles at Point of Sale(MFPV) _____%

3. What is the percentage of total sales by operation?

Site Sales at plant or construction sites _____% Special Event Catering(sporting events, conventions, weddings, parties) _____%

4. Does the insured have a valid County Health Permit for all vehicles? Yes No

5. Do all Drivers/Food Service Providers possess current food handling certificates as required in the local jurisdiction Yes No

6. How often are vehicles cleaned and sanitized? _____

7. How often are vehicles inspected? _____



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8. Has the insured ever been cited, fined, or lost their license/operators authority as a result of any public health violations? Yes No

If "Yes," please explain _____

12. Truck Driving Schools

1. Description of Training Program (Attach brochures, catalogues, course descriptions or other materials as applicable.) _____

2. How many students does the insured train annually? _____

3. What is the minimum age for enrolled students? _____

4. Does the insured have an accident, death, & disability policy to cover students? Yes No

5. Does the insured train drivers other than commercial truck drivers? Yes No

If "Yes," please explain _____

6. Does the insured train drivers to operate vehicles other than tractor/trailer units? Yes No

If "Yes," please explain _____

7. Does the insured conduct driver safety programs? Yes No

8. Does the insured conduct on-site training at customer facilities? Yes No

9. Is the insured authorized by the appropriate federal or state governmental agency to conduct commercial license testing? Yes No

10. What is the student to instructor ratio for behind the wheel training? _____

11. Is more than one student allowed in a tractor/trailer during behind the wheel training? _____

12. What is the minimum number of hours of behind the wheel training provided in the commercial driver training class? _____

13. Does the insured have a placement facility or provide placement services? Yes No

14. Does the insured provide driver or employee leasing to truck companies, bus companies or others? Yes No

15. Does the insured ever haul the property of others in the trailers attached to your tractor during training? Yes No

16. Does the insured perform maintenance on own equipment? Yes No If "No," Who does? _____

17. Has the insured ever been investigated by any governmental authority regarding issuance of licenses or certificate? Yes No

If "Yes," please explain _____

18. Does the insured allow students to take final road license test in their vehicles? Yes No

19. Do all tractors have dual control brakes? Yes No If No, how many tractors have dual control brakes? _____

20. Are any vehicle(s) used for training purposes operated STRICTLY in your yard and not used on public roads? Yes No

If Yes, how many? _____

21. Are Motor Vehicle Records acquired on a student before he/she operates one of your vehicles? Yes No

22. Would you decline a student based on his or her Motor Vehicle Record? Yes No

23. Does the insured have an injury waiver they use with student drivers? Yes No

24. Is more than one student allowed in the cab at the same time? Yes No



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13. Other Specialty Auto Operations

Complete this section for all business operations that do not fit into any of the above categories. Please provide as much detailed information as possible (attach another sheet if necessary.)

1. Please specifically describe the nature of the Insured's operations _____

2. Describe all equipment unique to this type of business _____

3. What commodity is being transported or what service is being provided by the vehicles to be insured? _____



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14. Insured/Producer Signature

APPLICANT PLEASE READ

FRAUD WARNING:

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

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.

Applicable in FL and OK

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)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*.*Applies in NY Only.

Applicable in ME, TN, VA and WA

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 and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

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: _____