



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

BUI NON-FLEET AUTO APPLICATION

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

Date: _____

Agency: _____	Phone: _____
Agency Branch: _____	Fax: _____
Producer: _____	Email: _____

1. General Information

Applicant Legal Name: _____ DOT #: _____

FEIN: _____

DBA: _____

Mailing Address: _____

Physical Address: _____

Applicant is: Individual Partnership Corporation LLC/LLP Other

Years in Business: _____ 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. Items Required for Quoting

Please include the following with all applications:

- Vehicle Schedule
- Current MVRs for all drivers
- Copy of brokerage and/or sub-haul contract (required on all accounts with brokerage or sub-haul exposure)
- Drivers list including DOB & DOH
- If FHWA, Mileage Pro Rate or IFTA

Note: When attaching vehicle schedules, please be certain to include the type of trailer (bottom dump, flatbed, tanker, etc) as well as the make.

3. Schedule of Equipment Operated

Year	Make, Name & Vehicle/Trailer Type	VIN	GVW	Phys Dam Covg	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	

4. Coverage History

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. 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: _____

* Requests for Garagekeepers, Contractors Equipment and Cargo all require completed ACORD applications.



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Has the insured ever had coverage cancelled or non-renewed? Yes No
If Yes, please explain:

Other carriers quoting:

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

Has the insured maintained commercial insurance for the past 12 months? Yes No
If No, please explain:

6. Coverages/Limits Requested

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

	<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	<input type="checkbox"/> If Any <input type="checkbox"/> Sub-Haul COH \$		<input type="checkbox"/> Brokerage COH \$
Non-Owned Liability	Number of Employees _____		
Motor Truck Cargo	\$	Deductible \$	
Legal Liability	Are vehicles left unlocked or unattended? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Additional Coverages:		
	<input type="checkbox"/> Loading & Unloading \$1,000 deductible		
	<input type="checkbox"/> 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 lower than the statutory minimum and UM/UIM limits lower than the auto liability limit may require a signed rejection form.

7. Operations

1. Commodities hauled, % of each and average/max value of load:

Commodity	% of load	Avg/Max Value	Commodity	% of load	Avg/Max Value
	%			%	
	%			%	
	%			%	

2. 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: _____

(Please attach copy of contract)

If hauling under another carrier's authority, please name other carrier's authority: _____

If hauling under another carrier's authority, does other carrier provide Auto Liability coverage for trucking? Yes No
Non-trucking use? Yes No use



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3. Is insured primarily hauling under long-term contract or as a trip lease operator?
 If trip lease operator, % of operation: _____%
4. Please specify for whom the insured will primarily haul. **Do not enter "various", attach a list if necessary.**
5. Is insured involved in any home/retail delivery? Yes No
 If Yes, % of operation and description: _____
6. Is insured involved in any LTL (less than truckload) operations? Yes No If Yes, % of operation: _____%
7. Is insured involved in freight forwarding operations? Yes No If Yes, % of operation: _____%
8. Are FHWA, PUC or other filings required? Yes No
 If yes, please provide authority numbers and define EXACTLY how name appears on filing
- | | | | | |
|-------|-----|-----|-----|-------|
| Name | | | | |
| FHWA# | CA# | OR# | WA# | Other |
- Does the Insured have more than one same state or FHWA filing? Yes No
 If yes, please explain:
9. Does the company allow passengers or family members to ride in the commercial units with drivers? Yes No
10. Does any insured own any vehicles that are not on the schedule? Yes No
 If Yes, please explain:
11. Do other truckers operate under the insured's name or authority? Yes No
 If Yes, please explain:
12. Does the insured rent or lease vehicles or equipment to others without operators? Yes No
 If Yes, please explain:
13. Does insured pull double trailers? Yes No If Yes, % of operation: _____%
14. Is a waiver of subrogation or primary/non-contributory wording required by any shippers? Yes No
 If Yes, please list the shippers:
15. Types of transportation used by the insured (please check all that apply):
- | | | |
|--|--|--|
| <input type="checkbox"/> Employee drivers | <input type="checkbox"/> Employees' vehicles | <input type="checkbox"/> Brokered transportation |
| <input type="checkbox"/> Leased owner-operators, operating under insured's authority | <input type="checkbox"/> Leased trucking firms other than owner-operators, operating under the insured's authority | |
| <input type="checkbox"/> Sub-contract haulers, owner-operators | <input type="checkbox"/> Sub-contract haulers, other than owner-operators | <input type="checkbox"/> Other _____ |

If insured uses "leased owner-operators operating under insured's authority" or "Leased trucking firms other than owner-operators operating under insured's authority," please attach a copy of the lease contract. These vehicles should be included on the list of autos to be covered. Please note that, depending on the terms of the contract and/or our quote, leased vehicles may not be covered. Please note that, depending on the terms of the contract and/or our quote, leased vehicles may not be covered for non-trucking use (bobtail), which may require an additional policy to be put in place to cover this exposure. If insured uses "Sub-contract haulers" and/or "Brokered transportation," please attach a copy of the contract and complete the "Hired/Non-owned Auto Supplement".
 If insured uses "Employees' vehicles," please complete the "Hired/Non-owned Auto Supplement".

16. Units, Mileage and Revenue – **A QUOTE CANNOT BE PROVIDED WITHOUT THIS INFORMATION. PLEASE COMPLETE FULLY.**

	Period	# of Comm'l Units	Total Mileage	Revenue
Projected				
Current				
1st Prior				
2nd Prior				



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17. Are any vehicles laid up on a regular basis during the year? Yes No
 If Yes, # of units, length and months laid up:

18. What is the average radius of operation? _____ Percentage of operation? _____ %
 What is the maximum radius of operation? _____ Percentage of operation? _____ %

Describe the primary routes of travel, including the cities the Insured is traveling to and from?

20. Regular Route _____% Irregular Route _____%

21. What are the insured's pickup locations?

- Manufacturers Warehouse Retail location Rail Yard Processing Facilities
 Construction Site Residence Port Other _____

22. What are the insured's delivery locations?

- Manufacturers Warehouse Retail location Rail Yard Processing Facilities
 Construction Site Residence Port Other _____

23. Does the insured have a strict no cell phone use policy when vehicles are not parked? Yes No



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8. 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: _____