



1417 N State Street, Bellingham, WA 98225 Ph: 360-671-0500 Fx: 360-671-3659 E: info@bell-uw.com

BUI AUTO RENEWAL APPLICATION

Please complete the following and return to us for renewal processing

Date: _____

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

1. General Information

Applicant Legal Name: _____ DOT #: _____
 DBA: _____
 Mailing Address: _____
 Physical Address: _____
 Applicant is: Individual Partnership Corporation LLC/LLP Other
 Years in Business: _____ Years experience: _____ Proposed Effective Date: _____
 Has any information in this section changed since last year? Yes No

If Yes please explain:

Even though this is a renewal we ask that you provide specific details on type of business with details on any and all changes which have occurred during the past policy term or that may be contemplated in the coming year Please outline anything in the space below that is not clearly explained in the response to the application questions which follow:

2. Items Required for Quoting

All renewal submissions must include the following:

- Vehicle Schedule with current ACV for each unit Drivers list including DOB & DOH Current MVRs for all drivers
- Declaration of actual fleet mileage for the expiring term and the projection for the coming term. See Below.

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. Operations

1. Please provide the Units, Mileage and Revenue for the expiring term and the estimate for the coming year.

	Period	# of Comm'l Units	Total Mileage	Revenue
Projected				
Current				

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

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



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3. 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 the other carrier provide Auto Liability coverage for trucking use? Yes No
 Non-trucking use? Yes No

4. Describe for whom the insured primarily hauls, specifically by type of shipper and name of shipper if known:

5. Describe the primary routes of travel, including the cities the insured is traveling to and from. If there is more than a single class of vehicle on the schedule describe the primary routes for each class of vehicle and indicate how that alternate route affects the estimated annual mileage per vehicle?

6. What portion of the insured's operating mileage occurs on Regular Route _____% or Irregular Route _____% transport?

7. Is insured involved in freight forwarding, brokering, or other subcontracted freight operations? Yes No

If Yes, please describe the nature of these operations and provide the percentage of total receipts from the insured's operations:

8. Have there been any changes to the insured's authorities or required filings? Yes No

If Yes, please provide authority numbers and define EXACTLY how name appears on filing(s)

Name

FHWA#	CA#	OR#	WA#	Other
-------	-----	-----	-----	-------

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. Is a waiver of subrogation or primary/non-contributory wording required by any shippers? Yes No

If Yes, please list the shippers:

14. Has there been any change in the the types of transportation used by the insured (please check all the apply)

- | | | | |
|--|--|--|--------------------------------|
| <input type="checkbox"/> Employee drivers | <input type="checkbox"/> Employees' vehicles | <input type="checkbox"/> Brokered transportation | <input type="checkbox"/> Other |
| <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 | | |

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 Supplement."

15. Which of the following best describes the type of locations that the insured picks up loads?

- | | | |
|--|------------------------------------|--|
| <input type="checkbox"/> Manufacturers | <input type="checkbox"/> Warehouse | <input type="checkbox"/> Retail location |
| <input type="checkbox"/> Construction Site | <input type="checkbox"/> Residence | <input type="checkbox"/> Other |

16. Which of the following best describes the type of locations that the insured drops off loads?

- | | | |
|--|------------------------------------|--|
| <input type="checkbox"/> Manufacturers | <input type="checkbox"/> Warehouse | <input type="checkbox"/> Retail location |
| <input type="checkbox"/> Construction Site | <input type="checkbox"/> Residence | <input type="checkbox"/> Other |



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3. 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: _____