



Bellingham
UNDERWRITERS

114 W. Magnolia Ste 505 Bellingham, WA 98225 Ph: 360-671-0500 Fx: 360-671-3959 E: info@bell-uw.com

Truck Driving School Application

Agency: _____ Producer: _____

Phone: _____ Fax: _____

Please include the following with all applications:

- Current MVR's for all employees Complete Vehicle & Equipment Schedule
 Currently valued loss runs for the prior four 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: _____



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. 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.

AUTO	LIMIT/DEDUCTIBLES
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 \$ _____

4. 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. What are the minimum License Class or Designation requirements for all drivers



114 W. Magnolia Ste 505 Bellingham, WA 98225 Ph: 360-671-0500 Fx: 360-671-3959 E: info@bell-uw.com

5. 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



114 W. Magnolia Ste 505 Bellingham, WA 98225 Ph: 360-671-0500 Fx: 360-671-3959 E: info@bell-uw.com

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: _____