



Bellingham  
UNDERWRITERS

114 W Magnolia St. Ste 505 Bellingham, WA 98225 Ph: 360-671-0500 Fx: 360-671-3959 E: [info@bell-uw.com](mailto: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  3<sup>rd</sup> 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"/> 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 \$ _____



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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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### 8. 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: \_\_\_\_\_

### 9. 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? \_\_\_\_\_

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 \_\_\_\_\_



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### 10. 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 \_\_\_\_\_

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2. Describe all equipment unique to this type of business \_\_\_\_\_

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

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## 11. 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: \_\_\_\_\_