

Benchmark

MANAGEMENT GROUP, INC.

1730 Park Street, Suite 214 Naperville, IL 60563
Phone: (630) 778-7000 Fax: (630) 778-7007

Commercial Automobile Application

Name of Applicant: _____
D/B/A: _____
Street Address: _____
P.O. Mailing Address: _____
Phone Number: (____) _____
Web Site: _____

Agent Name: _____
Address: _____
Agent No.: _____

PROPOSED EFFECTIVE DATE:

From _____ To _____
12:01 A.M., Standard Time, at the address of the Applicant.

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “NOT APPLICABLE.”

DESCRIPTION OF OPERATIONS

- 1. Applicant is:** Individual Partnership Corporation Other: _____
Please provide the **registered owner's** driver license number, social security number, federal employer identification number, state customer number or Soundex number for all vehicles: _____
- 2. How long has this operation been in business?** _____
- 3. Has there been any change in ownership, management or the name of the operation during the last 5 years?** Yes No
If yes, provide details: _____
- 4. Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries?** Yes No
If yes, provide details: _____
- 5. Description of operations:** _____
Complete appropriate supplemental application if operations include the transportation of passengers.
- 6. Specifically, identify commodities transported:** _____
- 7. Any exposure to flammables, explosives, chemicals or hazardous materials (including medical or contaminated waste)?** Yes No
If yes, provide specific details: _____
- 8. Normal areas of operations:** _____
- 9. List all states vehicles operate in:** _____
- 10. Largest cities entered:** _____
- 11. Is your operation subject to time restraints when delivering the commodity?** Yes No

12. If not hauling for others, will the vehicles be parked at a job site most of the day?..... Yes No
13. Do you haul for others? Yes No
If yes, indicate percentage and for whom: _____
14. Are any vehicles or equipment loaned, rented or leased to others? Yes No
15. Do you lease, hire, rent or borrow any vehicles from others? Yes No
What is the average term of the lease? _____
Is there a written agreement? Yes No
If yes, provide a copy of the agreement.
16. What is your cost to lease, hire, rent or borrow vehicles? _____
17. What type of vehicles do you lease, hire, rent or borrow? _____
18. Are any units customized or altered, or do they have special equipment? Yes No
If yes, how are they altered? _____
19. Do you have vehicles with a boom? Yes No
If yes, what is the collapsed length? _____
20. Do you use owner/operators? Yes No
If yes, is there a written agreement? Yes No
What is the average length of the agreement? _____
21. If owner/operators are leased for twelve (12) months or longer, will they be scheduled on your policy? Yes No
If yes, provide a copy of the agreement you use.
22. Do you use subcontractors? Yes No
If yes, answer questions a. - d.
- a. Are subcontractors required to provide Certificates of Insurance?..... Yes No
 - b. What limit of Auto Liability are subcontractors required to carry? _____
 - c. What job duties are performed by the subcontractors? _____
 - d. What is your cost to use subcontractors? _____
23. At any time will your employees, subcontractors, or owner/operators lease vehicles in your name? Yes No
If yes, explain: _____
24. Do any employees use their autos in your business? Yes No
If yes, what limit of liability insurance are they required to maintain? _____
25. Do you understand that we may audit your records for Hired and Non-Owned auto exposure? Yes No
26. Are any vehicles used by family members? Yes No
If yes, explain: _____
27. Are any vehicles used for personal use? Yes No
If yes, explain: _____
28. Do you allow passengers to ride in your vehicles? Yes No
If yes, explain: _____
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29. Are all drivers covered by Workers' Compensation insurance? Yes No

DRIVER INFORMATION

30. Are you familiar with the U.S. Department of Transportation driver requirements? Yes No

31. Do you maintain driver activity files? Yes No

Do you review current MVRs on all drivers prior to hiring? Yes No

Is there a formal driver hiring procedure? Yes No

If you have a formal driver hiring/training program, provide a copy with this application.

32. Are all drivers employees? Yes No

If no, explain: _____

33. How are your drivers paid? Per load Per hour Other: _____

34. Is there a formal safety program? Yes No

If yes, provide details or a copy: _____

35. Provide details on your maintenance program: _____

36. Do you agree to screen and report all potential operators immediately upon hiring? Yes No

37. Maximum number of hours driver will operate a vehicle in a 24-hour period: _____

38. List below all drivers currently employed as of the proposed effective date. If a Non-Owned auto is to be considered, you must list information for all employees currently employed by you.

Driver's Name	Date of Birth	Driver's License No.	State	Class of License	No. of Years Driving Similar Vehicle	Length of Employment	List Past Three Years of Accidents & Traffic Violations

VEHICLE INFORMATION

39. Number of vehicles owned: ___ Light ___ Medium ___ Heavy ___ Extra Heavy
 ___ Tractors ___ Trailers ___ Private Passenger Type

40. Number of vehicles leased: ___ Light ___ Medium ___ Heavy ___ Extra Heavy
 ___ Tractors ___ Trailers ___ Private Passenger Type

The following Prior Carrier and Loss Experience Section must be completed:

Policy Period	Prior Carrier	Policy No.	Past Ded. Amount	Premium Liability	Premium Phys. Damage	No. of Losses	Liability Losses Paid/Open*	Phys. Damage Losses Paid/Open*

*Include a minimum of 3 years currently valued company loss runs for all accounts with 10 or more power units.

LIMIT AND COVERAGE INFORMATION

49. Liability: Bodily Injury _____ Property Damage _____ Combined Single Limit _____

50. Hired Auto: States _____ Cost of Hire _____

51. Non-owned Auto: States _____
 Number of Employees: Partners _____ Employees _____ Volunteers _____

52. Uninsured Motorist: Rejected Limits Accepted _____

53. Underinsured Motorist: Rejected Limits Accepted _____

(Complete appropriate UM/UIM Rejection/Selection Form for Questions 52. and 53.)

54. Optional no-fault state: PIP rejected?..... Yes No

55. Mandatory no-fault state: PIP basic limits accepted?..... Yes No

(Complete appropriate Personal Injury Protection Form)

56. Physical Damage deductibles: \$500 \$1,000 Other Specify: _____

57. Medical Payments: Rejected Limits accepted: _____

This application does not bind YOU or US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

FRAUD WARNING:

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.

APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

LICENSED AGENT: _____

(Applicable in Iowa Only)

AGENT NAME: _____ AGENT LICENSE NUMBER: _____

(Applicable to Florida Agents Only)

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.