

Agency Name and Mailing Address
BEN SPURGIN INSURANCE AGENCY
2521 CEDAR SPRINGS RD
DALLAS TX 75201-1460

Agency Phone No. **214-871-3322**

Agent No. **1052**
Producer No. **8**
UW Name and No.
STEVEN CROWDER
S0
Other Codes

I (we) hereby make application to Great West Casualty Company for the insurance coverages indicated below. I (we) understand that this insurance will not become effective until accepted by the Company. I (we) certify that the following statements are true and that my (our) policy will be issued based on this information. **Any person who knowingly or intentionally presents, files or provides false, misleading, deceptive or otherwise materially inaccurate information to an insurer in submitting an application and/or claim, may be found guilty of insurance fraud.**

COMMERCIAL INSURANCE APPLICATION

☒ Issue ☐ Quote ☒ 0 - 4 Units ☐ 5 or more **4932972**

Proposed Effective Date: **07/22/2024** ☒ New ☐ Renewal - Previous Policy No.: _____
☐ Workers Compensation Application is attached. ☐ Commercial Umbrella Application is attached.
☐ Reporting Policy? ☐ Revenue ☐ Mileage ☐ Value ☐ Units

APPLICANT INFORMATION

☐ Individual ☐ Corporation ☐ Partnership ☒ LLC ☐ Joint Venture ☐ Other:

Named Insured: **INTERSTATE LOGISTICS LLC DBA INTERSTATE LOGISTICS GROUP** **3912523**
(IF PARTNERSHIP, LIST ALL PARTNERS' NAMES) FMCSA Number
2305 W INTERSTATE 20 STE 140 P **GRAND PRAIRIE, TX 75052-3940** **TARRANT**
Physical Address City, State, Zip County

Mailing Address (if different)

Business Phone: **702-550-2947** Cell Phone: **682-812-0664** After Hours Phone: **682-812-0664** Fax: _____
E-mail Address: **FLEET@INTERSTATELOGISTICSLLC.COM** Contact Person **MONOROM KIV** Federal ID / Soc Sec No: **320-68-6582**

If application is for a SINGLE FULL-TIME REVENUE GENERATING POWER UNIT, please provide the following on the individual owner:
Name: Last: _____ First: _____ Date of Birth: _____ Last 4 of SSN _____

DRIVER INFORMATION - List all part-time, full-time, family or occasional drivers (See attached GWC2597 if more than 8 drivers)

Last Name	First Name	MI	Gender	License No.	State	Pending Hire	Date of Hire	Date of Birth	No. of Years Comm'l Driving	% of Total Miles Driven
HOLLEY	JAMES		M	37304854	TX		08/01/22	10/19/94	8	
KIV	MONOROM		M	13344933	TX		07/01/22	09/24/80	18	
POPE	CHESERICK		M	19085383	TX		08/07/23	02/07/80	20	
TRAN	JOHN		M	00221872	TX		07/01/22	01/01/85	15	

COMMERCIAL AUTO COVERAGE and LIMITS OF INSURANCE (If no limit or deductible entered, no coverage provided):

LIABILITY: **1000/CSL/CSL** UM: **85/CSL** Yes ☐ No ☒ CHOICE COVERAGE Yes ☐ No ☒ TERRORISM
MED PAY: _____ UIM: _____ ☒ ☐ CHOICE PLUS COVERAGE
PIP: **BASIC** UM/UIM PD: **CSL** ☒ ☐ HIRED AUTO LIABILITY (est. cost of hire): \$ _____
ADDED PIP: _____ UM/UIM PD DED: **250** ☒ ☐ BAILEE (est. cost of hire): \$ **1,000**
(attach SIGNED/DATED UM forms) BAILEE LIMIT: **150,000**
PHYSICAL DAMAGE: ☒ COMPREHENSIVE ☐ SPECIFIED PERILS BAILEE DEDUCTIBLE: ☒ COMP ☐ SP: **1,000**
DEDUCTIBLE: COMP / SP COLLISION COLLISION: **1,000**
TRACTOR: **1,000** **1,000** Non-Owned Trailers (56) ☐ Comprehensive ☐ Specified Perils ☐ Collision
TRAILER: **1,000** **1,000** Owned Trailers (57) ☐ Comprehensive ☐ Specified Perils ☐ Collision
TRUCK: **1,000** **1,000** TRAILER INTERCHANGE: LIMIT: _____ DEDUCTIBLE: _____
OTHER: **1,000** **1,000** ☐ Gross Revenue ☐ Mileage ☐ Per Auto ☐ Oral Agreement ☐ Excess

CARGO AND INLAND MARINE COVERAGE and LIMITS OF INSURANCE (If no limit or ded entered, no coverage provided):

	LIMIT	DEDUCTIBLE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Increased Cargo Limits Needed?
BROAD FORM CARGO:	see	1,000	Per Loss Limit	when
	Declarations page			(name shipper, auto or commodity)
HIRED AUTO CARGO:	100,000	1,000	Per Loss Limit	when
				(name shipper, auto or commodity)

DESCRIPTION OF PROPERTY

INLAND MARINE:			

GENERAL LIABILITY COVERAGE and LIMITS OF INSURANCE (If no limit entered, no coverage provided):

General Aggregate:	2,000,000	Products & Completed Operations Aggregate:	2,000,000
Each Occurrence:	1,000,000	Personal & Advertising Injury:	1,000,000
Employee Benefit Liability	/	Damage to Premises Rented to You:	\$100,000
Estimated Number of Employees:		Medical Expense (Any one Person):	\$5,000
Stop Gap Coverage:	/		

List any entities or operations to be excluded from this coverage part. (If none, state none.)

NONE

List all products sold, handled or distributed by all companies to be insured, including their intended use. (If none, state none)

Product Use Annual Sales

NONE**SCHEDULE OF HAZARDS**

Location (Address, City, State, Zip)	Classification	Class Code	Terr.	Prem Basis	Exposure
2305 W INTERSTATE 20 STE 140 GRAND PRAIRIE TX, 75052-3940	TRUCK TERMINAL OPERATIONS	99793	01	R	1,200,000

TRIPS

Percent of time you pick up and deliver within: (Must total 100%)

75mi **72** 76 to 150 mi **26** 151 to 300 mi **1** 301 to 500 mi **1** Zone 1 Zone 2 Zone 3 Zone 4

States/areas selected in zones:

List the metropolitan areas into which you pick up or deliver: **SEE REMARKS-1**

(Please attach copies of most recent Pro Rate Sheets/IFTA miles)

ZONE DESCRIPTIONS

Zone 1	CT, DE, DC, FL, LA, ME, MD, MA, MS, NH, NJ, NY, RI, VT, WV *Zone 1 includes metropolitan areas of: Riverside, CA and Austin, Beaumont, Corpus Christi, Dallas, El Paso, Ft. Worth, Galveston, Houston and San Antonio, TX. Zone 01 also includes the counties of: Alameda, Los Angeles, Orange, San Diego, San Francisco and San Mateo, CA
Zone 2	AL, AZ, AR, CA(*), GA, IL, IN, MI, MO, OH, PA, TX(*), VA, WA
Zone 3	CO, KY, MN, NV, NC, OK, OR, SC, TN, WI
Zone 4	ID, IA, KS, MT, NE, NM, ND, SD, UT, WY

COMMODITIESComplete the commodity category hauled with the **maximum** load value and the percentage of each commodity category hauled.

Commodity Category	Max Value Per Load	%	Commodity Category	Max Value Per Load	%	Commodity Category	Max Value Per Load	%
Agricultural Products			Food - Frozen			Mobile/Modular Homes		
Auto/Machinery Parts			Food - Refrigerated			Motorized Vehicles		
Beverages	50000	25	Food - All Other	50000	25	Nursery Stock		
Building Materials			Generators/AC Units			Paper/Plastic Products	50000	50
Chemical/Petroleum			Grain, Feed, Hay, Cotton			Pharmaceuticals		
Construction Aggregate			Hazardous Materials			Scrap Metal		
Containers			Livestock			Wood		
Dry Freight			Mail			Other*		
Electronics/Appliances			Mobile Equipment					

*If Other, list commodities hauled:

TRACTOR (T)		TRAILER (ST)			TANK TRAILER (ST)		TRUCK (TRK)		OTHER	
Cab-Over T	Auto Transport	ATT	Grain Trailer	GRT	Compressed Gas	CST	Insulated Single	STI	Car	PP
Conventional CT	Belly Dump	BDT	Jeep	JST	Gasoline	GST	Insulated Tandem	TTI	Van	UTV
Hot Shot HT	Booster	BOT	Live Bottom	LBT	Insulated Tank	ITT	Sgl Axle Dump	SDT	Lgt Trk 5th Wheel	LTF
Shag SHT	Cage	CGT	Livestock	LST	Pneumatic	PST	Sgl Axle Lined Trk	SLT	Lgt Trk Comm'l	LTC
Single Axle SAT	Chassis	CBT	Logging	LOG	Stainless Steel	SST	Single Axle	S	Lgt Trk Gsneck	LTG
Spare SPT	Curtain Side	CRT	Low Boy	BST	Misc. Tanker	MST	Spare Tandem	STA	Lgt Trk Service	LTS
Tri-Axle TAT	Cotton	CNT	Mulch	MLH			Spare Truck	STR	Van (Comm'l)	UTC
Yard YDT	Dolly	DOL	Pole	PLT	Side Dump	TSD	Tandem Axle	TA	Van (non Comm'l)	VAN
	End Dump	DST	Pup	PT	Walking Floor	WFT	Tandem Dump	DT		
<i>VA policies only:</i>	Flatbed	FST	Pup End Dump	PDT	Wind Blade	WBT	Tank	TT	<i>VA policies only:</i>	
Coal Tractor COT	Flip Axle	FAX	Pup Tandem	PTA	Van	VST	Tri-Axle Dump	TDT	Multi Axle Coal	CMT
	Gooseneck	GNT	Reefer	RST	<i>VA policies only:</i>		Tri-Axle Lined Dump	TLT	Sgl Axle Coal	SCT
	Grain Hopper	HST	Roll Off Flatbed	ROF	Coal Trailer	CAT				

(if more than 20 units, see attached GWC2599)

[illegible][illegible]

(To add more units and/or Additional Interests, attach GWC2599)

QUESTIONNAIRE**Primary Liability questions**Completed full years in business with own authority: 2My DOT rating is: NONE

Yes No

- ☐ ☒ Do you transport any hazardous commodities/waste? If yes, explain: _____
- ☒ ☐ Have you had any bodily injury, property damage or collision losses in the past 2 years?
- ☐ ☒ Have you had any other losses in the past 2 years?
- ☐ ☒ Has your insurance ever been cancelled / non-renewed? If yes, explain: _____
(DO NOT answer if you are a Missouri applicant)
- ☐ ☒ Do you pull doubles?
- ☐ ☒ Do you pull triples?
- ☐ ☒ Do you use any subhaulers to haul freight?
- ☐ ☒ Do you loan, lease or rent vehicles to others with or without drivers? If yes, explain: _____
- ☐ ☒ Do you lease onto another motor carrier? If yes, list name of motor carrier: _____
- ☐ ☐ ☒ N/A Does the lease agreement require you to provide primary liability insurance?
- ☐ ☒ Do you permanently lease owner/operators? If yes, how many? _____
- ☐ ☐ ☒ N/A Does the lease agreement require the owner/operator to provide primary liability insurance? Limits required: _____
- ☐ ☐ ☐ N/A If yes, do you want excess coverage over the owner/operator insurance?
- ☐ ☒ Do you operate as a broker or freight forwarder? (if yes, complete Brokerage/Freight Forwarder Coverage Application)
- ☐ ☒ ☐ N/A Are all employees covered by work comp?
Name of current Work Comp carrier? _____
- ☐ ☒ Are there any other operations under your control or authority? (i.e., garage, truck wash, farm, towing operations, freight forwarders, brokers). If yes, explain: _____
- ☐ ☒ Any moving or non-moving violation for any driver in the past 3 years?
- ☒ ☐ Do you participate in a drug testing program?
- ☒ ☐ Do your driver files conform to DOT requirements?
- ☒ ☐ Do you utilize PSP (Pre-Employment Screening) as part of your hiring process?
- ☐ ☒ Do you allow passengers? If yes, explain: _____
- ☒ ☐ Is all commercial or mobile equipment that you own or operate under your authority described in this application? If no, explain: _____

General Liability questions

- ☐ ☒ Do operations involve distributing, storing, treating, discharging, applying, disposing or transporting of hazardous or radioactive material? (e.g. landfills, waste, fuel, tanks, etc.)
If yes, explain: _____
- ☐ ☒ Were any operations sold, acquired or discontinued in last 5 years? If yes, explain: _____
- ☐ ☒ Were any of your employees covered under State Fund policies in MT, ND, OH, WA or WY?
If yes, list states: _____
- ☐ ☒ Do you operate a trailer washout facility? If yes, explain: _____

Complete following Primary Liability questions only for 5+ unit accounts.Name of Safety Director: MONOROM KIV

Average number of loaded trailers on premises owned, leased or rented by you? _____

List special equipment mounted or attached. _____

Describe your vehicle maintenance program. _____

Has there been a significant change in operation the last 12 months? ☐ Yes ☐ No

If yes, explain: _____

Does management review all incidents resulting in a loss? ☐ Yes ☐ No. If yes, what do your reviews include? _____**PAYMENT PLAN**Terms of Payment ☐ Annual ☐ Installments - Number: _____ Downpayment _____ ☐ Continuous ☒ Direct Bill

	Revenue	Mileage	Units
Next Year	1,200,000	120,000	2
Current Year	1,200,000	120,000	2
1st Previous Year			
2nd Previous Year			
3rd Previous Year			
4th Previous Year			

Insurance Information - Minimum 3 Years (if applicable)				Number of Losses and Total Amount Paid Plus Current Reserves							
From	To	Company	Liability		Physical Damage		Cargo		Other		
Jul21	Jul24	PROGRESSIVE	0	0	0	0	0	0	0	0	

[illegible][illegible]

<input type="checkbox"/>	Garagekeepers	<input type="checkbox"/>	Drive Other Car	<input type="checkbox"/>	Physical Damage Location	<input type="checkbox"/>	Waiver of Subrogation
<input type="checkbox"/>	Cargo Location	<input type="checkbox"/>	Electronic Equipment	<input type="checkbox"/>	Shipping Container Coverage		

Location No.	Address, City, State & Zip	Terminal	Yes	No
2			<input type="checkbox"/>	<input type="checkbox"/>
3			<input type="checkbox"/>	<input type="checkbox"/>
4			<input type="checkbox"/>	<input type="checkbox"/>

REMARKS**1. METRO AREAS: GRAND PRAIRIE, TX****2. TRUCK COMMODITIES HAULED: PAPER GOODS PLASTICS CANNED FOOD BEVERAGES**

**FAILURE TO SUBMIT ALL CURRENT MVR'S AND ALL SIGNED AND DATED ADDITIONAL SIGNATURE FORMS (UM, ETC.),
ON OR PRIOR TO THE INCEPTION DATE, WILL RESULT IN THE REQUESTED COVERAGES NOT BEING BOUND.**


INSURED AGREEMENT

Applicant understands and agrees to guarantee payment of earned premium to final termination date of policy and authorizes us to obtain the Motor Vehicle Report and CSA information for all drivers listed on this Application as needed for rating/underwriting purposes.

☐ By checking this box, I, the undersigned, authorize Great West Casualty Company to obtain my individual credit-based insurance score for purposes of rating/underwriting a commercial insurance policy. I understand that my individual credit-based insurance score will only be used for purposes of rating/underwriting this application for insurance and any future renewal of a commercial insurance policy underwritten by Great West Casualty Company or its affiliates.

☒ Yes, I would like to receive an electronic copy of my insurance policy and, where permitted by law, all other insurance forms, including but not limited to, notices of cancellation and nonrenewal, rather than a paper copy and affirm that I have reviewed the **E-Delivery Disclosure**.

I hereby certify that to the best of my knowledge, the above statements and answers are true and complete and are made as the basis and condition of the insurance applied for in this Application. **Any person who knowingly or intentionally presents, files or provides false, misleading, deceptive or otherwise materially inaccurate information to an insurer in submitting an application and/or claim may be found guilty of insurance fraud.**


INSURED SIGNATURE
Monorom Kiv
Printed Name of Signature

7/22/24
DATE
President
Title

RALPH E FRENCH
PRODUCER



GREAT WEST CASUALTY COMPANY

The Difference is Service®

FILING INFORMATION SCHEDULE COMMERCIAL INSURANCE

NAMED INSURED: **INTERSTATE LOGISTICS LLC**

FILINGS MUST BE MADE UNDER THE EXACT NAME & ADDRESS FILED WITH EACH STATE IN WHICH THE INSURED HAS APPLIED FOR AUTHORITY. COMPLETE SEPARATE FILING INFORMATION SCHEDULE FOR EACH ENTITY.

DBA Name: **INTERSTATE LOGISTICS GROUP**
Address: **2305 W INTERSTATE 20 STE 140 PMB 527**
City, State Zip: **GRAND PRAIRIE, TX 75052-3940**

FMCSA FILING INFORMATION

FMCSA No.: **01444748**

Type of Authority:

- | | |
|--|---|
| <input type="checkbox"/> Motor Carrier, Property | <input type="checkbox"/> For-Hire Property Motor Carrier Exempt Commodities |
| <input type="checkbox"/> Broker, Property | <input type="checkbox"/> Freight Forwarder, Property |
| <input type="checkbox"/> Motor Carrier, Property Household Goods | <input type="checkbox"/> Private Property Motor Carrier Hazardous Materials |
| <input type="checkbox"/> Broker, Household Goods | <input type="checkbox"/> Freight Forwarder, Household Goods |
| <input type="checkbox"/> | |

EXEMPT, PRIVATE OR INTRASTATE FILING INFORMATION

☐ Intrastate Common Carrier ☐ Intrastate Contract Carrier ☐ Private ☐ Exempt

LIABILITY: "X" states requiring filings. *Indicate Permit Numbers. (*Mandatory)*

St	Permit No.	St	Permit No.	St	Permit No.	St	Permit No.	St	Permit No.
<input type="checkbox"/> AL	_____	<input type="checkbox"/> IN	_____	<input type="checkbox"/> MO	_____	<input type="checkbox"/> NY	_____	<input type="checkbox"/> TN	_____
<input type="checkbox"/> AR	_____	<input type="checkbox"/> KS	_____	<input type="checkbox"/> MS	_____	<input type="checkbox"/> OH	_____	<input type="checkbox"/> TX	_____
<input type="checkbox"/> CA*	_____	<input type="checkbox"/> KY	_____	<input type="checkbox"/> MT	_____	<input type="checkbox"/> OK*	_____	<input type="checkbox"/> VA*	_____
<input type="checkbox"/> CO	_____	<input type="checkbox"/> LA	_____	<input type="checkbox"/> NC	_____	<input type="checkbox"/> OR	_____	<input type="checkbox"/> WA	_____
<input type="checkbox"/> GA	_____	<input type="checkbox"/> ME	_____	<input type="checkbox"/> NH	_____	<input type="checkbox"/> PA*	_____	<input type="checkbox"/> WI*	_____
<input type="checkbox"/> IA*	_____	<input type="checkbox"/> MI	_____	<input type="checkbox"/> NM*	_____	<input type="checkbox"/> RI	_____	<input type="checkbox"/> WV	_____
<input type="checkbox"/> IL	_____	<input type="checkbox"/> MN	_____	<input type="checkbox"/> NV	_____	<input type="checkbox"/> SC	_____	<input type="checkbox"/> WY	_____

CARGO: "X" states requiring filings. *Indicate Permit Numbers. (*Mandatory)*

St	Permit No.	St	Permit No.	St	Permit No.	St	Permit No.
<input type="checkbox"/> AL	_____	<input type="checkbox"/> KS	_____	<input type="checkbox"/> PA*	_____	<input type="checkbox"/> VA*	_____
<input type="checkbox"/> IL	_____	<input type="checkbox"/> OR	_____	<input type="checkbox"/> SC	_____	<input type="checkbox"/> WY	_____

CANADIAN FILING INFORMATION

All Canadian provinces require \$1 Million CSL Liability limit.

☐ Prov
☐ BC*

OVERSIZE/OVERWEIGHT: _____

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E-Delivery Disclosure

By checking the box on the Application, you are giving consent for Great West Casualty Company and its affiliated companies ("Great West") to electronically deliver documents related to your insurance policy. These include but are not limited to, the policy, any endorsements, certificates, invoice statements, and driver ID cards. This will apply to all documents throughout the course of your relationship with Great West.

Where allowed, you are also agreeing to electronically receive any notices related to your policy, such as notices of changes to your policy, notices of premium increase, and notice of cancellation or nonrenewal. This will apply to all notices related to your policy throughout the course of your relationship with Great West.

The hardware and software requirements to receive documents electronically include a current web browser and ability to view PDF documents in that browser. Other functions of the Portal may require additional functionality, such as Adobe Flash Player.

You have the option to receive a physical copy of any document at your request, and to withdraw your consent to receive all documents electronically. You may also update your contact information with Great West at any time by contacting your agent or the Great West Service Center at 888-603-6063 or service@gwccnet.com. You are encouraged to be diligent in updating your contact information with Great West on a regular basis in order to ensure you receive the above listed notices.

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GREAT WEST CASUALTY COMPANY

The Difference is Service®

Policy Number: _____

TEXAS UNINSURED AND UNDERINSURED MOTORISTS AND PERSONAL INJURY PROTECTION COVERAGE SELECTION FORM

UNINSURED AND UNDERINSURED MOTORISTS COVERAGE:

According to Texas Insurance Code (Article 5.06-1), Uninsured (UM) and Underinsured (UIM) Motorists Coverage must be provided at minimum limits of \$30,000 per person/\$60,000 per accident for bodily injury and \$25,000 for property damage, or \$85,000 Combined Single Limit. UM and UIM Coverage provides for the protection of any person insured under the policy who is legally entitled to recover from the owners or operators of uninsured and underinsured motor vehicles because of bodily injury caused by accident. You have the right to reject this coverage by a signed, written rejection.

Selection of Uninsured and Underinsured Motorists Coverage is as follows: **(Please indicate by an X)**

- ☐ Uninsured and Underinsured Motorists Coverage is **REJECTED**.
- ☐ Uninsured and Underinsured Motorists Coverage is **SELECTED** at minimum limits of \$30,000 per person, \$60,000 for each accident for bodily injury, \$25,000 for property damage.
- ☒ Uninsured and Underinsured Motorists Coverage is **SELECTED** at a Combined Single Limit of \$85,000.
- ☐ Uninsured and Underinsured Motorists Coverage is **SELECTED** at higher limits of:
\$ _____ per person/\$ _____ per accident and
\$ _____ for property damage; or \$ _____ Combined Single Limit
(not to exceed auto liability policy limits).

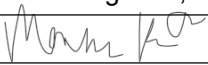
PERSONAL INJURY PROTECTION:

Texas Insurance Code (Section 1952.153) mandates Personal Injury Protection (PIP) coverage at a basic limit of \$2,500. PIP Coverage consists of provisions in an auto liability policy which provide for payment of reasonable medical expenses and loss of income as the result of the accident. PIP benefits are payable without regard to fault in causing or contributing to the accident. This coverage may be **REJECTED**.

Selection of Personal Injury Protection Coverage is as follows: **(Please indicate by an X)**

- ☐ Personal Injury Protection Coverage is **REJECTED**.
- ☒ Personal Injury Protection Coverage is **SELECTED**.

The undersigned understands that the selection made for Uninsured/Underinsured Motorists and Personal Injury Protection Coverages will apply to this policy, any future renewals of this policy, and all replacement policies issued by Great West Casualty Company or any of its affiliates until you notify us in writing to change your selection. Every applicant/named insured must be listed separately and sign this form. If the Applicant/Named Insured is not an individual, an authorized representative must sign this form.

Applicant/Named Insured (print):	Interstate Logistics, LLC.		
Signature:		Date:	
Printed Name of Signature:	Monorom Kiv	Title:	President
Applicant/Named Insured (print):			
Signature:		Date:	
Printed Name of Signature:		Title:	

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GREAT WEST CASUALTY COMPANY

The Difference is Service®

Old Republic Life Ins. Co. • Old Republic Union Ins. Co. • American Business & Mercantile Ins. Mutual

ACH AUTHORIZATION FORM FOR RECURRING AUTOMATIC PAYMENTS

Policy No.: GRT26185A

Policy Date: 07/22/2024

Policyholder Name: INTERSTATE LOGISTICS GROUP

Agency: BEN SPURGIN INSURANCE AGENCY

Bank Name, Address and Phone: _____

Name on Bank Account: _____

Bank Routing No: _____ Bank Account No: _____ Checking ☐ Savings ☐

If you'd like to get the freedom offered by our ACH Program, please complete all information requested OR return with your voided, unsigned check.

NAME		123
ADDRESS		
CITY, STATE, ZIP		
DATE		
PAY TO THE ORDER OF:	SAMPLE	\$
BANK NAME		
BANK ADDRESS		
FOR:		
125108366	12 3456789	123
Routing Number	Account Number	Check Number

Please read the following and authorize us to enroll you in the ACH Program for automatic payments.

I request and authorize the electronic transfer from my account at the financial institution named above all regularly scheduled premium and related payments, including applicable late fees, NSF fees, or other such fees as allowed by law, on policies which are now or in the future will be placed under the ACH payment option. The date and amount of withdrawals will be as specified in an installment payment schedule provided to me, or the prior business day if such scheduled date is a weekend or holiday.

This authorization may be revoked by either party at any time PROVIDED that revocation received less than five (5) business days in advance may not be effective for any withdrawal pending at that time. I also authorize automatic withdrawal of late fees and/or NSF fees as allowed by law if a payment authorized under this agreement is not honored for any reason, or the amount due is not paid as required. I authorize you to resubmit any withdrawal at any time if the original withdrawal is not honored for any reason, but agree you are under no obligation to do so. I understand that my policy may be cancelled for nonpayment of premium if I do not have sufficient funds in my account to cover the amount of the schedule withdrawal, as allowed by law.

Account Holder's/Policyholder's Signature _____

Date _____

RETURN ONE SIGNED ORIGINAL COPY OF THIS FORM TO US AND KEEP ONE COPY FOR YOUR FILES.

Great West Casualty Company
ATTN: Direct Bill Assistants
P. O. Box 277, South Sioux City NE 68776

E-mail: billing@gwccnet.com
Contact Number: 1 (800) 552-9130
Fax Number: 1(402) 494-7480

NOTE TO AGENTS: This form is ONLY to be used to authorize automatic recurring payments. Use a Bind Order for down payment or other special instructions.

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