

# Truck Application

COLUMBIA INSURANCE COMPANY  
NATIONAL INDEMNITY COMPANY  
NATIONAL FIRE & MARINE INSURANCE COMPANY  
NATIONAL LIABILITY & FIRE INSURANCE COMPANY  
NATIONAL INDEMNITY COMPANY OF THE SOUTH  
NATIONAL INDEMNITY COMPANY OF MID-AMERICA

Policy Term From: \_\_\_\_\_

1. Name (and "dba") HIEP THANH SUPERMARKET INC  
☒ Individual / Proprietorship ☐ Partnership ☐ Corporation ☐ Other Business Phone Number (909) 884-4800
2. Mailing Address 822 N WATERMAN City SAN BERNARDINO State CA Zip 92410
3. Premises Address 822 N WATERMAN City SAN BERNARDINO State CA Zip 92410
4. Person to contact for inspection (name and phone number) \_\_\_\_\_
5. Have you ever had insurance with one of the companies listed at the top of this page? ☐ Yes ☐ No  
If yes, Policy Number(s) \_\_\_\_\_ Effective Date(s) \_\_\_\_\_

## DESCRIPTION OF OPERATIONS

6. Describe business \_\_\_\_\_  
Years experience \_\_\_\_\_ New Venture? ☐ Yes ☐ No If you are a tow truck operation, do you do repossessions? ☐ Yes ☐ No
7. Is this your primary business? ☐ Yes ☐ No If no, explain \_\_\_\_\_  
Seasonal? ☐ Yes ☐ No
8. Have you ever filed for bankruptcy? ☐ Yes ☐ No If yes, when \_\_\_\_\_ Explain \_\_\_\_\_
9. Gross receipts last year \_\_\_\_\_ Estimate for coming year \_\_\_\_\_ Business for sale? ☐ Yes ☐ No
10. Do you operate in more than one state? ☐ Yes ☐ No If yes, list states \_\_\_\_\_
11. Do you haul for hire? ☐ Yes ☐ No Show largest cities entered \_\_\_\_\_
12. Do you operate over a regular route? ☐ Yes ☐ No If yes, show towns operated between \_\_\_\_\_
13. Are you a common carrier? ☐ Yes ☐ No Are you a contract hauler? ☐ Yes ☐ No If yes, for whom \_\_\_\_\_
14. List all types of cargo hauled \_\_\_\_\_
15. Do you haul any hazardous or extra hazardous substances or materials as defined by EPA? ☐ Yes ☐ No If yes, provide the complete listing identifying all materials(s) and/or chemical content: \_\_\_\_\_
16. Do you haul your cargo exclusively? ☐ Yes ☐ No If not, who owns it? \_\_\_\_\_
17. Do you pull double trailer? ☐ Yes ☐ No Triple trailer? ☐ Yes ☐ No
18. Do you rent or lease your vehicles to others? ☐ Yes ☐ No If yes, attach copy of rental or lease agreement form uses.
19. Do you hire any vehicles? ☐ Yes ☐ No Complete Hired and Non-Owned Supplemental Questionnaire if coverage is desired.

## LIABILITY COVERAGE - Complete for desired coverages by indicating limits of insurance.

LIABILITY				Medical Payments	Personal Injury Projection (where applicable)	IF PHYSICAL DAMAGE COVERAGE DESIRED, REFER TO FOLLOWING PAGE.  IF IN TOW COVERAGE DESIRED, COMPLETE TOW TRUCK SUPPLEMENT.  HIRED, NON-OWNED - M-4055.
Combined Single Limit BI & PD	Split Limits					
	Bodily Injury		Property Damage			
	Per Person	Per Accident	Per Accident			

UNINSURED MOTORIST COVERAGE		
Single Limit	Split Limits	
	Bodily Injury	
	Per Person	Per Accident

UNINSURED MOTORIST COVERAGE		
Single Limit	Split Limits	
	Bodily Injury	
	Per Person	Per Accident

## Driver Information - If additional space is needed, attach separate listing.

Driver's Name	Date of Birth	Driver's License				Experience	
		State	Number	Class Type (i.e CDL)	Years Licensed (In Class/Type)	Type of Unit (Bus, Van, Truck, Tractor, etc.)	No. of Years
1. David Long	11-11-1976	CA	123123434	12			
2.							
3.							
4.							
5.							

**Driver Information (Continued) - If additional space is needed, attach separate listing.**

No. Years Previous Commercial Driving Experience	Date of Hire	Accidents and Minor Moving Traffic Violations in Past 5 Years				Major Convictions (DWI/DUI, Hit & Run, Manslaughter, Reckless, Driving While Suspended/ Revoked, Speed Contest, other felony)		Employee (E) Ind Cont. (IC) Owner/Op. (O/O) Franchisee (F)
		No. of Accidents	Date(s)	No. of Violations	Date(s)	Describe Conviction	Date(s)	
1.								
2.								
3.								
4.								
5.								

**PLEASE ATTACH DETAILED EXPLANATION OF ACCIDENTS LISTED ABOVE**

20. Are drivers covered by Workers Compensation? ☐ Yes ☐ No If yes, name of carrier? \_\_\_\_\_
21. Minimum years driving experience required \_\_\_\_\_ Are vehicles owner-driven only? ☐ Yes ☐ No
22. Are drivers ever allowed to take vehicles home at night? ☐ Yes ☐ No If yes, will family members drive? ☐ Yes ☐ No
23. Do you order MVR's on all drivers prior to hiring? ☐ Yes ☐ No Drivers maximum driving hours \_\_\_\_\_ daily, \_\_\_\_\_ weekly
24. Do you agree to report all newly hired operators? ☐ Yes ☐ No
25. What is the basis for driver(s) pay? ☐ Hourly ☐ Trip ☐ Mileage ☐ Other, Explain \_\_\_\_\_

**SCHEDULE OF AUTOS/VEHICLES - Describe all the vehicles for which application is made for insurance**

Veh. No.	Model Year	Vehicle Make & Model	Body Type Truck, Tractor, Trailer, etc.)	Full Vehicle Identification Number	Gross Vehicle Weight GVW	Total # of Rear Axles	Principal Garaging Location (city & state)	Radius of Operation	Annual Mileage Per Vehicle	(A) Anti-Lock Brakes, (B) Air Bags
1	2015	Sierra	Sport Utility Vehicle	1GTV2TEC0FZ161960				50		
2										
3										
4										
5										
6										
7										
8										
9										
10										

26. Will lessor be added as additional insured? ☐ Yes ☐ No If yes, give me name and address of lessor of each vehicle \_\_\_\_\_
27. Number of vehicles owned: Pick-Ups \_\_\_\_\_ Trucks \_\_\_\_\_ Tractors \_\_\_\_\_ Semi-Trailers \_\_\_\_\_ Trailers \_\_\_\_\_ Pup Trailers \_\_\_\_\_
28. Number of vehicles leased: Pick-Ups \_\_\_\_\_ Trucks \_\_\_\_\_ Tractors \_\_\_\_\_ Semi-Trailers \_\_\_\_\_ Trailers \_\_\_\_\_ Pup-Trailers \_\_\_\_\_

**PHYSICAL DAMAGE COVERAGE - Complete spaces below in detail for each respective auto/vehicle described above.**

Veh. No.	Date Published	Cost When Purchased	Current Stated Value (Excluding permanently attached equipment)	Value of Permanently Attached Special Equipment	Total Stated Amount to be Insured	Physical Damage Deductible		Cargo Limit of Insurance
						<input type="checkbox"/> Comprehensive <input type="checkbox"/> Spec. C of Loss	Collision	
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

29. Any loss payees? ☐ Yes ☐ No If yes, give me name and address of mortgagee/loss of each vehicle \_\_\_\_\_

**LOSS EXPERIENCE - Provide prior insurance carries information for past full three years.**

Policy Term		Insurance Company Name	No. of Motor Powered Vehicles	No. of Accidents	Policy Term		Policy Term			
From	To				From	To	BI	PD	Comp/Coll	Other
/ /	/ /									
/ /	/ /									
/ /	/ /									

30. Is any applicant aware of any facts or past incidents, circumstances or situations which could give rise to a claim under the insurance coverage sought in this application? ☐ Yes ☐ No If yes, provide complete details \_\_\_\_\_

31. Have you ever been declined, cancelled or non-renewed for this kind of insurance? ☐ Yes ☐ No If yes, date and why \_\_\_\_\_

**CARGO INFORMATION - 100% coinsurance clause applies. Use Tow Truck Supplement for In-Tow/On Hook coverage.****PREVIOUS CARGO CARRIER AND LOSS EXPERIENCE (list for the past three years with most recent carrier first)**

Policy Term		Company & Policy Number	Premium	No. of Claims	Clause of Loss	Amount Paid	Reserves
From	To						
/ /	/ /						
/ /	/ /						
/ /	/ /						

Describe Cargo Hauled	% of Hauling	Maximum Value	Average Value	Limit of Insurance	Deductible
				<b>SEE PHYSICAL DAMAGE COVERAGE SECTION</b>	<input type="checkbox"/> \$500
					<input type="checkbox"/> \$1,000
					<input type="checkbox"/> \$2,500
					<input type="checkbox"/> Other _____

If applicant hauls double wide mobile homes, Limit of Insurance must be equal to the value of both sides combined to satisfy co-insurance.

Amount of insurance on each truck should equal maximum load carried.

32. Select type of coverage desired: ☐ Named Perils or ☐ Broad Form

33. Additional Coverage Options (additional premium may apply): ☐ Additional Insured Endorsement (Lessee) ☐ Loading and Unloading Coverage  
☐ Earned Freight Coverage ☐ Refrigeration Breakdown Coverage ☐ Hired Car Cargo Coverage ☐ Exclude Theft Coverage

**FILING INFORMATION**

34. Is an FHWA filing required? ☐ Yes ☐ No If yes, MC number \_\_\_\_\_

☐ Common ☐ Contract ☐ Broker Do you require FHWA cargo filing? ☐ Yes ☐ No

35. If you hold a Brokers license, identify name filed with FHWA, FHWA docket no. and receipts from brokerage operations \_\_\_\_\_

36. If you are interstate regulated carrier, identify your registration or base state \_\_\_\_\_

37. Is an intrastate filing needed? ☐ Yes ☐ No If yes, show state and permit number \_\_\_\_\_

List states for which insured requires CARGO FILINGS (check name on permits) \_\_\_\_\_

38. Show exact name and address in which permits are issued \_\_\_\_\_

39. Is MCS 90 endorsement needed? ☐ Yes ☐ No

40. Is our policy to cover all vehicles owned, operated or under lease to applicant? ☐ Yes ☐ No If yes, explain \_\_\_\_\_

41. Are oversize, overweight commodities hauled? ☐ Yes ☐ No If filing required, show states \_\_\_\_\_

Are escort vehicles towed on return trips? ☐ Yes ☐ No

42. Does your authority allow for transportation of hazardous commodities? ☐ Yes ☐ No

43. Do you allow others to haul hazardous commodities under your authority? ☐ Yes ☐ No

44. Have you ever changed your operating name? ☐ Yes ☐ No Do you operate under any other name? ☐ Yes ☐ No

45. Do you operate as a subsidiary of another company? ☐ Yes ☐ No

46. Do you own or manage any other transportation operations that are not covered? ☐ Yes ☐ No

47. Do you lease your authority? ☐ Yes ☐ No Do you appoint agents or hire independent contractors to operate on your behalf? ☐ Yes ☐ No

48. Have you purchased, sold or applied for authority over the past 3 years? ☐ Yes ☐ No

49. Have you ever lost or had authority withdrawn, or have you been/are under probation by any regulatory authority (FHWA, PUC, etc)? ☐ Yes ☐ No

50. Is evidence/certificate(s) of coverage required? ☐ Yes ☐ No

51. Please explain any "yes" answer to questions 44 through 50 \_\_\_\_\_

52. Do you have agreements with other carriers for the interchange of equipment or transportation of loads? ☐ Yes ☐ No

If yes, attach a copy of current agreements and complete the following:

(a) With whom has such agreement(s) been made? \_\_\_\_\_

(b) Do the parties names in (a) carry automobile liability insurance? ☐ Yes ☐ No

If yes, name of insurance company and limits of liability (Bodily Injury & Property Damage) \_\_\_\_\_

(c) Under whose permit does each of the parties to the agreement(s) operate? \_\_\_\_\_

(d) Is there a hold harmless in the agreement(s)? ☐ Yes ☐ No

53. Do you barter, hire or lease any vehicles? ☐ Yes ☐ No If yes, explain \_\_\_\_\_

**MUST BE SIGNED BY THE APPLICANT PERSONALLY**

No coverage is bound until the Company advises the Applicant or its representative that a policy will be issued and then only as of the policy effective date and in accordance with all policy terms. **The Applicant acknowledges that the Applicant's Representative named below is acting as Applicant's agent and not on behalf of the Company. The Applicant's Representative has no authority to bind coverage, may not accept any funds for the Company, and may not modify or interpret the terms of the policy.**

The Applicant agrees that the foregoing statements and answers are true and correct. The Applicant requests the Company to rely on its statements and answers in issuing any policy or subsequent renewal. The Applicant agrees that if its statements and answers are materially false, the Company may rescind any policy or subsequent renewal it may issue.

If any jurisdiction in which the Applicant intends to operate or the Interstate Commerce Commission requires a special endorsement to be attached to the policy which increases the Company's liability, the Applicant agrees to reimburse the Company in accordance with the terms of that endorsement.

The Applicant agrees that any inspection of autos, vehicles, equipment, premises, operations, or inspection of any other matter relating to insurance that may be provided by the Company, is made for the use and benefit of the Company only, and is not to be relied upon by the Applicant or any other party in any respect.

The Applicant understands that an inquiry may be made into the character, finances, driving records, and other personal and business background information the Company deems necessary in determining whether to bind or maintain coverage. Upon written request, additional information will be provided to the Applicant regarding any investigation.

The Applicant represents that she/he has completed all relevant sections of this Application prior to execution and that the Applicant has personally signed below (or if Applicant is a Corporation, a corporate officer has signed below).

Will premium financed? ☐ Yes ☐ No If yes, with whom \_\_\_\_\_



\_\_\_\_\_  
Witness

\_\_\_\_\_  
Applicant's Signature

20-16-05 02:11:00  
\_\_\_\_\_  
Date

**TO BE COMPLETED BY APPLICANT'S REPRESENTATIVE**

Is this direct business to your office? \_\_\_\_\_ If yes, explain \_\_\_\_\_

Is this new business to your office? \_\_\_\_\_ If not, how long have you had the account? \_\_\_\_\_

How long have you known applicant? \_\_\_\_\_

**REQUEST TO COMPANY GENERAL AGENT:**

☐ please quote ☐ Please bind at earliest possible date and issue policy

☐ please issue policy effective \_\_\_\_\_ Coverage was bound by \_\_\_\_\_  
(Time and Date Bound by General Agent) (Name of Person in Company General Agency's Office Binding Coverage)

\_\_\_\_\_  
Applicant's Representative's Name and Address

\_\_\_\_\_  
Phone No.