

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") DAI THANH INC ()
☐ Individual / Proprietorship ☒ Partnership ☐ Corporation ☐ Other

Business Phone Number (408) 287-3744

2. Mailing Address 418-420 S 2ND City SAN JOSE State CA Zip 95113

3. Premises Address 418-420 S 2ND City SAN JOSE State CA Zip 95113

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. Descibe 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 seperate 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. df sdf | 1999-11-11 | CA | 1234213 | 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 | 12 | 234 | Sport Utility Vehicle | 123123 | | | | 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 |
|-----------------------|--------------|---------------|---------------|---|--------------------------------------|
| | | | | SEE PHYSICAL DAMAGE COVERAGE SECTION | <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 comined 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 quetions 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 whome 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 _____



20-09-05 03:41:12

Witness

Applicant's Signature

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.