

SUTTER Insurance Company

SUBMIT TO:

GENERAL

- 1 Name of applicant _____ ☐ Individual ☐ Partnership ☐ Corporation
(An applicant on this form)
- 2 Mailing address _____
Street Address City County State Zip
- 3 Applicant's business _____ Years in business _____
- 4 Principal garaging location/
other terminals _____ Phone Number _____
- 5 Date coverage desired _____
- 6 Estimated financial worth \$ _____ Gross receipts last year \$ _____ Estimated next year \$ _____

OPERATION

- 1 Does applicant haul for others? _____ If yes, has he filed with PUC? _____
- 2 List all cargo _____
- 3 Does applicant own cargo? _____ If not, who owns it? _____
- 4 Does applicant rent or lease equipment to others without drivers? ☐ Yes ☐ No Does applicant understand that coverage being applied
for will exclude vehicles rented or leased without drivers? ☐ Yes ☐ No
- 5 Name of liability carrier _____ Is applicant in assigned risk plan? ☐ Yes ☐ No
- 6 Does applicant own any equipment not scheduled on reverse side? _____ If yes, explain why such equipment is not being insured

- 7 Does applicant transport passengers? ☐ Yes ☐ No If yes, describe operation _____
- 8 What is applicant's maximum radius of operation? _____ miles

LOSS HISTORY

PRIOR CARRIER AND LOSS HISTORY FOR THE PAST THREE YEARS

From		To		Company Name	Policy No.	Physical Damage Losses	
Mo.	Yr.	Mo.	Yr.			Number	Amount

Has insurance been cancelled or refused by any company in last 3 years? ☐ Yes ☐ No Explain _____

DRIVER INFORMATION

DRIVER'S FULL NAME	Date of Birth		Driver's License Info		No. Yrs Comm'l Driving	No. Yrs Emp'l By Applicant	No. of Accidents Last 3 Yrs	No. of At-fault Violations Last 3 Yrs	No. of Major Violations Last 3 Yrs
	Mo.	Yr.	State	License No.					

ADDITIONAL INFORMATION

- 1 Does applicant employ drivers under age 25? ☐ Yes ☐ No If yes, are all such drivers listed above? ☐ Yes ☐ No
- 2 Does applicant understand that coverage being applied for will exclude coverage on vehicles being operated by drivers under age 25 that
are not listed above or reported to the company by subsequent written notice? ☐ Yes ☐ No
- 3 Are driving records checked and ordered on new drivers at or prior to employment? ☐ Yes ☐ No
- 4 Does applicant understand that if this application is accepted he will be required to promptly report all new drivers to the company?
☐ Yes ☐ No

PRODUCER

NAME AND ADDRESS OF PRODUCING AGENT/BROKER

Name _____ ☐ Agent ☐ Broker Lic No _____
Street _____
City _____ State _____

COMPLETE SPACES BELOW IN DETAIL FOR EACH UNIT TO BE INSURED

VEHICLES & COVERAGE

Unit No	Year Model	Trade Name	Tuck Tractor Semi Trailer Full Trailer (Indicate Gas Or Diesel)	Serial Number	Maximum Cwt Weight Of Vehicle	Cars If Equipped Hauled Pass Capacity If Bus	Principal Location Of Carrying	Maximum Radius of Operations	Date Purchased Mo Yr	New (N) Used (U)	Cost When Purchased	Present Value	Deductible		Premium
													FT CAC	COLL	
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
TOTAL															

The automobiles described above under Item Numbers corresponding to those indicated below are mortgaged as follows and loss, if any, under Comprehensive, Collision, Fire, Lightning or Transportation, Theft, or Combined Additional shall be payable to the named insured and mortgagee named below, as their interest may appear

ITEM NO	NAME OF LOSS PAYEE	ADDRESS OF LOSS PAYEE

REMARKS:

LIEN HOLDERS

NOTICE TO APPLICANT

BY MY SIGNATURE I HEREBY APPLY FOR A POLICY OF INSURANCE SET FORTH ABOVE ON THE BASIS OF STATEMENTS CONTAINED HEREIN. I UNDERSTAND THAT THE INSURANCE APPLIED FOR WILL EXCLUDE COVERAGE ON VEHICLES BEING OPERATED BY DRIVERS UNDER AGE 25, THAT ARE NOT LISTED IN THIS APPLICATION OR REPORTED TO THE COMPANY BY SUBSEQUENT WRITTEN NOTICE, AND VEHICLES RENTED OR LEASED TO OTHERS WITHOUT DRIVERS. I UNDERSTAND THAT NO INSURANCE IS BOUND HEREUNDER AND AGREE THAT NO INSURANCE SHALL BE EFFECTIVE UNTIL THIS APPLICATION IS APPROVED BY THE COMPANY, OR ITS AUTHORIZED REPRESENTATIVE

Signature of Applicant ☒ Date _____

NOTICE TO PRODUCER

BY MY SIGNATURE I HEREBY DECLARE THAT ALL LIMITATIONS AND EXCLUSIONS CONTAINED IN THE INSURANCE BEING APPLIED FOR HAVE BEEN REVIEWED WITH AND EXPLAINED TO THE APPLICANT

Signature of Producer ☒ Date _____

SIGNATURES