

# Contingent Liability Application (Bobtail & Deadhead)

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

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

- Name (and "dba") \_\_\_\_\_  
 Individual/Proprietorship    Partnership    Corporation    Other      Business Phone Number \_\_\_\_\_
- Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- Premises Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- Person to contact for inspection (name and phone number) \_\_\_\_\_
- 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

- Describe business \_\_\_\_\_  
 Years experience \_\_\_\_\_ New Venture?  Yes    No      Seasonal?  Yes    No
- Is this your primary business?  Yes    No      If no, explain \_\_\_\_\_
- Have you ever filed for Bankruptcy?  Yes    No      If yes, when \_\_\_\_\_ Explain \_\_\_\_\_
- Gross receipts last year \_\_\_\_\_ Estimate for coming year \_\_\_\_\_ Business for sale?  Yes    No
- Do you operate in more than one state?  Yes    No      If yes, list states \_\_\_\_\_
- Show largest cities entered: \_\_\_\_\_ Do you pull double trailers?  Yes    No      Triple trailers?  Yes    No
- Do you operate over a regular route?  Yes    No      If yes, show towns operated between: \_\_\_\_\_
- List all types of cargo hauled: \_\_\_\_\_  
 Principal commodities outbound \_\_\_\_\_ Backhaul commodities \_\_\_\_\_
- Do you haul any hazardous or extra hazardous substances or materials as defined by EPA?  Yes    No  
 If yes, provide complete listing identifying all material(s) and/or chemical content: \_\_\_\_\_
- What percent of time are your vehicles operating under lease or dispatch? \_\_\_\_\_
- Equipment is under permanent/long term lease to \_\_\_\_\_
- How many companies have you been leased to in the last three years? \_\_\_\_\_
- Do you lease to anyone else?  Yes    No      If yes, percent of time \_\_\_\_\_ %, for whom and explanation \_\_\_\_\_
- Do you trip lease on back hauls to others?  Yes    No      If yes, percent of time \_\_\_\_\_ %, for whom and explanation \_\_\_\_\_

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

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

**APPLICABLE PERSONAL INJURY PROTECTION, UNINSURED AND/OR UNDERINSURED MOTORISTS INSURANCE SELECTION/REJECTION PAGE IS REQUIRED TO BE COMPLETED AND SIGNED BY THE NAMED INSURED WITH THE SUBMISSION OF THIS APPLICATION.**

## DRIVER INFORMATION — If additional space is needed, attach separate listing.

Driver's Name	Date of Birth	Driver's Licenses				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.							
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 Driver's 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 vehicles for which application is made for insurance)										
Veh. No.	Model Year	Vehicle Make & Model	Body Type (i.e. 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										
2										
3										
4										
5										

26. Will lessor be added as additional insured?  Yes  No If yes, give name and address of lessor for 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 Purchased	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								

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

LOSS EXPERIENCE — Provide prior insurance carriers information for past full three years.										
Policy Term		Insurance Company Name	No. of Motor Powered Vehicles	No. of Accidents	Premium		Total Amount Claims Paid & Reserves			
From	To				Liab	Phys Dam	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 nonrenewed for this kind of insurance?  Yes  No If yes, date and why \_\_\_\_\_

## REJECTION OF UNINSURED AND UNDERINSURED MOTORISTS COVERAGES, AND OFFER OF INCREASED UNINSURED LIMITS (ARKANSAS)

### I. UNINSURED MOTORISTS COVERAGE

Under Arkansas Insurance Laws (Section 23-89-403 of the Arkansas Code), Uninsured Motorists Coverage provides insurance for the protection of persons insured thereunder who are legally entitled to recover damages from owners or operators of uninsured motor vehicles because of **bodily injury**, sickness or disease, including death, resulting therefrom.

Uninsured Motorists Coverage (Section 23-89-404) also provides insurance for the protection of persons insured thereunder for **property damage** to the insured for losses in excess of two hundred dollars (\$200). "Property damage" means damage to the insured's vehicle.

Under the law (Section 27-19-605), the minimum limits for Uninsured Motorists Coverage are:

- at least \$25,000 of coverage of bodily injury/death for each insured person who may be injured in any single accident, and
- at least \$50,000 of coverage of bodily injury/death for two or more insured people who may be injured in any single accident, and
- at least \$25,000 of coverage for property damage in any single accident.

### A. Offer of Increased Limits or Selection of Minimum Limits

Under Arkansas Insurance Laws (Section 23-89-403 of the Arkansas Code), if you choose **not** to reject Uninsured Motorists Coverage, you, the insured named in the policy, have the right to purchase uninsured motorists coverage in limits up to the limits of third-party liability coverage you will carry under your automobile insurance policy. Alternatively, the law also permits you to reject any offered increased limits.

#### Offer of Increased Limits of Coverage

\$25,000	/	\$50,000	/	\$25,000	or	\$75,000 Single Limit
_____	/	_____	/	_____	or	_____ Single Limit
_____	/	_____	/	_____	or	_____ Single Limit
_____	/	_____	/	_____	or	_____ Single Limit
_____	/	_____	/	_____	or	_____ Single Limit
_____	/	_____	/	_____	or	_____ Single Limit
_____	/	_____	/	_____	or	_____ Single Limit

#### Amount of Increased Premium (if any)

Contact your agent for amount of increased premium.

**Choose one of the following ("X" indicates your choice) and complete the limits desired where indicated, if applicable.**

I wish to purchase increased limits of Uninsured Motorists Coverage.

If you marked this box, then you must specify the limits which you desire. These limits cannot exceed your third-party liability coverage.

I select: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ or \_\_\_\_\_ Single Limit

I wish to **REJECT** the offer of any and all increased limits of Uninsured Motorists Coverage.

**B. Rejection**

The law permits you, the insured named in the policy, to reject the Uninsured Motorists Coverage in its entirety or to reject the property damage only portion of the Uninsured Motorists Coverage. The law requires that if you **do not** reject Uninsured Motorists Coverage for **bodily injury**, the insurer will **automatically** provide you with the coverage in the minimum limits prescribed by law.

You may **not** reject Uninsured Motorists Coverage if increased limits of Uninsured Motorists Coverage is selected in Section A above.

**Choose one of the following, if applicable (“X” indicates your choice).**

- I hereby **REJECT** Uninsured Motorists Coverage. The Uninsured Motorists Coverage offered is completely removed and deleted from the policy.
- I hereby **REJECT** the property damage only portion of the Uninsured Motorists Coverage. The property damage only portion of the Uninsured Motorists Coverage offered is completely removed and deleted from the policy.

**II. REJECTION OF UNDERINSURED MOTORISTS COVERAGE**

Under Arkansas Insurance Laws (Section 23-89-209), Underinsured Motorists Coverage enables the insured or his/her legal representative to recover from the insurer the amount of damages for bodily injury or death to which the insured is legally entitled from the owner or operator of another vehicle whenever the liability insurance limits of such other owner/operator are less than the amount of the damages incurred by the insured. Coverage shall not be reduced by the other party’s insurance coverage except to the extent the injured party would receive compensation in excess of his/her damages.

Underinsured Motorists Coverage is available **only if** Uninsured Motorists Coverage is **not** rejected above.

The law permits you, the insured named in the policy, to reject Underinsured Motorists Coverage.

**Mark the following, if applicable (“X” indicates your choice).**

- I hereby **REJECT** Underinsured Motorists Coverage. The Underinsured Motorists Coverage offered is completely removed and deleted from the policy. This coverage **MUST** be deleted if Uninsured Motorists Coverage is deleted.

\_\_\_\_\_  
Signature of Named Insured (Representing all insureds)

\_\_\_\_\_  
Type or Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Policy Number (if known)

**SIGNATURE IS ALSO REQUIRED ON LAST PAGE OF APPLICATION**

