

**McM CORPORATION COMPANIES**

- Occidental Fire & Casualty Co. of North Carolina**
- Wilshire Insurance Co.**

**Commonwealth Underwriters Ltd**

P O Box 5441  
Richmond, VA 23220

**FAX 804-359-4568** [www.commund.com](http://www.commund.com)

**APPLICATION FOR MOTOR TRUCK INSURANCE**

Entire application must be completed and signed by Applicant and Agent.

**GENERAL INFORMATION**

1. Name of Applicant \_\_\_\_\_  
 Individual     Private Carrier     Partnership     Common Carrier     Corporation     Contract Carrier
2. Mailing Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
3. Principal Garaging Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_
4. Other Terminal Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_
5. Requested Effective Date \_\_\_\_\_ Term \_\_\_\_\_
6. Date Coverage Bound By General Agency or Company \_\_\_\_\_ Date Binder Issued \_\_\_\_\_
7. Business of Applicant \_\_\_\_\_ Years Experience in Trucking Business \_\_\_\_\_
8. Gross Revenue/Last Annual Period \$ \_\_\_\_\_ Estimated Next Annual Period \$ \_\_\_\_\_
9. Is this a New Business Venture? \_\_\_\_\_ If yes, Complete "New Venture" on page 4.
10. List Any Insurance Previously Carried With McM Companies:  
Company \_\_\_\_\_ Policy Number \_\_\_\_\_ Dates of Coverage \_\_\_\_\_

**OPERATIONAL INFORMATION**

11. Specific Commodities Hauled \_\_\_\_\_
12. Maximum Radius of Operation \_\_\_\_\_
13. List All States Operated Into or Through \_\_\_\_\_
14. List Principal cities \_\_\_\_\_
15. Number of Vehicles Operated:  
Owned:    Pickups \_\_\_\_\_ Trucks \_\_\_\_\_ Tractors \_\_\_\_\_ Semi-Trailers \_\_\_\_\_ Trailers \_\_\_\_\_  
Leased:    Pickups \_\_\_\_\_ Trucks \_\_\_\_\_ Tractors \_\_\_\_\_ Semi-Trailers \_\_\_\_\_ Trailers \_\_\_\_\_  
Is Special Equipment Mounted or Attached? \_\_\_\_\_ If yes, identify unit and describe equipment \_\_\_\_\_
16. Do you pull: Double Trailers? \_\_\_\_\_ Triple Trailers? \_\_\_\_\_ Trains? \_\_\_\_\_  
Is All Commercial Equipment You Own and/or Operate Described in the Application? \_\_\_\_\_  
If no, explain: \_\_\_\_\_
17. Do You Use Rented or Loaned Equipment? \_\_\_\_\_ If yes, What is the Cost of Hire? \$ \_\_\_\_\_
18. Do You Rent or Lease to Others? \_\_\_\_\_ Written Lease? \_\_\_\_\_ Long Term? \_\_\_\_\_ Trip? \_\_\_\_\_  
If yes, explain: \_\_\_\_\_
19. Do Other Trucks Operate Under Your Authority? \_\_\_\_\_ Under Written Lease? \_\_\_\_\_  
If yes, explain: \_\_\_\_\_

**FILING INFORMATION**

Permit Number for each state must be shown before filing can be made

If any filing is to be made in a name or address other than #1 or #2 above, please explain on line 23.

20. Liability: States & Permit Nos. \_\_\_\_\_
21. Cargo: States & Permit Nos. \_\_\_\_\_
22. FMCSA Liability Permit No. MC \_\_\_\_\_ FMCSA Cargo Permit No. MC \_\_\_\_\_
23. Remarks: \_\_\_\_\_

**PREVIOUS INSURANCE HISTORY**  
Complete For Past 3 Years

Policy Term				Company Name	Policy Number	Liability		Physical Damage		Cargo	
From		To				No. Clms.	Amount Incurred	No. Clms.	Amount Incurred	No. Clms.	Amount Incurred
Mo.	Yr.	Mo.	Yr.								

24. Describe Each Claim in Detail: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

25. Have any of these Coverages been Cancelled, Refused, or Non-Renewed? \_\_\_\_\_  
 If yes, Give Company Name, Date and Reason: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**DRIVER INFORMATION**

DRIVER'S FULL NAME	Date of Birth	License No. & State	No. Years Comm'l. Driving	No. Years Empl. By Applicant	No. of Accidents Last 3 Yrs.	No. of Violations Last 3 Yrs.	Describe Any Physical Impairments

26. Will Passengers Be Carried? \_\_\_\_\_ If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_

27. How Many Drivers Operate Each Unit? \_\_\_\_\_ Average Hours Per Day Units Operated \_\_\_\_\_

28. Do You Check Driving Records of All Drivers Prior to Hiring? \_\_\_\_\_

29. Do You Hire Drivers Under Age 24 or Over Age 67? \_\_\_\_\_

30. Do You Agree to Promptly Report All Driver Changes to Company or Agent? \_\_\_\_\_

31. Do You Agree to Report All Claims Immediately to the Company Claims Dept.? \_\_\_\_\_

32. Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**LIMITS OF LIABILITY REQUESTED**

Bodily Injury \$ \_\_\_\_\_ Each Person \$ \_\_\_\_\_ Each Occurrence  
 Property Damage \$ \_\_\_\_\_ Each Occurrence  
 Combined Single Limits \$ \_\_\_\_\_  
 Uninsured Motorists \$ \_\_\_\_\_ Underinsured Motorists \$ \_\_\_\_\_  
 Personal Injury Protection \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

**SCHEDULE OF EQUIPMENT**

Unit	Model Year	Trade Name	Body Type <small>See Below*</small>	Gross Vehicle Weight	Serial Number	Maximum Radius	Terr. or Maximum Zones	Current Value	Date Purchased	Purchase Price
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

**\*BODY TYPES:** PU-Pickup; T-Truck; TD-Truck, Dump; TR-Tractor; TRD-Tractor, Dump; ST-Semi; STD-Semi, Dump  
 FT-Full Trailer; FTD-Full Trailer, Dump

Physical Damage: Are Any Units Equipped with Reefers? \_\_\_\_\_ If yes, identify by Unit and furnish Serial No. of Reefer \_\_\_\_\_

**PREMIUMS**

Unit	Liability					Physical Damage				Cargo			Other	
	BI	PD	UM	UIM	PIP	Collision		Specified Perils		Deductible \$			Cov.	Prem.
						Ded.	Prem.	Ded.	Prem.	Rate	Limit	Prem.		
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														

Debit/Credit \_\_\_\_\_ % Coverages \_\_\_\_\_ Reason \_\_\_\_\_

**LIENHOLDERS**

Unit(s)	Name	Address	City	State	Zip	Monthly Payments	Loan Balance

Additional Insureds \_\_\_\_\_

Certificates of Insurance \_\_\_\_\_

**NEW VENTURE**

Must be completed if three years prior carrier information has not been supplied.			
<b>TRUCK DRIVING EMPLOYMENT FOR LAST THREE YEARS</b>	<b>Employment Date</b> Month/Year	<b>Type of Unit</b>	<b>Maximum Radius Of Operation</b>
FIRM	from		
ADDRESS	to		
FIRM	from		
ADDRESS	to		
Do you object to our verifying the above information? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**PLEASE READ**

\* \* \* \* \*

**FRAUD WARNING**

\* \* \* \* \*

**PLEASE READ**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

In connection with the processing of this Application, the Company may undertake an investigation of the credit worthiness of the Applicant and other matters contained herein. By signing this Application, Applicant authorizes Company to undertake such investigations which may include contacting credit references and others with knowledge of Applicant's affairs.

This Application shall not be binding unless and until a policy is issued and a down payment made and then only as of the commencement date of the policy and in accordance with the terms of this Application and of the policy. The Applicant hereby covenants and agrees that the statements and answers contained in this Application are a just, full and true exposition of all the facts and circumstances with regard to the risk to be insured, insofar as the same are known to the Applicant. This Application and the information provided herein are made the basis and the condition of the insurance, and are representations on the part of the insured. Material or fraudulent representations may prevent recovery on the policy.

If the laws or regulations of any city, county, regulatory body, state or states in which the Applicant intends to operate or of the Department of Transportation or Federal Motor Carrier Safety Administration require a special endorsement or rider to be attached to the policy, the Applicant hereby agrees that if the Company shall be obliged to pay any claim which it would not have been required to pay except for such endorsement or rider, the Applicant shall reimburse the Company for any and all claims and disbursements of every kind, including loss payments, costs and expenses paid in connection with such claim, and expenses incurred by the Company in enforcing the terms of this Application and the policy. The terms of this Application shall apply not only to the original policy or policies issued in connection with this Application, but also to any renewals or extensions thereof.

It is mutually understood and agreed between the Company and the Applicant that any inspection of premises, operations, or any matter pertaining to insurance 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 in any respect.

**THE APPLICANT, BY HIS/HER SIGNATURE CONFIRMS FULL KNOWLEDGE OF ALL OF THE ABOVE, AND FULL KNOWLEDGE OF, AND ADHERENCE TO, CURRENT D.O.T. SAFETY REGULATIONS.**

_____	_____	_____
Signature of Applicant	Date	
_____	_____	_____
Name and Address of Agency	Phone Number	Signature of Agent

**COMMONWEALTH UNDERWRITERS, LTD.**  
**FILINGS INFORMATION**

Please fill out completely and accurately.

Name as it appears on ICC and/or State Authority:

\_\_\_\_\_

Address as it appears on ICC Authority: \_\_\_\_\_

\_\_\_\_\_

Telephone No.: \_(\_\_\_\_)\_\_\_\_\_

Social Security No.: \_\_\_\_\_ FEIN: \_\_\_\_\_

Intrastate Filing: State \_\_\_\_\_ Liability  Cargo

Interstate Filing: Liability  Cargo

ICC (MC) #: \_\_\_\_\_ US DOT #: \_\_\_\_\_

Base State: \_\_\_\_\_

The following states do not participate in the single state registration system. Please check the states that you are filed in/operating in so that a separate filing can be made:

AK  AZ  DE  FL  MD  NJ

NV  OR  PA  VT  WY

Texas filings now require a Texas DOT registration number. # \_\_\_\_\_

PUC Filing: States(s) \_\_\_\_\_ Docket No(s): \_\_\_\_\_

OS/OW (oversize/overweight) Filing: State(s) \_\_\_\_\_

Unit description and serial number \_\_\_\_\_

Canadian Province(s): \_\_\_\_\_