

McM CORPORATION COMPANIES

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

Commonwealth Underwriters Ltd

P O Box 5441
Richmond, VA 23220

RENEWAL APPLICATION FOR MOTOR TRUCK INSURANCE

Entire application must be completed and signed by Applicant and Agent. ("Same" is not an acceptable response)

GENERAL INFORMATION

Renewal of Policy No. _____

Renewal Effective Date _____

1. Name of Insured _____
 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 Addresses _____
Street City County State

Is this a change from expiring policy?	
Yes	No

OPERATIONAL INFORMATION

5. Specific Commodities Hauled _____

6. Maximum Radius of Operation _____

7. List All States Operated Into or Through _____

8. List Principal cities _____

9. 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 _____

Do you pull: Double Trailers? _____ Triple Trailers? _____ Trains? _____

10. Is All Commercial Equipment You Own and/or Operate Described in the Application? _____
 If no, explain: _____

11. Do You Use Rented or Loaned Equipment? _____ If yes, What is the Cost of Hire? \$ _____

12. Do You Rent or Lease to Others? _____ Written Lease? _____ Long Term? _____ Trip? _____
 If yes, explain: _____

13. Do Other Trucks Operate Under Your Authority? _____ Under Written Lease? _____
 If yes, explain: _____

14. Gross Revenue/Last Annual Period \$ _____ Estimated Next Annual Period \$ _____

15. If Additional Coverage(s) are being added to this policy, please complete the following for the past 3 years:

Coverage(s)	From		To		Company Name	Policy Number	Number of Claims	Amount Incurred
	Mo.	Yr.	Mo.	Yr.				

A. Describe Each Claim in Detail: _____

B. 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

16. Will Passengers Be Carried? _____ If yes, explain: _____

17. How Many Drivers Operate Each Unit? _____ Average Hours Per Day Units Operated _____

18. Do You Check Driving Records of All Drivers Prior to Hiring? _____

19. Do You Hire Drivers Under Age 24 or Over Age 67? _____

20. Do You Agree to Promptly Report All Driver Changes to Company or Agent? _____

21. Do You Agree to Report All Claims Immediately to the Company Claims Dept.? _____

22. 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 _____

REMARKS:

PLEASE READ

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FRAUD WARNING

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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