



Acceptance Indemnity Insurance Company  
 Acceptance Casualty Insurance Company  
 Occidental Fire & Casualty of North Carolina  
 Wilshire Insurance Company  
 Harco National Insurance Company  
 Transguard Insurance Company of America

**NON-TRUCKING APPLICATION**

Producer: \_\_\_\_\_ Date submitted: \_\_\_\_\_

**APPLICANT INFORMATION:**

Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 DBA: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

List all garaging locations: \_\_\_\_\_

Have you ever operated under another name?  Yes  No If yes, what? \_\_\_\_\_

Proposed Effective Date: \_\_\_\_\_ Number of Years in Business: \_\_\_\_\_

Have you ever had insurance for this type of coverage canceled, declined or non-renewed?  Yes  No  
 If yes, please provide details: \_\_\_\_\_

If new venture:  
 Number of years of Tractor/Trailer (CDL) experience: \_\_\_\_\_  
 Who did you haul for previously: \_\_\_\_\_

Type of commodity currently hauled: \_\_\_\_\_

Any Intermodal Container/Piggyback hauling:  Yes  No

Name of authorized carrier you are currently leased to on a PERMANENT BASIS:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Radius of operations: \_\_\_\_\_ miles

List Cities/Terminals most often entered into: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you carry Workers' Compensation Coverage?  Yes  No

**COVERAGES AND LIMITS**

**Application for:**

Liability  Physical Damage  Other: \_\_\_\_\_

<i>Liability</i>	<i>Limits</i>	<i>Deductible</i>	<i>Notes/comments</i>
<input type="checkbox"/> Liability, Symbol _____	_____	_____	_____
<input type="checkbox"/> UM/UIM Coverage	_____	_____	_____
<input type="checkbox"/> Other: _____	_____	_____	_____

*Physical Damage*  Collision  Specified Perils  Comprehensive  
 Deductibles: \_\_\_\_\_

Total Insured Value: \_\_\_\_\_

RISK BOUND? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE BOUND _____	TIME BOUND _____	BROKER _____
INT. _____			



My signature below indicates that I have reviewed this application, this list of drivers, this list of equipment and have assigned the Stated Value (defined as actual value of equipment at the time of loss incurred) to each unit to be insured for physical damage coverage. I am aware that the value of this equipment can vary with the current market place. I have assumed responsibility for insuring only the equipment shown on this application.

I authorize IAT to obtain a copy of my Motor Vehicle Record for Rating/Underwriting the insurance for which I have applied. I also understand that a routine inquiry may be made providing information concerning my character, general reputation, personal characteristics and mode of living. Upon written request, information as to the nature and scope of the report will be provided to me. I understand that misrepresentation or omission of material facts will be cause for cancellation and may void coverage.

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Applicant's Signature

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Date

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Agent/Broker's Signature

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Date

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

