



NON-TRUCKING APPLICATION

- Acceptance Casualty Insurance Company
- Acceptance Indemnity Insurance Company

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

Agent/Agency: _____ Date Submitted: _____

1. APPLICANT INFORMATION

Applicant/Named Insured: _____

(DBA): _____

Mailing Address: _____

List all Garaging Locations: _____

Contact Name: _____ Phone: _____

Website Address: _____ Fax: _____

a. Have you ever operated under another name? Yes No

b. Proposed effective date: _____ Years in business: _____

c. Have you ever had insurance for this type of coverage canceled, declined or non-renewed? Yes No

If yes, provide details: _____

d. If new venture:

(1) Number of years of tractor/trailer (CDL) experience: _____

(2) Who did you haul for previously? _____

e. Type of commodity currently hauled: _____

f. Name and MC# of authorized carrier you are currently leased to on a **PERMANENT BASIS**:

_____ MC #: _____

g. Radius of operation: _____ miles (must be over 300 miles)

h. List cities/terminals most often entered into: _____

i. Do you carry Workers' Compensation Coverage? Yes No

2. COVERAGES AND LIMITS

Application for: Liability Physical Damage Other: _____

Liability Coverage	Limits	Deductible	Notes/Comments
<input type="checkbox"/> Liability, Symbol ____	\$	\$	
<input type="checkbox"/> UM/UIM Coverage	\$	Not Applicable	
<input type="checkbox"/> Other:	\$	\$	
Physical Damage Coverage: <input type="checkbox"/> Collision <input type="checkbox"/> Specified Perils <input type="checkbox"/> Comprehensive			
Deductible(s) to Quote:			Total Insured Value: \$

Risk Bound? Yes No Date Bound: _____ Time Bound: _____ Broker Initials: _____

3. EXPERIENCE

a. List ALL prior policies regardless of losses. (May be subject to hard copy loss runs.)

Policy Period (Month/Year)	Carrier Name	Policy #	# of Losses		Amount of Losses	
			L*	PD*	L*	PD*
to					\$	\$
to					\$	\$
to					\$	\$
to					\$	\$
to					\$	\$

b. Description of any open claims or losses over \$25,000:

*L = Liability; PD = Physical Damage

4. SCHEDULE OF UNITS

Unit #	Symbol Type	Year	Make/Model	Stated Value	Gross Vehicle Weight	Complete VIN	Loss Payee & Address
1				\$			
2				\$			
3				\$			
4				\$			
5				\$			

NOTE: List all units used in the operation of the Named Insured's business. All units owned by the Named Insured must be covered.

5. DRIVER INFORMATION

Name	Date of Birth	Driver's License Number & State	Years Experience	Date of Hire	Past Three (3) Years	
					# Accidents *	# Traffic Violations *

* Provide details of all accidents and traffic violations for the last three years:

PROVIDE AGENT WITH A COPY OF YOUR LEASE AGREEMENT

