

**National Casualty Company**  
 Home Office: Madison, Wisconsin  
 Adm. Office: 8877 Gainey Center Dr.  
 Scottsdale, Arizona 85258

**Scottsdale Indemnity Company**  
 Home Office: One Nationwide Plaza  
 Columbus, Ohio 43215  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

**Scottsdale Insurance Company**  
 Home Office: One Nationwide Plaza  
 Columbus, Ohio 43215  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

**FOR HIRE/TRUCKERS APPLICATION**

Name of Applicant: \_\_\_\_\_  
 D/B/A: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Garaging Address: \_\_\_\_\_  
 (if different than mailing) \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 DOT No.: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_  
 Risk Control contact name and telephone number: \_\_\_\_\_

Agent Name: \_\_\_\_\_  
 \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Agent No.: \_\_\_\_\_

**PROPOSED EFFECTIVE DATE:**

From \_\_\_\_\_ To \_\_\_\_\_  
 12:01 A.M., Standard Time, at the address of the Applicant.

**PLEASE ANSWER ALL QUESTIONS**

**DESCRIPTION OF OPERATIONS**

1. **Applicant is:**  Individual  Partnership  Corporation  Joint Venture  LLC  
 Other: \_\_\_\_\_

2. **How long has this operation been in business?** \_\_\_\_\_

3. **How many years of experience does your management have in the truck/transportation business?** \_\_\_\_\_

4. **Has there been any change in the nature of operations, ownership, management or the name of the operation during the last five years?** .....  Yes  No  
 If yes, provide details: \_\_\_\_\_

5. **Radius of operations:**  
 0-100 mi. \_\_\_\_\_%  101-300 mi. \_\_\_\_\_%  301-500 mi. \_\_\_\_\_%  Over 500 mi. \_\_\_\_\_%

If more than 500 miles, approximately what % of the time will you spend in each of these four regional zones			
<b>ZONE 1:</b> CA, NV, OR, WA	<b>ZONE 2:</b> AZ, CO, IA, ID, IL, IN, KS, MI, MN, MO, MT, ND, NE, NM, OH, SD, UT, WI, WY	<b>ZONE 3:</b> AL, AR, FL, GA, KY, LA, MS, NC, OK, PA, SC, TN, TX, VA, WV	<b>ZONE 4:</b> CT, DE, MA, MD, ME, NH, NJ, NY, RI, VT
%	%	%	%

6. **Liability for Nontrucking use leased to:** \_\_\_\_\_
7. **Are filings required?**.....  Yes  No  
 If yes, complete Form ADM-166.  
 Docket No.: \_\_\_\_\_
8. **Are any vehicles owned, operated or leased that are not included in the vehicle schedule?** .....  Yes  No  
 If yes, provide details: \_\_\_\_\_
9. **Do you have motor carrier brokerage authority?**.....  Yes  No  
 If yes, is the brokerage authority held under the same name and motor carrier number as your trucking operation?.....  Yes  No  
 What is your motor carrier brokerage number? \_\_\_\_\_  
 Whose name appears on the bill of lading as the carrier? \_\_\_\_\_  
 What is your brokerage revenue for the most recent twelve (12) months? \_\_\_\_\_  
 Estimated next twelve (12) months? \_\_\_\_\_
10. **Do you have a signed trailer interchange agreement?**.....  Yes  No  
 If yes, provide a copy of the signed agreement, cover letter and provider list.
11. **Are any vehicles or equipment loaned, rented, or leased to others?** .....  Yes  No  
 If yes, explain: \_\_\_\_\_
12. **Do you use double or triple trailers?**.....  Yes  No  
 If yes, what percentage of trips involves the use of multiple trailers? ..... \_\_\_\_\_%
13. **Do you use sub-haulers?**.....  Yes  No  
 If yes, provide cost of hire: \$ \_\_\_\_\_  
**Provide a copy of the contract.**
14. **Do you lease, hire, rent, or borrow any vehicles from others without drivers?** .....  Yes  No  
 Will they be scheduled on the policy? .....  Yes  No  
 What is the average term of the lease? \_\_\_\_\_
15. **What is your cost to lease, hire, rent or borrow vehicles?**  
 With drivers \$ \_\_\_\_\_ Without drivers \$ \_\_\_\_\_  
 Estimated cost of hired autos:  
 Next twelve (12) months: \$ \_\_\_\_\_ Most recent twelve (12) months: \$ \_\_\_\_\_

**COMMODITIES HAULED**

16. **Provide information for commodities hauled:**

Commodity	% of Loads	Average Value	Maximum Value	Trailer Type*

\*Trailer Types: Car Carrier-CC      Container-CO      Dump Belly-DB      Dump End-DE      Flat Bed-FB  
 Hopper/Grain-HP      Livestock-LV      Log-LG      Mobile/Modular Homes-MH      Tank, Dry Bulk/Pneumatic-TD  
 Tank, Liquid-TL      Van, Dry-VD      Van, Reefer-VR

**DRIVER INFORMATION**

17. Criteria for hiring drivers: minimum age: \_\_\_\_\_ years of experience: \_\_\_\_\_  
 Describe MVR standards: \_\_\_\_\_

18. How are your drivers paid?  Per load  Per mile  Other: \_\_\_\_\_

19. List below all drivers employed as of the proposed effective date.

Driver's Name	Date of Birth	Driver's License No.	State	No. of Years Driving Similar Vehicle	Date of Hire	List Past Three Years of Accidents & Traffic Violations

**INSURANCE AND LOSS HISTORY**

20. Provide loss history for prior five years.

Policy Period	Prior Carrier	Policy No.	No. of Units Insured	No. Of Losses	Liability Losses Paid/Open	Phys. Dam. Losses Paid/Open	Cargo Losses Paid/Open

21. Have you had any insurance canceled, declined or non-renewed in the last three years (Not applicable in Missouri)? .....  Yes  No

If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_

**OPERATION HISTORY**

22. Provide prior three years, current and projected business history.

Year	Gross Receipts	Mileage	Number of Power Units

Year	Gross Receipts	Mileage	Number of Power Units
<b>Current Year</b>			
<b>Projected for Coming Year</b>			

**SCHEDULE OF COVERED AUTOS**

23. Provide autos to be scheduled on policy.

No.	Year	Make/Model	VIN No.	GVW/GCW	Stated Value	Radius	Owner's Name	Trailer Type*
					\$			
					\$			
					\$			
					\$			
					\$			
					\$			
					\$			
					\$			

\*Trailer Types: Car Carrier-CC      Container-CO      Dump Belly-DB      Dump End-DE      Flat Bed-FB  
 Hopper/Grain-HP      Livestock-LV      Log-LG      Mobile/Modular Homes-MH      Tank, Dry Bulk/Pneumatic-TD  
 Tank, Liquid-TL      Van, Dry-VD      Van, Reefer-VR

LIENHOLDER INFORMATION					
No.	Name	Address	City	State	Zip Code

**LIMIT AND COVERAGE INFORMATION**

- 24. **Liability:** Combined Single Limits \$\_\_\_\_\_
- 25. **Hired Auto:** Cost of Hire: \$\_\_\_\_\_ (Hired auto coverage is subject to audit.)
- 26. **Non-owned Auto:** Number of: Partners:\_\_\_\_\_ (Non-owned auto coverage is subject to audit.)
- 27. **Uninsured Motorist:**       Rejected       Limits Accepted \_\_\_\_\_
- 28. **Underinsured Motorist:**       Rejected       Limits Accepted \_\_\_\_\_  
 (Complete appropriate UM/UIM Selection/Rejection Form for Questions 27. and 28.)
- 29. **Optional no-fault state:** PIP rejected?.....  Yes  No
- 30. **Mandatory no-fault state:** PIP basic limits accepted? .....  Yes  No  
 (Complete appropriate Personal Injury Protection Selection/Rejection Form for Questions 29. and 30.)
- 31. **Medical Payments:**  Rejected       Limits accepted: \_\_\_\_\_
- 32. **Trailer Interchange:** Limit \$ \_\_\_\_\_      Number of Trailer Days: \_\_\_\_\_
- 33. **Deductibles:**  Comp \$ \_\_\_\_\_       SCOL \$ \_\_\_\_\_       Coll \$ \_\_\_\_\_
- 34. **Cargo:** Limit \$ \_\_\_\_\_      Deductible: \$ \_\_\_\_\_

This application does not bind YOU or US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**California Notice And Disclosure:** Please note a policy fee of \$150 applies to NEW business policies only. This policy fee is fully earned at policy inception.

**FRAUD WARNINGS:**

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 and subjects such person to criminal and civil penalties. **Not applicable in Nebraska, Oregon and Vermont.**

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.

**APPLICABLE IN HAWAII:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO OHIO APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company files an application for insurance or statement of claim 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 and subjects such person to criminal and civil penalties.

**NOTICE TO OKLAHOMA APPLICANTS:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO RHODE ISLAND APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO NEW YORK APPLICANTS (Other than automobile):** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK (Automobile):**

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, and any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

IOWA LICENSED AGENT: \_\_\_\_\_  
(Applicable in Iowa Only)

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_  
(Applicable in Florida Agents Only)

**IMPORTANT NOTICE**

As part of the underwriting procedure, a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.