

National Casualty Company
 Home Office: Madison, Wisconsin
 Adm Office: 8877 Gainey Center Drive
 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

Scottsdale Surplus Lines Insurance Company
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

1-800-423-7675 • Fax (480) 483-6752

COMMERCIAL AUTOMOBILE/TRUCKERS APPLICATION

Name of Applicant: _____

 D/B/A: _____

 Street Address: _____

 P.O. Mailing Address: _____

 Phone Number: (____) _____
 FEIN/Social Security/Soundex No. _____
 Website: _____

Agent Name: _____

 Address: _____

 Agent No.: _____

PROPOSED EFFECTIVE DATE:
 From _____ To _____
 12:01 A.M., Standard Time, at the mailing address of the Applicant.

PLEASE ANSWER ALL QUESTIONS

DESCRIPTION OF OPERATIONS

1. **Applicant is:** Individual Partnership Corporation Joint Venture LLC Other: _____
2. **Description of operations:** _____

 Attach appropriate supplemental application as needed.
3. **How long has this operation been in business?** _____
4. **How many years of experience does your management have in the truck/transportation business?** _____
 Provide an explanation of their experience: _____
5. **Have you had any insurance canceled, declined or non-renewed in the last three years** (Not applicable in Missouri)? Yes No
 If yes, explain: _____
6. **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: _____

7. Is the applicant a subsidiary of another entity, does the applicant have any subsidiaries or has the applicant operated under a different name? Yes No
If yes, provide details: _____
8. Is there a formal safety program?..... Yes No
If yes, provide details or a copy: _____
9. List commodities transported: _____
10. Any exposure to flammables, explosives, chemicals or hazardous materials (including medical or contaminated waste)? Yes No
If yes, provide specific details: _____
11. Radius of operations: Intrastate only Interstate
0-100 miles _____%, 101-300 miles _____%, 301-500 miles _____%, Over 500 miles _____%
12. List all states in which vehicles operate: _____
a. For all states, list largest cities entered: _____
b. For all states, list farthest city entered from garaging location: _____
13. Is your operation subject to time constraints when delivering the commodity? Yes No
14. Do you haul for others? Yes No
If yes, indicate percentage and for whom: _____
15. Do you back haul? Yes No
If yes, advise for whom and commodities transported: _____
16. Do you have a signed trailer interchange agreement?..... Yes No
If yes, provide a copy of the signed agreement, cover letter and provider list.
17. Do you operate under a UIIA (Uniform Intermodal Interchange Association) contract? Yes No
If yes, provide a copy of the signed contract, cover letter and provider list.
18. Do any units have special equipment, customizations or alterations? Yes No
a. If yes, describe: _____
b. If a boom, how far does the collapsed length of the boom extend beyond the front or rear bumper? _____
19. Are any vehicles used by family members? Yes No
If yes, list and provide MVRs: _____
20. Is there personal use of vehicles? Yes No
If yes, explain: _____
21. Do you allow passengers? Yes No
If yes, explain: _____
22. Are any vehicles or equipment loaned, rented, or leased to others? Yes No
If yes, explain: _____
23. Are all drivers covered by Workers' Compensation insurance? Yes No

DRIVER INFORMATION

24. Is there a formal driver hiring procedure? Yes No
 If yes, provide a copy.

25. Is there a formal driver training program? Yes No
 If yes, provide a copy.

26. Do you:

Perform employee drug and alcohol screening/testing? Yes No

Perform criminal background checks? Yes No

Have a "Good Driver" incentive program..... Yes No

Order MVRs prior to allowing employees to drive? Yes No

27. Criteria for hiring drivers: minimum age: _____ years of experience: _____

Describe MVR standards: _____

28. Average driver turnover per year: %

Number of drivers hired in the past twelve (12) months: _____

29. Is there an accident review procedure? Yes No

If yes, please describe: _____

30. Are all drivers employees? Yes No

If no, provide copy of contract.

31. How are your drivers paid? Per load Per hour Other: _____

32. Do you agree to screen and report all potential operators immediately upon hiring? Yes No

33. Maximum number of hours driver will operate a vehicle in a twenty-four (24) hour period: _____

34. Are driver teams used? Yes No

35. Are drivers assigned to specific units? Yes No

36. List below all drivers, owners/officers, partners currently employed as of the proposed effective date. If a Non-Owned auto is to be considered, you must list information for all employees currently employed by you.

Driver's Name	D/C*	Date of Birth	Driver's License No.	State	Class of License	No. of Years Driving Similar Vehicle	Length of Employment	List Past Three Years of Accidents & Traffic Violations

*Designation Code: O—Owner/Officer, P—Partner, E—Employee

FILING INFORMATION

43. Do you hold an ICC/FHWA permit or UCRA/DOT registration?..... Yes No
If yes, provide: US DOT No. _____, MC No. _____, Base State _____
44. State filings required?..... Yes No
If yes, list states and provide necessary state motor carrier number, if applicable: _____
45. Provide exact name and address as shown on application for filings, permits, certificates, etc.: _____
46. Are there any special requirements needed for City permits, Certificates of Insurance, oversize and/or overweight permits? Yes No
If yes, provide details: _____

HIRED AUTO INFORMATION—Coverage Subject to Audit

47. Why is hired auto coverage being requested? _____
48. Do you lease, hire, rent or borrow any vehicles from others? Yes No
What is the average term of the lease? _____
Is there a written agreement?..... Yes No
Does it include a Hold Harmless agreement and/or Additional Insured clause? Yes No
Provide a copy of the agreement.
49. Do you hire independent contractors? Yes No
If yes, do you require certificates of insurance? Yes No
Provide a copy of the contract.
50. If owner/operators are leased, will they be scheduled on your policy?..... Yes No
If yes, provide a copy of the agreement you use.
51. Do you use sub-haulers?..... Yes No
If yes, provide cost of hire: \$ _____
Provide a copy of the contract.
52. 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? _____
53. What is your cost to lease, hire, rent or borrow vehicles? With drivers \$ _____ Without drivers \$ _____
Estimated cost of hired autos: This year: \$ _____ Last year: \$ _____
54. Is Hired Auto Physical Damage coverage desired?..... Yes No
If yes, average value of auto hired: \$ _____
55. How many autos are hired on average within a twelve (12) month period? _____
56. How many hired autos are in the insured's possession at any one time? _____
57. What type of vehicles do you lease, hire, rent or borrow? Truck-Tractors _____% Trailers _____%
Heavy and Extra Trucks _____% Pickup trucks or Vans _____% Private Passenger Cars _____%

58. At any time will your employees, subcontractors, or owner/operators lease vehicles in your name? Yes No

If yes, explain: _____

59. Do you arrange or dispatch loads for others, not including your own hired truckers? Yes No

Explain: _____

Are you named on the Bills of Lading? Yes No

Annual number of Truckers: _____ Loads: _____

60. 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: _____

61. Do you understand that we may audit your records for Hired auto exposure, which might result in an additional premium? Yes No

NON-OWNED AUTO INFORMATION—Coverage Subject to Audit

62. Why is non-ownership liability coverage being requested? _____

63. What types of non-owned autos will be used in your business? _____

Total number of non-owned autos used: _____ How will they be used? _____

64. How often are non-owned autos used in your business? Daily Weekly Monthly Other: _____

Estimate the number of hours per month: _____

Estimated annual mileage for use of all non-owned autos: _____

65. Do any employees use their autos in your business? Yes No

If yes, what limit of liability insurance are they required to maintain? _____

Do you require evidence of insurance? Yes No

66. Will you use non-owned autos other than those owned by employees? Yes No

If yes, describe the relationship: _____

67. Total number of employees: _____ Total number of officers and partners: _____

68. If a social service operation, do you use the autos of volunteers? Yes No

Maximum number of volunteers at any one time: _____

How will they use their vehicles? _____

69. Are volunteers required to have their own insurance? Yes No

Minimum limits required: _____

70. Do you obtain motor vehicle records for all employees and volunteers? Yes No

71. Do you understand that we may audit your records for Non-Owned auto exposure, which might result in an additional premium? Yes No

LIMIT AND COVERAGE INFORMATION

72. Liability: Combined Single Limits: \$ _____
 Split Limit: B.I. Per Person: \$ _____ B.I. Per Accident: \$ _____ Property Damage: \$ _____
 Liability Deductible: \$1,000 Over \$1,000 _____ **Submit to company—financials may be required**

73. Hired Auto: Cost of Hire: \$ _____
Hired auto coverage is subject to audit.

74. Non-owned Auto: Number of: Partners: _____ Employees: _____ Volunteers: _____
Non-owned auto coverage is subject to audit.

75. Uninsured Motorist: Rejected Limits Accepted _____

76. Underinsured Motorist: Rejected Limits Accepted _____

(Complete appropriate UM/UIM Selection/Rejection Form for Questions 75. and 76.)

77. Optional no-fault state: PIP rejected?..... Yes No

78. Mandatory no-fault state: PIP basic limits accepted? Yes No
 (Complete appropriate Personal Injury Protection Selection/Rejection Form for Questions 77. and 78.)

79. Medical Payments: Rejected Limits accepted: _____

80. Trailer Interchange: Limit \$ _____ Number of Trailers: _____
 Deductibles: Comp \$ _____ SCOL \$ _____ Coll \$ _____

81. Do you understand that we may audit your records, which might result in an additional premium? Yes No

82. Are any Lessors or other entities to be added as additional insureds?..... Yes No
 If yes, list:

NAME	VEHICLE	ADDRESS	RELATIONSHIP/INTEREST

VEHICLE SCHEDULE

(Attach copies of the vehicle registration for all vehicles and explain if registration name is different from applicant's name.)

Vehicle No.:	Year:	V.I.N.:
Make/model/type of vehicle:		
<input type="checkbox"/> ACV <input type="checkbox"/> ST AMT: \$ _____	Value of perm. attached equip.: \$ _____	
Mfg. seating capacity:	Radius:	Farthest city:
City, state, zip where garaged:		
License state:	License plate No.:	
GVW/GCW:	Class.:	
Deductibles <input type="checkbox"/> COMP _____ <input type="checkbox"/> SCOL _____ <input type="checkbox"/> COLL _____		
<input type="checkbox"/> Commercial <input type="checkbox"/> Retail <input type="checkbox"/> Service		
Leased Vehicle?..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
Loss payee/additional insured/lessor:		
If limousine, name of coach builder:	Length:	

Vehicle No.:	Year:	V.I.N.:
Make/model/type of vehicle:		
<input type="checkbox"/> ACV <input type="checkbox"/> ST AMT: \$ _____		Value of perm. attached equip.: \$ _____
Mfg. seating capacity:	Radius:	Farthest city:
City, state, zip where garaged:		
License state:		License plate No.:
GVW/GCW:		Class.:
Deductibles <input type="checkbox"/> COMP _____ <input type="checkbox"/> SCOL _____ <input type="checkbox"/> COLL _____		
<input type="checkbox"/> Commercial <input type="checkbox"/> Retail <input type="checkbox"/> Service		
Leased Vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Loss payee/additional insured/lessor:		
If limousine, name of coach builder:		Length:

Vehicle No.:	Year:	V.I.N.:
Make/model/type of vehicle:		
<input type="checkbox"/> ACV <input type="checkbox"/> ST AMT: \$ _____		Value of perm. attached equip.: \$ _____
Mfg. seating capacity:	Radius:	Farthest city:
City, state, zip where garaged:		
License state:		License plate No.:
GVW/GCW:		Class.:
Deductibles <input type="checkbox"/> COMP _____ <input type="checkbox"/> SCOL _____ <input type="checkbox"/> COLL _____		
<input type="checkbox"/> Commercial <input type="checkbox"/> Retail <input type="checkbox"/> Service		
Leased Vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Loss payee/additional insured/lessor:		
If limousine, name of coach builder:		Length:

Vehicle No.:	Year:	V.I.N.:
Make/model/type of vehicle:		
<input type="checkbox"/> ACV <input type="checkbox"/> ST AMT: \$ _____		Value of perm. attached equip.: \$ _____
Mfg. seating capacity:	Radius:	Farthest city:
City, state, zip where garaged:		
License state:		License plate No.:
GVW/GCW:		Class.:
Deductibles <input type="checkbox"/> COMP _____ <input type="checkbox"/> SCOL _____ <input type="checkbox"/> COLL _____		
<input type="checkbox"/> Commercial <input type="checkbox"/> Retail <input type="checkbox"/> Service		
Leased Vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Loss payee/additional insured/lessor:		
If limousine, name of coach builder:		Length:

Vehicle No.:		Year:	V.I.N.:
Make/model/type of vehicle:			
<input type="checkbox"/> ACV <input type="checkbox"/> ST AMT: \$ _____		Value of perm. attached equip.: \$ _____	
Mfg. seating capacity:	Radius:	Farthest city:	
City, state, zip where garaged:			
License state:		License plate No.:	
GVW/GCW:		Class.:	
Deductibles <input type="checkbox"/> COMP _____ <input type="checkbox"/> SCOL _____ <input type="checkbox"/> COLL _____			
<input type="checkbox"/> Commercial <input type="checkbox"/> Retail <input type="checkbox"/> Service			
Leased Vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Loss payee/additional insured/lessor:			
If limousine, name of coach builder:		Length:	

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 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 ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

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 of the third degree.

APPLICABLE IN HAWAII (AUTOMOBILE): 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 or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or 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.

NEW YORK AUTOMOBILE FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, 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: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to 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.