

Global Century Insurance Brokers, Inc.

COMMERCIAL VEHICLE LIABILITY APPLICATION

QUOTE _____ NEW RENEWAL / REWRITTEN _____
(Please provide previous policy number)

Effective Date _____ Expiration Date _____

1. Applicant's Name _____
First Middle Last

2. DBA (if applicable) _____

3. Address _____ City _____ County _____ State _____ Zip _____

4. Phone _____ Cell _____ Fax _____

5. Email _____ Other Contact Info. _____

6. Does the applicant garage all vehicles at the above address? Yes No (Please complete form **GCI-1**).

7. Applicant's Business _____
(Tow truck driver, Dry van, House movers, Containers...etc. Do not indicate truck for hire or general merchandise.)

8. New Venture Yes No. If no, please complete **GCI-4** .

9. Legal Business Status: Individual Partnership Corporation Other _____

10. SSN or Tax I.D. _____
(SSN or TAX I.D.)

11. Radius _____ States _____
(Miles) (Multiple states **GCI-2B**)

12. Cities _____
(Largest city entered complete form **GCI-2A**)

13. Any State or Federal filing required? Yes No. If yes, please complete **GCI-3**.

14. Has the applicant, a business partner or any associate of the applicant ever filed for bankruptcy under any name in the past 10 years? Yes No. If yes, please explain. _____

15. Has the applicant ever been a partner, member, or an associate of any other transportation firm or related field in the last five years? Yes No. If yes, please explain. _____

16. Has the applicant, a business partner or any associate of the applicant conducted business under any other name in the past five years Yes No. If yes, complete **GCI-8**.

17. Any losses within the past three years? Yes No. If yes, please provide a current hard copy of losses.

18. Please check all commodities hauled by the applicant:

- | | | | |
|---------------------------------------|--------------------------------------------|-------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Appliances | <input type="checkbox"/> Electronics | <input type="checkbox"/> Automobiles | <input type="checkbox"/> Paper |
| <input type="checkbox"/> Auto Parts | <input type="checkbox"/> Fertilizers | <input type="checkbox"/> Boats | <input type="checkbox"/> New Furniture |
| <input type="checkbox"/> Pipes | <input type="checkbox"/> Building Material | <input type="checkbox"/> Grain | <input type="checkbox"/> Meat |
| <input type="checkbox"/> Produce | <input type="checkbox"/> Canned Goods | <input type="checkbox"/> Liquors | <input type="checkbox"/> Seafood |
| <input type="checkbox"/> Carpet | <input type="checkbox"/> Lumber | <input type="checkbox"/> Steel | <input type="checkbox"/> Machinery |
| <input type="checkbox"/> Textile | <input type="checkbox"/> Clothing | <input type="checkbox"/> Tires | <input type="checkbox"/> Cotton |
| <input type="checkbox"/> Milk & Cream | <input type="checkbox"/> Tobacco | <input type="checkbox"/> Containers | <input type="checkbox"/> Mobile Homes |
| <input type="checkbox"/> Nuts | <input type="checkbox"/> Eggs | <input type="checkbox"/> House Hold Goods | <input type="checkbox"/> Sand and Gravel |
| <input type="checkbox"/> Other: _____ | | | |

19. Does the applicant haul?

- Single Trailer Double Trailers Triple Trailers
 Oversized / Overweight Vehicles Other _____

20. Does the applicant haul any kind of Hazmat? Yes No. If yes, the risk is **unacceptable**.

21. Does the applicant transport passengers? Yes No. If yes, the risk is **unacceptable**.

22. Does the applicant own the cargo transported? Yes No. If no, who owns it _____

23. Does the applicant haul for Trucking Company Shipper(s) Other _____

24. Does the applicant need any certificate(s)? Yes No. If yes, please provide the following information.

Company Name _____ Attention _____

Address _____ City _____ State _____ Zip _____

Filing Number _____ Phone _____ Fax _____

Additional insured(s)? Yes No.

***If more certificates are needed please complete **GCI-12**. Please **DO NOT** issue any certificate(s). Only GCIB is authorized to issue certificate(s).

25. Is the scheduled vehicle(s) driven by the owner(s)? Yes No. If no, please complete **GCI-6**.

26. Does the owner(s) have a commercial license(s)? Yes No.

27. Is applicant the registered owner(s) of all the vehicle(s) listed on this application, other than the unidentified trailer(s)? Yes No. If no, complete **GCI-9**.

28. Does the applicant rent, lease, or sub haul vehicle(s) to others? Yes No. If yes, attach a copy of all rental lease agreements or supporting documents using form **GCI-5**.

29. Does the applicant hire vehicle(s), owner operator(s) or vehicle(s) owned by other parties Yes No. If yes, please complete form **GCI-5**.

30. Does the applicant broker loads out to others? Yes No.

31. Does the applicant own any vehicle(s) not scheduled on this application Yes No. If yes, complete **GCI-11**.

32. Does the applicant participate in a formal safety inspection? Yes No. If yes, please provide the name and phone number of the person who performs the inspection. _____

33. Estimated financial worth \$ _____ Gross receipts last year \$ _____ Estimated next years \$ _____

34. Has the applicant ever have a risk declined, non-renewed, or cancelled in the past five years Yes No.
 If yes, complete form **GCI-13**.

35. Drivers Schedule:

If more than four drivers please complete **GCI-7** and attach a MVR for each driver.

	Driver Name	Date of Birth	License Number	State Issued	Date Hired
1					
2					
3					
4					

36. Vehicles Schedule:

If more than two power units, complete either **GCI-10** and attach registration of each vehicle.

	Vehicle Type	Year	Make	Body Type	GVW	VIN
1	<input type="checkbox"/> Truck <input type="checkbox"/> Tractor <input type="checkbox"/> Trailer					
2	<input type="checkbox"/> Truck <input type="checkbox"/> Tractor <input type="checkbox"/> Trailer					
3	<input type="checkbox"/> Truck <input type="checkbox"/> Tractor <input type="checkbox"/> Trailer					
4	<input type="checkbox"/> Truck <input type="checkbox"/> Tractor <input type="checkbox"/> Trailer					
5	<input type="checkbox"/> Truck <input type="checkbox"/> Tractor <input type="checkbox"/> Trailer					
6	<input type="checkbox"/> Truck <input type="checkbox"/> Tractor <input type="checkbox"/> Trailer					
7	Other:					

Schedule of Coverage:

37. Combined Single Limit \$ _____ Deductible \$ _____

38. Split Limit \$ _____ \$ _____ \$ _____ Deductible \$ _____
 (each person) (each accident) (property)

***Split limit vehicles must be less than 10,000 GVW and **NO Filings** will be issued.

39. Bobtail Dead head Non-Trucking or Excess *** Must provide proof of primary coverage.

Uninsured Motorist Coverage: Please fill out form **GCI-48**

This is an application not a binding confirmation. Agent / Broker has no authority to bind. Policy will be effective only when confirmed by GCIB in writing with a Binder or Policy number.

Applicant understands that there is a minimum deductible of \$1,000 or more for all sand and gravel, flat bed, open trailer, or tow truck policies or as quoted.

Any person who knowingly engages in fraudulent practices, concealment of facts, false information on any application or statement of claim with the intent to defraud and mislead the insurance company is a felony, punishable by fines and or/ imprisonment.

The applicant agrees to promptly furnish current and accurate driver data for every driver engaged in business under and during the applicant's policy period. Any proposed changes in driver (s) and vehicle(s) during the policy period must be confirmed in writing by the Company prior to any changes. The applicant understands and agrees that in the event any loss occurs while any driver(s) and or vehicle(s) not confirmed in writing by the Company is engaged in the insured's business, such failure to obtain confirmation in writing by the Company shall be considered to constitute a material misrepresentation entitling the Company to rescind the policy. Premium will be subject to change upon review of such changes. Applicant and Broker understand and hereby agree that no flat cancellations of the policy are permitted.

Applicant agrees that this policy does not protect the applicant from claims for injury, damage, or loss sustained by any person (s) or vehicle (s) not specified in the said policy. Applicant further agrees that in the event the Company shall be obliged to pay any claim that it would not be obliged to pay if said endorsements were attached to the policy, the applicant will reimburse the Company for the amount paid, including the cost and expense to extinguish the applicant's exposure in such claims.

Corporate/LLC/LLP Applicants: As a material consideration and incentive for the extension of all insurance, the signatory of this Application (as an equity owner of the Applicant) personally guarantees the Applicant's obligations for payment of all deductibles, reporting fees, and ICC Filing Endorsement (MCS-90) claims for non-listed drivers and vehicles if the Applicant fails to meet those obligations. This personal guarantee shall survive expiration of any insurance policies and be independent of the Applicant's status as a corporation, LLC or LLP in good standing.

Applicant further understands the insurance producer assisting with the placement of this insurance policy does not have the authority to bind coverage. Applicant agrees upon approval of the application, the Company will bind coverage at the home office in Alameda County, CA.

Notice of Insurance Information Practices:
Personal information may be obtained from persons other than you. Such information may be disclosed to third parties without your authorization. You have the right to review your personal information contained in our files, and request corrections in the event of incorrect data.

A more detailed description of your rights regarding such information is available. Please contact your Broker for additional information.

If the policy is issued by your Risk Retention Group. Your Risk Retention Group may not be subject to some or all of the insurance laws and regulations of your state. State insurance insolvency guaranty funds are not available for your Risk Retention Group.

Signature of the Insured _____

Print Insured Name _____
FIRST MIDDLE LAST DATE

Signature of the Producer _____

Print Producer Name _____
FIRST MIDDLE LAST DATE

(Broker / Agent) Company Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____

* Corporate/LLC/LLP Applicants: Requires signature of a representative with an equity (ownership) interest in Applicant.