

COURIER AUTO LIABILITY APPLICATION

1. NAMED INSURED: • INDIVIDUAL • CORPORATION • PARTNERSHIP • OTHER: _____	2. ADDRESS & LOCATION IF DIFFERENT SHOW ABOVE • See Accord Application PHONE NO.: () _____
TYPE OF COVERAGE SOUGHT: • Hired • Non-Owned • Owned	REQUESTED EFFECTIVE DATE:
LIMIT OF LIABILITY • \$ 100,000. CSL • \$ 500,000. CSL • \$ 300,000. CSL • \$1,000,000. CSL	Need a Quote: <input type="checkbox"/> Excess of driver's insurance policy <input type="checkbox"/> Excess of a primary policy held by this Applicant. Primary Limit: Primary Carrier:

OPERATIONS INFORMATION

DESCRIPTION OF OPERATIONS: _____

NUMBER OF YEARS IN BUSINESS: _____

NUMBER OF LOCATIONS: G ONE ONLY SHOWN ABOVE, OR • # _____ LISTED BELOW

LIST LOCATIONS: _____

WHAT TYPES OF UNITS ARE BEING USED:

- | | |
|--------------------------------|-----------------------------------|
| • PRIVATE PASSENGER # _____ | • EXTRA HEAVY TRUCKS # _____ |
| • PICK UPS/VANS # _____ | • TRACTORS # _____ |
| • LIGHT TRUCKS # _____ | • EXTRA HEAVY TRACTORS # _____ |
| • MEDIUM TRUCKS # _____ | • TRAILERS # _____ |
| • HEAVY TRUCKS # _____ | • # _____ |

RADIUS OF OPERATIONS: _____

DO YOU HAUL HAZARDOUS MATERIALS?: YES NO

DO YOU NEED FILINGS COMPLETED, IF SO WHAT KIND?: _____

RATING INFORMATION

	<u>EMPLOYEES</u>	<u>INDEPENDENT CONTRACTORS</u>
NUMBER OF DRIVERS:	_____	_____
NUMBER OF FULL TIME DRIVERS:	_____	_____
NUMBER OF PART TIME DRIVERS:	_____	_____
HOW MANY HOURS PER DAY PER DRIVER FOR ALL PART TIME DRIVERS:	_____	
DRIVER PAYMENT METHOD:	• HOURLY • MILES • HOURLY & MILES • OTHER _____	
ESTIMATED ANNUAL DRIVER COST:	_____ *	_____ *
ANNUAL GROSS RECEIPTS COMING YEAR:	\$ _____ *	

PRIOR EXCESS CARRIER INFORMATION:

	OWNED AUTOS	HIRED/NON-OWNED AUTOS
CARRIER:	_____	_____
LIMITS:	_____	_____
TERM:	_____	_____
PREMIUM:	_____	_____

DRIVER QUALIFICATIONS

WHAT AUTO LIABILITY LIMITS ARE THE DRIVERS REQUIRED TO MAINTAIN? _____

DO YOU HAVE DRIVER REQUIREMENTS: • NO • YES (ATTACH COPY)

DO YOU HAVE DRIVER SAFETY INCENTIVES: • NO • YES (ATTACH COPY)

ATTACH THE FOLLOWING ITEMS TO YOUR SUBMISSION:

Five Years Currently Valued Loss Runs from the prior carriers for Hired and Non-Owned Auto coverage.

Five Years Currently Valued Loss Runs from the prior carriers for Owned Autos coverage.

I UNDERSTAND THAT I MAY ONLY EMPLOY A DRIVER THAT HAS BEEN APPROVED BY THE COMPANY PRIOR TO DRIVING.

DATE: _____ SIGNATURE: _____ :APPLICANT