



Acceptance Indemnity Insurance Company
 Acceptance Casualty Insurance Company
 Occidental Fire & Casualty of North Carolina
 Wilshire Insurance Company
 Harco National Insurance Company
 Transguard Insurance Company of America

COMMERCIAL AUTO RENEWAL APPLICATION
Entire application MUST be completed. "Same" or "in/on file" is not an acceptable response.

Producer: _____ Date completed: _____

APPLICANT INFORMATION:

Name: _____ Contact Name: _____
 DBA: _____ Phone Number: _____
 Mailing Address: _____ Fax Number: _____

List all garaging locations: _____

Insured is: Individual Partnership Corporation

Renewal Effective Date: _____

Federal Tax ID Number: _____ Number of Years in Business: _____

US DOT Number: _____ MC Number: _____ Latest DOT Rating: _____ Yr. _____

State Filings Required? Yes No List State & Cert #s _____

EXPERIENCE LAST 3 YEARS (List ALL Companies REGARDLESS of Loss or NONE)

Period From/To	Insurance Company	Policy #	NUMBER OF LOSSES		AMOUNT OF LOSSES	
			Liability	Physical Dmg	Liability	Physical Dmg
1.						
2.						
3.						

COMMODITIES HAULED (Show%)

	%		%		%
	%		%		%
	%		%		%
	%		%		%
	%		%		%

SCOPE OF OPERATION:

Radius of operation: _____ Metro Areas? Yes No Delivery? Yes No Coastal? Yes No

Radius by %: 0-100 miles _____ 101-200 miles _____ 201-500 miles _____ over 500 miles _____

Area(s): East Coast Southeast Northeast Southwest Midwest West Coast Northeast

Average Trip by miles? _____ Maximum Trip by miles? _____

Largest Cities entered, list all traveled to or through: _____

RISK BOUND? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE BOUND _____	TIME BOUND _____	BROKER _____
	INT. _____		

COVERAGES AND LIMITS

Application for:

Liability Physical Damage Motor Truck Cargo Other: _____

Basis of quote

Annual Receipts Mileage Monthly reporting Other: _____

Coverage to be Quoted

<i>Liability</i>	<u>Limits</u>	<u>Deductible</u>	<u>Notes/comments</u>
<input type="checkbox"/> Truckers liability, Symbol _____	_____	_____	_____
<input type="checkbox"/> Bus. Auto liability, Symbol _____	_____	_____	_____
<input type="checkbox"/> UM/UIM Coverage	_____	_____	_____
<input type="checkbox"/> Trailer Interchange	_____	_____	_____
<input type="checkbox"/> Pip or <input type="checkbox"/> Med Pay	_____	_____	_____
<input type="checkbox"/> Other: _____	_____	_____	_____

Physical Damage Collision Specified Perils Comprehensive
Deductibles: _____

Total Insured Value: _____

Comments: _____

Motor Truck Cargo
Commodity _____ Limit _____ Deductible _____ # of Units _____

Receipts/Mileage
Estimated annual receipts/mileage: _____

Additional Coverage Comments/Notes: _____

Schedule of Units

Unit No.	Symbol Type	Model Year	Make	Stated Value	Gross Vehicle Weight	Complete VIN	Loss Payee & Address
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

List all units used in the operation of the Named Insured, all owned by the Named Insured must be covered.

My signature below indicates that I have reviewed this application, this list of drivers, this list of equipment and have assigned the Stated Value (defined as actual value of equipment at the time of loss incurred) to each unit to be insured for physical damage coverage. I am aware that the value of this equipment can vary with the current market place. I have assumed responsibility for insuring only the equipment shown on this application.

I authorize IAT to obtain a copy of my Motor Vehicle Record for Rating/Underwriting the insurance for which I have applied. I also understand that a routine inquiry may be made providing information concerning my character, general reputation, personal characteristics and mode of living. Upon written request, information as to the nature and scope of the report will be provided to me. I understand that misrepresentation or omission of material facts will be cause for cancellation and may void coverage.

Applicant's Signature _____ Date _____

Agent/Broker's Signature _____ Date _____

Any person who knowingly and with intent to defraud any insurance company or other persons files an application for insurance containing any false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

