

DIRECT BILL ONLY
BRAZOS SPECIALTY RISK, INC
HOME STATE COUNTY MUTUAL INSURANCE COMPANY
COMMERCIAL AUTO APPLICATION 1 TO 10 UNITS ONLY
(USE CARGO SUPPLEMENTAL APP IF CARGO IS WRITTEN)
ALL QUESTIONS MUST BE COMPLETED OR APP WILL BE REJECTED

Insured Name	Agency Name
DBA	Agency Contact
Mailing Address	Agency Phone
City, State, Zip Code	Agency Fax
Physical Address	Agent Email (Required)
Contact Name	Cell Phone:
Office/Cell Phone	

Your insurance quote is based on the following information You will be notified when coverage is bound):
of Pickups:____ Trucks:_____ Tractors:_____ Trailers:_____ Other:_____

Coverage Limits and Deductibles:
Liability:\$ Uninsured Motorist (\$250 ded):\$ No Fault :\$
Physical Damage Values\$ Deductible \$
Cargo Limit \$ Cargo Deductible: \$ Refrigeration Breakdown Included ____ (\$2500 ded)
Radius of operation:
Total Premium \$ Policy Fee: \$ Broker Fee\$ Other Fee: \$ ATPA Fee \$
EFT Payment Option Down Payment and ____ Installments of \$ (\$3/installment fee)
Check by Fax Option Down Payment \$ and ____ installments of \$ (\$5/installment fee)
Quote subject to acceptable: mvrs, Safersys data, signed and dated app, loss history, Pip and Um selection form.
Items needed at to Bind Signed and dated App, Down Payment payment, Mvrs
Endorsements will be added to installments. The down payment will be adjusted if the installment amount change

Individual Partnership Joint Venture Corporation Other _____

Policy Effective Date _____ Expiration Date _____

Type of Business/Occupation _____ Years Experience _____

Have you ever owned a truck or trucking company under any other name? _____ What name? _____

List Types of CARGO Hauled _____

Define Normal area of Operation _____ Maximum Radius of Operation _____

Do you rent or lease your equipment to others? Yes No Do you hire any equipment? Yes No

If yes, what is the estimated cost of hire? _____

List Largest City Entered: (1) _____ % of the time _____ (2) _____ % of the time _____

Number of vehicles owned or leased: Pickups _____ Trucks _____ Tractors _____ Trailers _____

Are any vehicles hired with operators? Yes No If yes, explain _____

List all States entered: _____

State Filings Required: TXDOT Permit # _____ ICC Docket # _____

Common Carrier Contract Hauler For Whom _____

%age of Interstate or similar highways travel? _____ %age of brokered loads _____

Minimum age of drivers you will hire? _____ Minimum experience driving same size equipment _____

Maximum age of drivers _____? Max number of minor violations? _____

Do you carry or allow non-employee passengers to be carried in a truck we will insure? Yes No

Have you ever had this type of insurance non – renewed? Yes No If Yes, explain _____

LOSS HISTORY MUST BE COMPLETED EVEN IF NEW VENTURE, CANNOT BE LEFT BLANK FOR US TO BIND:

Policy Period	Previous Carrier	Premium	Number of Autos	Number of Accidents*		Amount of incurred loss		Physical Damage	Amount of Incurred Loss
				BI	PD	BI	PD		

DRIVER INFORMATION:

I understand that it is essential that all drivers be reported. I understand that all drivers must meet the minimum driving hiring standards I have completed in this application. I understand that the failure to report drivers or to hire drivers that do not fall in the parameters for hiring drivers I have completed shall constitute a significant change in risk and may lead to cancellation or non renewal.

Driver's Name	Date of Birth	License Number and State

SCHEDULE OF VEHICLES

Unit No	Year	Make	Model	FULL 17 DIGIT Serial Number	Garage Location	Maximum Radius	Rate Ter	Rate Class	Stated Amount
1									
2									
3									
4									
5									

Lienholder Information:

Additional Insured and Waivers of Subrogations

Requested Coverage

- Bodily Injury/Property Damage / Combined Single Limit ___ 500006 ___ 750006 ___ 1000006
- Uninsured/Underinsured Motorist Coverage ___ \$75006 ___ Other
- Personal Injury Protection ___ \$2506 ___ Other
- FT&CAC/Collision \$ _____ Deductible: 1,006 2,506

Premium Quoted

Liability Premium \$ _____
 UM \$ _____
 PIP \$ _____
 PHY DAMAGE \$ _____
 ATPA FEE \$ _____
Total Premium \$ _____

Rejection of Personal Injury Protection

I hereby reject Personal Injury Protection coverage in accordance with the right of rejection provided in Article 5.06.3 of the Texas Insurance Code on this policy. It is understood that I have the right to request that this coverage be added to my policy at any time at the applicable premium charge in effect at that time.

Insured's Signature

Date

Uninsured/Underinsured Motorists Coverage Election/Rejection Form (MUST BE SIGNED)

It is hereby understood and agreed that in accordance with the provisions of Article 5.06-1, Texas Insurance Code, as amended, I have been given the opportunity to purchase Uninsured/Underinsured Motorists Coverage in amount up to the automobile liability coverage limits I have on this policy, and I have also been given the right to reject Uninsured/Underinsured Motorists Coverage and have made the following choice(s):

- 1. _____ I hereby reject Uninsured/Underinsured Motorists Coverage in its entirety, or
- 2. _____ I hereby reject Uninsured/Underinsured Motorists Coverage as respects to property damage liability coverage in its entirety and accept bodily injury limits as indicated on this application.
- 3. _____ I hereby request t Uninsured/Underinsured Motorist Coverage at the financial responsibility limits unless higher limits are requested as follows: \$ _____ BI \$ _____ PD or \$ _____ CSL

Insured's Signature

Date

FUTURE RENEWALS:

The rejection(s) indicated above shall apply on this policy and on all future renewals of such policy and all future policies issued to me by this Company because of change of vehicle or coverage, or because of an interruption of coverage, until I notify the Company in writing that thereafter Uninsured/Underinsured Motorists Coverage is desired.

NOTICE: THE FOLLOWING PERTAINS TO THE FAIR CREDIT REPORTING ACT: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon request, additional information as to the nature and scope of the report, if one is made, will be provided.

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 commits a fraudulent insurance act, which is a crime.

Rejection of Personal Injury Protection

I hereby reject Personal Injury Protection coverage in accordance with the right of rejection provided in Article 5.06.3 of the Texas Insurance Code on this policy. It is understood that I have the right to request that this coverage be added to my policy at any time at the applicable premium charge in effect at that time.

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- 4. _____ I hereby reject Uninsured/Underinsured Motorists Coverage in its entirety, or
- 5. _____ I hereby reject Uninsured/Underinsured Motorists Coverage as respects to property damage liability coverage in its entirety and accept bodily injury limits as indicated on this application.
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Cargo Supplement

. Do any of the companies to be insured perform any operations other than that of a carrier? _____

a) Do any of the companies to be insured sub-contract to other parties? _____

If so, Long Term (30 days plus) or Short term leases: _____

b) Are sub-contractors insured for their cargo liability? _____ (If yes, please give details of steps taken to establish extent of cover provided, and to ensure cover remains in force).

Please attach details of any **YES** answers to the above-attach separate sheet if necessary

. Please provide the gross receipts for the past five years:

YEAR	G.R. OWN HAULS	G.R. SUBCONTRACTED	TOTAL G.R. ALL OPERATIONS
EST.			

The following interests are **EXCLUDED** under the basic policy form, but can normally be covered at an additional premium if requested. Please circle any you wish to be covered, and include details of such exposures in answer to question 8: Accounts, bills, debts, evidence of debt, letters of credit, passports, documents, railroad or other tickets, notes, money, securities, currency, bullion, precious stones, jewelry and/or other similar valuable articles, paintings, statuary and/or other works of art, manuscripts, mechanical drawings, live animals, tobacco, cigars, cigarettes, non-ferrous metal in scrap and/or ingot form, furs, alcohol, beer, wine, garments (defined as: items of clothing, including innerwear and outerwear, footwear, shoes, boots, gloves, hats, and the like), seafood unless canned, and electronics (defined as : all items of consumer and commercial electrical appliances and instruments including but not limited to radios, stereos, televisions, computers, computer software, hard drives, chips, modems, monitors, cameras, facsimile machines, photocopiers, VCRs, HI-Fish, CD players, and the like. Note: Heavy electrical items, such as switchgear, turbines, generators and the like are not considered to be electronics.

Form of cover required: Broad Form incl Reefer Breakdown Named Peril Form

. List by category and percentage of the total loads shipped:

Type of Cargo	Avg. Value per load	Max. Value per load	% of total loads
Machinery			
Tobacco			
Produce			
Chilled Food			
Frozen Food			
Building Materials			

Do you require cover for cargo in terminals or at other places where vehicles are left overnight or at weekends either on vehicles_? _____ or off vehicles? _____

If either answer is yes, please give details of any such places which are regularly used:

Address	Fenced Yard Locked at night?	24 hr. watchman	Alarmed Building	Sprinkle red Building	Max. Value Exposed?

Limits required:		If limit for 10b is in addition to 10c, specify overall loss limit needed \$ _____
a) \$ _____	a.o. vehicle	
b) \$ _____	a.o. loss (vehicle accumulation)	
c) \$ _____	a.o. Terminal (off vehicles)	

Do you ever carry loads valued greater than the cargo insurance limit requested? Yes No If yes, explain.

45. Give details of any steps taken to secure vehicles whenever left unoccupied: _____