

# Drive-Away Application

COLUMBIA INSURANCE COMPANY  
NATIONAL FIRE & MARINE INSURANCE COMPANY  
NATIONAL INDEMNITY COMPANY  
NATIONAL INDEMNITY COMPANY OF MID-AMERICA  
NATIONAL INDEMNITY COMPANY OF THE SOUTH  
NATIONAL LIABILITY & FIRE INSURANCE COMPANY

Policy Term From: \_\_\_\_\_ To \_\_\_\_\_

- Name (and "dba") \_\_\_\_\_  
☐ Individual/Proprietorship ☐ Partnership ☐ Corporation ☐ Other Business Phone Number \_\_\_\_\_
- Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- Premises Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- Person to contact for inspection (name and phone number) \_\_\_\_\_
- Have you ever had insurance with one of the companies listed at the top of this page? ☐ Yes ☐ No  
If yes, Policy Number(s) \_\_\_\_\_ Effective Date(s) \_\_\_\_\_

## DESCRIPTION OF OPERATIONS

- Describe business \_\_\_\_\_  
Years experience \_\_\_\_\_ New Venture? ☐ Yes ☐ No
- Is this your primary business? ☐ Yes ☐ No If no, explain \_\_\_\_\_
- Have you ever filed for Bankruptcy? ☐ Yes ☐ No If yes, when \_\_\_\_\_ Explain \_\_\_\_\_
- Gross receipts last year \_\_\_\_\_ Estimate for coming year \_\_\_\_\_ Business for sale? ☐ Yes ☐ No
- Do you operate in more than one state? ☐ Yes ☐ No If yes, list states \_\_\_\_\_
- Do you operate over a regular route? ☐ Yes ☐ No If yes, show towns operated between: \_\_\_\_\_

## LIABILITY COVERAGE — Complete for desired coverages by indicating limits of insurance.

LIABILITY				Medical Payments	Personal Injury Protection (where applicable)	PHYSICAL DAMAGE		
Combined Single Limit BI & PD	Split Limits					Deductibles		Maximum Vehicle Value
	Bodily Injury		Property Damage			<input type="checkbox"/> Comprehensive <input type="checkbox"/> Spec. C of Loss	Collision	
	Each Person	Each Accident	Each Accident					

**APPLICABLE PERSONAL INJURY PROTECTION, UNINSURED AND/OR UNDERINSURED MOTORISTS INSURANCE SELECTION/REJECTION PAGE IS REQUIRED TO BE COMPLETED AND SIGNED BY THE NAMED INSURED WITH THE SUBMISSION OF THIS APPLICATION.**

## DRIVER INFORMATION — If additional space is needed, attach separate listing.

Driver's Name	Date of Birth	Driver's Licenses				Experience	
		State	Number	Class/Type (i.e. CDL)	Years Licensed (in Class/Type)	Type of Unit (Bus, Van, Truck, Tractor, etc.)	No. of Years
1.							
2.							
3.							
4.							
5.							

## DRIVER INFORMATION (Continued) — If additional space is needed, attach separate listing.

No. Years Previous Commercial Driving Experience	Date of Hire	Accidents and Minor Moving Traffic Violations in Past 5 Years				Major Convictions (DWI/DUI, Hit & Run, Manslaughter, Reckless, Driving While Suspended/ Revoked, Speed Contest, other felony)		Employee (E) Ind. Cont. (IC) Owner/Op. (O/O) Franchisee (F)
		No. of Accidents	Date(s)	No. of Violations	Date(s)	Describe Conviction	Date(s)	
1.								
2.								
3.								
4.								
5.								

PLEASE ATTACH DETAILED EXPLANATION OF ACCIDENTS LISTED ABOVE.

12. Are drivers covered by Workers Compensation? ☐ Yes ☐ No If yes, name of carrier \_\_\_\_\_
13. Minimum years driving experience required \_\_\_\_\_
14. Are drivers ever allowed to take vehicles home at night? ☐ Yes ☐ No If yes, will family members drive? ☐ Yes ☐ No
15. Do you order MVR's on all drivers prior to hiring? ☐ Yes ☐ No Driver's maximum driving hours \_\_\_\_ daily, \_\_\_\_ weekly
16. Do you agree to report all newly hired operators? ☐ Yes ☐ No
17. What is the basis for driver(s) pay? ☐ Hourly ☐ Trip ☐ Mileage ☐ Other, Explain \_\_\_\_\_

**LOSS EXPERIENCE — Provide prior insurance carriers information for past full three years.**

Policy Term		Insurance Company Name	No. of Motor Powered Vehicles	No. of Accidents	Premium		Total Amount Claims Paid & Reserves			
From	To				Liab	Phys Dam	BI	PD	Comp/Coll	Other
/ /	/ /									
/ /	/ /									
/ /	/ /									

18. Is any applicant aware of any facts or past incidents, circumstances or situations which could give rise to a claim under the insurance coverage sought in this application? ☐ Yes ☐ No If yes, provide complete details \_\_\_\_\_
19. Have you ever been declined, cancelled or nonrenewed for this kind of insurance? ☐ Yes ☐ No If yes, date and why \_\_\_\_\_

**DRIVE-AWAY INFORMATION**

20. Types of units driven away and percentages of each \_\_\_\_\_
21. Percentage of the time you drive away new units: \_\_\_\_\_ % used units: \_\_\_\_\_ %
22. If physical damage coverage is desired, what is the average value per unit? \_\_\_\_\_ What is the maximum value per unit? \_\_\_\_\_
23. How are you paid: ☐ By Miles ☐ By Trip
24. Average rate you are paid per mile \_\_\_\_\_ per trip \_\_\_\_\_
25. Total number of full-time drivers \_\_\_\_\_ Total number of part-time drivers \_\_\_\_\_
26. Do you require insurance filings? ☐ State ☐ FHWA If FHWA filing, please provide MC number \_\_\_\_\_
27. How is return trip handled? \_\_\_\_\_
28. Is delivery made with one unit towing another unit? ☐ Yes ☐ No Do you permit drivers to tow their own vehicles? ☐ Yes ☐ No
- Do you haul away vehicles? ☐ Yes ☐ No Do you use any of the following: ☐ Fifth wheel ☐ Tow bars ☐ Reese hitches ☐ Ball hitches
29. If towing a vehicle for return transportation, how often is this done? \_\_\_\_\_
30. Maximum radius one-way \_\_\_\_\_ Average radius one-way \_\_\_\_\_ Estimated total annual mileage \_\_\_\_\_
31. Average total number of trips per week \_\_\_\_\_ Do you deliver vehicles both ways? ☐ Yes ☐ No
32. Cities and states where units are picked up \_\_\_\_\_
33. List city and state destinations \_\_\_\_\_
34. List clients \_\_\_\_\_
35. Any operations other than drive-away service? ☐ Yes ☐ No If yes, explain \_\_\_\_\_

Plate Information

36. Are you required to use plates? ☐ Yes ☐ No Do you use your own plates exclusively? ☐ Yes ☐ No Total number of plates \_\_\_\_\_
- What type of plates do you use? ☐ Transporter ☐ IRP ☐ Other \_\_\_\_\_
37. How many plates are required to be attached to each unit drive away? \_\_\_\_\_
- On average, how many of your plates are attached to drive-away vehicles at any given point? \_\_\_\_\_
38. How are plates returned to you? \_\_\_\_\_ Average number of days before plates are returned? \_\_\_\_\_
39. List identification number for each plate \_\_\_\_\_
40. Are all plates owned to be insured this policy? ☐ Yes ☐ No If no, explain \_\_\_\_\_
- Also, if no, number of operators used? \_\_\_\_\_ Do operators have written contracts with you? ☐ Yes ☐ No **ATTACHED COPY OF CONTRACT.**

Private Passenger Drive-Away

41. Do you drive away sports cars or luxury type units? ☐ Yes ☐ No
- If yes, list unit model(s) \_\_\_\_\_
42. Do you tow a second client-owned vehicle? ☐ Yes ☐ No

Bus Drive-Away

43. Percentage of time units with the following seating capacities are driven away: under 20 \_\_\_\_\_ % 21 and over \_\_\_\_\_ %

Truck/Tractor Drive-Away

44. Percentage of time each unit type is driven away: trucks \_\_\_\_\_ % tractors \_\_\_\_\_ % tractors and trailers \_\_\_\_\_ %
45. If trucks, percentage of each GVW driven away: 0-20,000 lbs \_\_\_\_\_ % 20,001-45,000 lbs \_\_\_\_\_ % 45,001+ lbs \_\_\_\_\_ %
46. Do you piggyback? ☐ Yes ☐ No What percentage of time do you piggyback? \_\_\_\_\_ %
47. What percentage of your piggyback operation is 1 up? \_\_\_\_\_ % 2 up? \_\_\_\_\_ % 3 up? \_\_\_\_\_ %

## ILLINOIS

### UNINSURED MOTORIST & UNDERINSURED MOTORIST

#### ELECTION FORM

**Uninsured Motorists Coverage** provides you protection when you are legally entitled to recover damages for bodily injury or death, caused by the owner of an uninsured auto.

**Underinsured Motorists Coverage** provides you protection when you are legally entitled to recover damages for bodily injury or death, caused by the owner of an auto which was insured at the time of loss, but whose limits of Bodily Injury Liability Coverage are less than you are legally entitled to recover, as the injured party.

These additional Coverages are required to be part of your auto policy at limits equal to the minimum limits required by the State Financial Responsibility Law. They are, however, available to you at any limits up to the Bodily Injury Liability Coverage limits of your policy, at additional premium.

To be certain that your policy is issued correctly, please indicate your choice concerning the limit desired for this additional coverage. ("x" indicates your choice)

#### UNINSURED/UNDERINSURED MOTORISTS BODILY INJURY COVERAGE

\_\_\_\_\_ Elected with 20/40 limits of liability (minimum coverage required by law)

\_\_\_\_\_ Elected with a combined single limit of \$40,000 (minimum coverage required by law)

\_\_\_\_\_ Elected with combined single limit of liability of \$ \_\_\_\_\_  
(May not exceed bodily injury limit)

\_\_\_\_\_ Elected with split limits of liability of \$ \_\_\_\_\_ / \$ \_\_\_\_\_  
(May not exceed bodily injury limits)

In the event none of these options are selected, Uninsured/Underinsured Motorists Bodily Injury coverage will be issued with the same limits of liability as Bodily Injury coverage.

\_\_\_\_\_  
Signature of Named Insured

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Named Insured

\_\_\_\_\_  
Date

Until you advise us otherwise in writing, your choice as indicated above, will continue regardless of any addition or change in Auto coverage on your current policy or addition of any scheduled Autos and will be carried forward on all future renewal policies without additional notice.

**SIGNATURE IS ALSO REQUIRED ON LAST PAGE OF APPLICATION**

### MUST BE SIGNED BY THE APPLICANT PERSONALLY

No coverage is bound until the Company advises the Applicant or its representative that a policy will be issued and then only as of the policy effective date and in accordance with all policy terms. The Applicant acknowledges that the **Applicant's Representative named below is acting as Applicant's agent and not on behalf of the Company. The Applicant's Representative has no authority to bind coverage, may not accept any funds for the Company, and may not modify or interpret the terms of the policy.**

The Applicant agrees that the foregoing statements and answers are true and correct. The Applicant requests the Company to rely on its statements and answers in issuing any policy or subsequent renewal. The Applicant agrees that if its statements and answers are materially false, the Company may rescind any policy or subsequent renewal it may issue.

If any jurisdiction in which the Applicant intends to operate or the FHWA requires a special endorsement to be attached to the policy which increases Company's liability, the Applicant agrees to reimburse the Company in accordance with the terms of that endorsement.

The Applicant agrees that any inspection of autos, vehicles, equipment, premises, operations, or inspection of any other matter relating to insurance that may be provided by the Company, is made for the use and benefit of the Company only, and is not to be relied upon by the Applicant or any other party in any respect.

The Applicant understands that an inquiry may be made into the character, finances, driving records, and other personal and business background information the Company deems necessary in determining whether to bind or maintain coverage. Upon written request, additional information will be provided to the Applicant regarding any investigation.

The Applicant represents that she/he has completed all relevant sections of this Application prior to execution and that the Applicant has personally signed below (or if Applicant is a Corporation a corporate officer has signed below).

Will premium be financed? ☐ Yes ☐ No If yes, with whom? \_\_\_\_\_

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

#### TO BE COMPLETED BY APPLICANT'S REPRESENTATIVE

Is this direct business to your office? \_\_\_\_\_ If not, explain: \_\_\_\_\_

Is this new business to your office? \_\_\_\_\_ If not, how long have you had the account? \_\_\_\_\_

How long have you known applicant? \_\_\_\_\_

#### REQUEST TO COMPANY GENERAL AGENT:

☐ Please quote ☐ Please bind at earliest possible date and issue policy

☐ Please issue policy effective \_\_\_\_\_ Coverage was bound by \_\_\_\_\_  
(Time and Date Bound by General Agent) (Name of Person in Company General Agency's Office Binding Coverage)

\_\_\_\_\_  
Applicant's Representative's Name and Address

\_\_\_\_\_  
Phone No.