



## Commercial Auto Application

Complete the entire application and sign.

New Business     Renewal -Expiring Policy #

Effective Date:		Expiration Date:	
Payment Options: <input type="checkbox"/> Prepaid Policy <input type="checkbox"/> 12 Pay / Continuous Policy <input type="checkbox"/> Quarterly Installment Premium Pay Plan <input type="checkbox"/> 9 Installment Premium Pay Plan <input type="checkbox"/> Monthly Reporting			
<b>Applicant Information</b>			
Applicant's Legal Name (If more than one named insured, please attach an explanation):		Continuous Years in Business Under This Name:	Years of Industry Experience:
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other:			
Ownership Information: Name:	Position / Title:	# Years:	Percentage of Ownership:
Contact Person:	Title:	Phone Number:	
Mailing Address (Include City, State, County, Zip):		MC #:	DOT #:
Principal Garaging Address (If different from above):		Years at this location	FEIN / SSN:
Terminal Location Street Address	City and State	Security Measures – Lighted (L), Fenced (F), Security Alarm (A), Dogs (D), Security Guards (SG)	Location Description – Terminal (T), Maintenance (M), Office (O), Warehouse (W)
Company has been owned and operated by current management since year:			
If more than one named insured provide details including a description of operations for each. Attach a separate page if needed:			
Has the applicant operated under a different name and/or authority in the past five years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details and DOT or MC number:			
Is the applicant a subsidiary of another entity or does the applicant own any subsidiaries? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details:			
Has the applicant filed for bankruptcy in the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide the date:	Discharge date:
Has there been a change in ownership in the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, provide details:			
Has the applicant's insurance coverage been cancelled or non-renewed in the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No    (Not applicable in Missouri) If yes, please provide the date and reason:			

## Description of Operations

Carrier Type:  Common Carrier  Contract Carrier  Exempt Carrier  Other:

Commercial Classification:  Trucking For Hire  Private  Other:

Does the applicant haul hazardous commodities regulated by the FMCSA?  Yes  No

If yes, please provide a detailed description of the commodity, UN number, type and size of packaging, and type of trailer used.

Are you under a permanent lease agreement?  Yes  No If yes, provide name and DOT or MC number:

Loads transported are:  Truckload  Less than truckload (LTL) If LTL, please include the percentage: %

Percentage of loads secured through: Freight Brokers % Contracts with Shippers % Arranged by Applicant %

Do you operate as a broker or freight forwarder?  Yes  No If yes, under what name?

MC # Are trailers owned by the applicant used in the brokerage operation?  Yes  No

Is **ALL** equipment owned and/or operated under your authority scheduled on this application?  Yes  No

If no, please provide an explanation:

Are containers transported?  Yes  No If yes, percentage: %

Do you pull doubles or triples?  Yes  No If yes, check:  Doubles %  Triples %

Are oversize/overweight loads transported?  Yes  No If yes, please complete the following:

Percentage of total loads: % Are escorts required?  Yes  No

Minimum required years of experience for assigned drivers?

Are special permits required other than OS-32?  Yes  No If yes, please provide details in the Comments section.

Does the insured perform maintenance, mechanical repairs or body work on the trucks or trailers of others?  Yes  No

Drivers are compensated:  Hourly  Miles  Trip  % of revenue Average annual driver salary:

Are team drivers used?  Yes  No Slip seat?  Yes  No

The average number of days a week drivers are at home: Percentage of trips that require overnight travel:

Percentage of dedicated or established routes to the same destinations: %

Percentage of annual trips: 0-50 miles % 51-200 miles % 201-500 miles % 501-1000 miles % Unlimited %

Average radius of operation: Maximum radius of operation: Percentage of miles over 500 miles radius: %

Describe the primary routes traveled (i.e. Charlotte, NC to York, PA) and provide an estimate of the percentage of total hauls for each:

City, State:	to	%	City, State:	to	%
City, State:	to	%	City, State:	to	%
City, State:	to	%	City, State:	to	%

Check the metropolitan areas traveled into or through for all operations beyond 200 miles:

<input type="checkbox"/> Atlanta <input type="checkbox"/> Baltimore-Wash <input type="checkbox"/> Boston <input type="checkbox"/> Buffalo <input type="checkbox"/> Charlotte <input type="checkbox"/> Chicago <input type="checkbox"/> Cincinnati <input type="checkbox"/> Cleveland	<input type="checkbox"/> Dallas/Ft Worth <input type="checkbox"/> Denver <input type="checkbox"/> Detroit <input type="checkbox"/> Hartford <input type="checkbox"/> Houston <input type="checkbox"/> Indianapolis <input type="checkbox"/> Jacksonville <input type="checkbox"/> Kansas City	<input type="checkbox"/> Little Rock <input type="checkbox"/> Los Angeles <input type="checkbox"/> Louisville <input type="checkbox"/> Memphis <input type="checkbox"/> Miami <input type="checkbox"/> Milwaukee <input type="checkbox"/> Minn/ St. Paul <input type="checkbox"/> Nashville	<input type="checkbox"/> New Orleans <input type="checkbox"/> New York City <input type="checkbox"/> Oklahoma City <input type="checkbox"/> Omaha <input type="checkbox"/> Philadelphia <input type="checkbox"/> Phoenix <input type="checkbox"/> Pittsburgh <input type="checkbox"/> Portland	<input type="checkbox"/> Richmond <input type="checkbox"/> St. Louis <input type="checkbox"/> Salt Lake City <input type="checkbox"/> San Diego <input type="checkbox"/> San Francisco <input type="checkbox"/> Seattle <input type="checkbox"/> Tulsa <input type="checkbox"/> Other:
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## Driver Information

**(Attach a list of all company and owner operator drivers and include the following information:**

Driver's Name as listed on license	Date of Birth	CDL State	CDL Number	Years Licensed with CDL	# Years Driving Similar Equipment	Date of Hire	# of Accidents
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Are all drivers covered by Workers Compensation?  Yes  No If yes, provide carrier's name and policy number.

Driver Hiring:  
 Minimum Age: \_\_\_\_\_ Minimum years experience driving similar equipment: \_\_\_\_\_  
 Maximum number of minor violations in the prior 3 years: \_\_\_\_\_ Maximum number of minor violations in the prior 12 months: \_\_\_\_\_  
 Maximum number of accidents in the prior 3 years: \_\_\_\_\_ Describe major violations in the prior 3 years considered unacceptable : \_\_\_\_\_

Over the last 36 months have any of your drivers been involved in an accident resulting in a fatality?  Yes  No If yes, provide date(s) and details of loss.

## Loss Control & Safety Management

Loss Control / Safety Manager:	Years employed in current position:	Years of similar experience:	Percentage of time dedicated to safety: _____ %
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Is a formal written loss control program in place and being used?  Yes  No If yes, please attach a copy of the formal safety manual, driver's handbook and driver hiring guidelines, if applicable.

How many times during the year are driver safety meetings held? \_\_\_\_\_ Are drivers required to attend?  Yes  No

Is an accident investigation conducted on all losses by the loss control manager or owner?  Yes  No

Are accident reviews conducted with the driver including disciplinary or corrective action if needed?  Yes  No

Are MVRs ordered and previous employment verified prior to hiring a driver?  Yes  No

Have you registered for PSP to assist with pre-employment screening of all drivers?  Yes  No

Are written minimum hiring standards including years experience and MVR requirements in place and being used?  Yes  No  
 If yes, please attach a copy.

Is a formal driver disciplinary policy in place and being used?  Yes  No If yes, please attach a copy

Is written scheduled maintenance required for all vehicles?  Yes  No

Is a formal written maintenance program in place and being used?  Yes  No

Are drivers required to complete pre-trip inspections?  Yes  No

Do you perform any repairs or maintenance on your vehicles including trailers?  Yes  No

If yes, list the types of repairs and maintenance performed:  
 Include the name and location of the repair shop used for all other repairs and maintenance:

Total number of full time mechanics:	Number that are certified:	Number of master mechanics:
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Is work performed on non-owned vehicles?  Yes  No  
 If yes, please provide details including total revenue generated and types of work performed.

Are you operating your power units with speed governors?  Yes  No If yes, what is the set speed?

Are power units equipped with fender mirrors?  Yes  No

Are power units equipped with alarms?  Yes  No Are trailers equipped with alarms?  Yes  No

Are trailers left loaded overnight away from the described terminal(s)?  Yes  No If yes, please provide details:

Are non-employee passengers allowed? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, is passenger accident coverage in place? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your safety program include driving incentive/safety awards? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please describe:			
Does your safety program include incentives for violation free inspections? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please describe:	
Do your driver and equipment files conform to DOT requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are road tests required for all prospective drivers? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is the safety manager required to conduct these tests? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are power units equipped with electronic on-board recorders? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are power units equipped with GPS tracking systems? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are trailers equipped with GPS tracking systems? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you use road observation services (i.e. 1-800, Driver Check, etc.) or electronic monitoring (i.e. Nextel, Peoplenet)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Describe:			
Do you utilize dashboard cameras? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you involved in a drug/alcohol testing program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Percentage of owner operators used? % If used, please answer each of the following questions:			
Are owner operators required to adhere to the same maintenance program as owned equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No		How often?	
Is the equipment inspected by the insured? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are equipment files maintained by the insured? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are driver files maintained by the insured? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are permanent and exclusive lease agreements used? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please attach a copy	
Are trip lease agreements used? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does the applicant report all owner operator miles and are they included on the fuel tax reports provided? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you use subhaulers? <input type="checkbox"/> Yes <input type="checkbox"/> No What is total cost of hire? (Provide a copy of the subhaul agreement.)			
<b>Coverages (Select all that apply)</b>			
<input type="checkbox"/> Auto Liability Coverage Combined Single Limit		<input type="checkbox"/> Deductible:	
<input type="checkbox"/> Uninsured Motorists Limit (CSL):		<input type="checkbox"/> Underinsured Motorists (If rated separately) Limit:	
<input type="checkbox"/> Personal Injury Protection (PIP) Limit:			
<input type="checkbox"/> Medical Payments		Limit Per Person:	
<input type="checkbox"/> Physical Damage (Attach an equipment schedule with actual cash values)		Deductibles: Comprehensive \$ Collision \$	
<input type="checkbox"/> Non-Owned Trailer Physical Damage: Max Value \$		Maximum number of non-owned trailers in possession at any one time:	
<input type="checkbox"/> Trailer Interchange: Limit of Insurance:		Number of trailer days per year:	
Comprehensive Deductible: \$		Collision Deductible: \$	
<input type="checkbox"/> Hired Auto Liability Estimated Cost of Hire:		OR <input type="checkbox"/> Required by Contract Only	
<input type="checkbox"/> Non-owned Trailer Coverage: Maximum Value:		Number of Trailers:	
<input type="checkbox"/> Non-Owned Liability Number of Employees:			
<input type="checkbox"/> Cargo (Complete and attach Cargo Supplemental Application)			
<input type="checkbox"/> General Liability (Complete and attach Supplemental Application for General Liability Coverage)			

<b>Equipment</b>										
TYPE (Attach a complete vehicle schedule including GVW for all straight trucks.)	Company Owned			Long Term Leased Without Driver			Permanently Leased With Driver (Owner Operated)			
Tractors										
Trucks										
Light Service										
Private Passenger										
Dry Van Trailers										
Refrigerated Trailers										
Flatbed Trailers										
Bottom Dump or Hopper Trailers										
End Dump Trailers										
Tank Trailers										
Other Trailer Type										
Total Insured Value – Power Units:				Total Insured Value – Trailers:						
<b>Exposure History</b>										
Year	Revenue	Mileage <small>Fuel tax reports are required for each of the past four quarters.</small>			Number of Power Units	Fleet Total Insured Value				
Projected										
Expiring										
1 <sup>st</sup> Prior										
2 <sup>nd</sup> Prior										
3 <sup>rd</sup> Prior										
Average annual miles per revenue unit:				Average annual gross revenue per revenue unit:						
<b>Loss Experience</b>										
<b>Complete the following Summary and attach currently valued company loss runs. A minimum of four years of experience is required (Five years preferred).</b>										
Policy Period		Number of Occurrences				Total Incurred (paid, reserve & expense)				
From	To	Liability	Phys Dam	Cargo	Gen Liab	Liability	Phys Dam	Cargo	Gen Liab	
Describe all losses in excess of \$ 50,000. Please include the driver's name and date of loss:										
List the current deductible amount for each line of coverage:										
Auto Liability:		Physical Damage:			Cargo:			General Liability:		

COMMENTS:

**NOTICE TO ARIZONA APPLICANTS:** AS DESCRIBED IN ARIZONA REVISED STATUTE 20-2104(D), A CREDIT REPORT OR OTHER INVESTIGATIVE REPORT ABOUT YOU MAY BE REQUESTED IN CONNECTION WITH THIS APPLICATION FOR INSURANCE. ANY INFORMATION WHICH WE HAVE OR MAY OBTAIN ABOUT YOU OR OTHER INDIVIDUALS LISTED AS POLICYHOLDERS ON OUR POLICY WILL BE TREATED CONFIDENTIALLY. HOWEVER, THIS INFORMATION, AS WELL AS OTHER PERSONAL OR PRIVILEGED INFORMATION SUBSEQUENTLY COLLECTED, MAY UNDER CERTAIN CIRCUMSTANCES, BE DISCLOSED WITHOUT PRIOR AUTHORIZATION TO NON-AFFILIATED THIRD PARTIES. WE MAY ALSO SHARE SUCH INFORMATION WITH AFFILIATED COMPANIES FOR SUCH PURPOSES AS CLAIMS HANDLING, SERVICING, UNDERWRITING AND INSURANCE MARKETING. YOU HAVE THE RIGHT TO SEE PERSONAL INFORMATION COLLECTED ABOUT YOU, AND YOU HAVE THE RIGHT TO CORRECT ANY INFORMATION WHICH MAY BE WRONG. ALSO, PURSUANT TO ARIZONA REVISED STATUTE 20-2104(C), IF YOU ARE INTERESTED IN OBTAINING A COMPLETE DESCRIPTION OF OUR INFORMATION PRACTICES, AND YOUR RIGHTS REGARDING INFORMATION WE COLLECT, PLEASE WRITE US AT THE ADDRESS PROVIDED WITH YOUR POLICY.

**NOTICE TO CALIFORNIA APPLICANTS:** ANY PERSON WHO KNOWINGLY MAKES AN APPLICATION FOR MOTOR VEHICLE INSURANCE COVERAGE CONTAINING ANY STATEMENT THAT THE APPLICANT RESIDES OR IS DOMICILED IN THIS STATE WHEN, IN FACT, THAT APPLICANT RESIDES OR IS DOMICILED IN A STATE OTHER THAN THIS STATE, IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES. AN INSURER WHICH REFUSES TO PROVIDE COVERAGE TO AN APPLICANT WHO IS A "GOOD DRIVER" MUST PROVIDE THE APPLICANT WITH WRITTEN STATEMENT OF THE REASONS IT DENIED COVERAGE. IN GENERAL, UNDER CALIFORNIA LAW A GOOD DRIVER IS A PERSON WHO HAS NOT HAD MORE THAN ONE VIOLATION POINT OR MORE THAN ONE AT-FAULT ACCIDENT RESULTING IN ONLY PROPERTY DAMAGE IN THE LAST THREE YEARS.

**NOTICE TO COLORADO APPLICANTS:** IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR REWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

**NOTICE TO FLORIDA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

**I understand this application is not a binder unless indicated as such on this form by the brokering agent.**

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

\_\_\_\_\_  
Date Application Completed

**BROKERING  
AGENT'S  
REGISTER #**

**This application is in compliance with Section 626.752, Florida Statutes. A copy has been furnished to the applicant or insured and coverage is**

**Bound effective** \_\_\_\_\_ (time) \_\_\_\_\_ (date);  **Not Bound**

**Binder must be approved by Authorized Licensed Representative of Carolina Casualty Insurance Company.**

\_\_\_\_\_  
Signature of Producing Agent

\_\_\_\_\_  
Date Application Completed

**NOTICE TO KENTUCKY APPLICANTS:** 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.

APPLICABLE TO BUSINESS AUTO, TRUCKERS AND MOTOR CARRIER: IS/ARE GARAGING LOCATION(S) WITHIN CITY LIMITS?

YES \_\_\_\_\_ NO \_\_\_\_\_ IF NO, PROVIDE NAME(S) OF APPLICABLE TAX TERRITORIES: \_\_\_\_\_

**NOTICE TO MAINE & VIRGINIA APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR DENIAL OF INSURANCE BENEFITS.

**NOTICE TO MICHIGAN APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE OR DEFRAUD ANY INSURER FILES AN APPLICATION OR CLAIM CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION SHALL, UPON CONVICTION, BE SUBJECT TO IMPRISONMENT FOR UP TO ONE YEAR FOR A MISDEMEANOR CONVICTION OR UP TO TEN YEARS FOR A FELONY CONVICTION AND PAYMENT OF A FINE OF UP TO \$5,000.00.

NOTE: CONSUMER ASSISTANCE MATERIAL IS AVAILABLE FROM THE MICHIGAN INSURANCE BUREAU, PO BOX 30220, LANSING, MI 48909-7720; 517-373-0240

**NOTICE TO MINNESOTA APPLICANTS:**

**THE INSURER MAY ELECT TO CANCEL COVERAGE AT ANY TIME DURING THE FIRST 59 DAYS FOLLOWING ISSUANCE OF THE COVERAGE FOR ANY REASON WHICH IS NOT SPECIFICALLY PROHIBITED BY STATUTE.**

**NOTICE TO NEW JERSEY APPLICANTS:**

ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO NEW YORK APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR VEHICLES OR AN INSURANCE COMPANY, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION.

**NOTICE TO OHIO APPLICANTS:**

**ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.**

**NOTICE TO PENNSYLVANIA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE OR DEFRAUD ANY INSURER FILES AN APPLICATION OR CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION SHALL, UPON CONVICTION, BE SUBJECT TO IMPRISONMENT FOR UP TO SEVEN YEARS AND THE PAYMENT OF A FINE OF UP TO \$15,000.

"REPRESENTATIVE OF THE CONSUMER" (APPLICANT)

I ACKNOWLEDGE THAT MY RETAIL BROKER/PRODUCER IS NOT APPOINTED BY CAROLINA CASUALTY INSURANCE COMPANY ("CAROLINA") AND IS ACTING AS MY REPRESENTATIVE, AUTHORIZED TO PRESENT THIS APPLICATION ON MY BEHALF TO A CONTRACTED AND APPOINTED GENERAL AGENT OF "CAROLINA". I UNDERSTAND THAT IN THIS CAPACITY MY BROKER/PRODUCER HAS NO UNDERWRITING OR BINDING AUTHORITY WITH "CAROLINA" AND CAN NOT BIND COVERAGE OR MODIFY THIS APPLICATION OR ANY SUBSEQUENT "CAROLINA" POLICY. ANY BINDER OR POLICY MODIFICATION WILL BE VALID ONLY IF ISSUED BY A CONTRACTED AND APPOINTED GENERAL AGENT OR OTHER AUTHORIZED COMPANY REPRESENTATIVE OR EMPLOYEE OF "CAROLINA". I FURTHER ACKNOWLEDGE THAT MY BROKER/PRODUCER FEE FOR THIS SERVICE IS \$ \_\_\_\_ (ABSENCE OF ENTRY MEANS NONE).

\_\_\_\_\_  
Signature of Broker/Producer

\_\_\_\_\_  
Signature of Applicant

**NOTICE TO SOUTH CAROLINA APPLICANTS** THE INSURER CAN CANCEL THIS POLICY FOR WHICH YOU ARE APPLYING WITHOUT CAUSE DURING THE FIRST 90 DAYS. THAT IS THE INSURER'S CHOICE. AFTER THE FIRST 90 DAYS, THE INSURER CAN ONLY CANCEL THIS POLICY FOR REASONS STATED IN THE POLICY.

IF I AM REQUESTING INSURANCE FOR ANY INDIVIDUALLY OWNED PICKUP TRUCK, PANEL TRUCK, VAN, OR SIMILAR MOTOR VEHICLE, AND I HAVE PREVIOUSLY USED THE VEHICLE(S) IN MY BUSINESS, I HAVE PROVIDED AS AN ATTACHMENT TO THIS APPLICATION EITHER A COPY OF MY BUSINESS LICENSE, OR A COPY OF IRS FORM 1040, SCHEDULE C OR SCHEDULE C-EZ, DETAILING NET PROFIT OR LOSS DERIVED FROM THE LEGITIMATE COMMERCIAL USE OF THE VEHICLE(S). IF I HAVE NOT PREVIOUSLY USED SUCH VEHICLE(S) IN MY BUSINESS, OR IF I HAVE A NEW COMMERCIAL ENTERPRISE, I HAVE READ AND SIGNED THE SOUTH CAROLINA COMMERCIAL AUTO SUPPLEMENT, ACORD 62 SC.

**NOTICE TO UTAH APPLICANTS:** ANY MATTER IN DISPUTE BETWEEN YOU AND THE COMPANY MAY BE SUBJECT TO ARBITRATION AS AN ALTERNATIVE TO COURT ACTION PURSUANT TO THE RULES OF THE AMERICAN ARBITRATION ASSOCIATION OR OTHER RECOGNIZED ARBITRATOR. A COPY OF WHICH IS AVAILABLE ON REQUEST FROM THE COMPANY. ANY DECISION REACHED BY ARBITRATION SHALL BE BINDING UPON BOTH YOU AND THE COMPANY. THE ARBITRATION AWARD MAY INCLUDE ATTORNEY'S FEES, IF ALLOWED BY STATE LAW AND MAY BE ENTERED AS A JUDGMENT IN ANY COURT OF PROPER JURISDICTION.

**NOTICE TO ILLINOIS APPLICANTS:** THE RELIGIOUS FREEDOM PROTECTION AND CIVIL UNION ACT ("THE ACT") PROVIDES THAT THE PARTIES TO A CIVIL UNION ARE ENTITLED TO THE SAME LEGAL OBLIGATIONS, RESPONSIBILITIES, PROTECTIONS AND BENEFITS THAT ARE AFFORDED OR RECOGNIZED BY THE LAWS OF ILLINOIS TO SPOUSES. YOUR POLICY OR CONTRACT PROVIDES PARTIES TO A CIVIL UNION AND A MARRIAGE IDENTICAL BENEFITS AND PROTECTIONS, AS REQUIRED BY THE ACT.

**NOTICE TO NEW HAMPSHIRE APPLICANTS:**

**STATEMENT OF RESIDENCY INCLUDING APPLICABLE EXEMPTIONS**

- (a) A resident is a person who maintains his or her true, fixed and permanent residence within the State of New Hampshire, does not claim residency in any other state for any purpose and who has, through all of his or her actions, demonstrated a current intent to designate that the permanent residence is his or her principal place of physical presence for the indefinite future to the exclusion of all others; or
- (b) A resident is a person who has previously met the conditions of (a) above and who now maintains a permanent residence in New Hampshire for the entire year and has actually spent more than 183 days in New Hampshire during the previous calendar year; or
- (c) A resident is a person who is without a permanent street address due to homelessness, or, a person who is temporarily without a permanent street address due to traveling outside of the state of New Hampshire in a recreational vehicle for a period not to exceed 2 years, and who has met and can demonstrate the requirements of RSA 261:52-b or RSA 261:52-c.
- (d) Exemption from residency may be claimed if:
  - (1) The motor vehicle to be insured is garaged exclusively in New Hampshire; or
  - (2) The individual is on active duty in the military service of the United States and claims New Hampshire as their legal state of residence; or
  - (3) The individual is on active duty in the military service of the United States, currently stationed in New Hampshire, and all vehicles to be insured on this policy are currently garaged in New Hampshire.
- (e) I understand that if I falsely claim for myself or any named insured to be a resident of the State of New Hampshire, or if I claim for myself or any named insured to be entitled to exemption hereunder, I am subject to prosecution, imprisonment of up to one year, a fine of \$2,000 and the denial of coverage for any loss, not occurring in New Hampshire, under the automobile insurance policy for which I am applying.
- (f) I also understand that this statement will be relied upon in connection with future renewals of the automobile insurance policy for which I am applying, and that it is my responsibility to inform my insurance company before my next renewal after I or any named insured ceases to be a New Hampshire resident and that I will be subject to the penalties listed in (d) above if I fail to do so.
- (g) I/we, the applicant(s), has/have read the above and understand the penalties that may apply if I/we falsely claim to be a New Hampshire resident, or if we claim to be entitled to exemption hereunder.

**CHECK ONE:**

I hereby attest that I am, and each named insured is, a resident of the State of New Hampshire as defined in (a) and (b) above and that I maintain a permanent residence located at:

\_\_\_\_\_ New Hampshire \_\_\_\_\_  
Street Address: City (Zip)

or that I, and each named insured, has met and can demonstrate the requirements of RSA 261:52-b or RSA 261:52-c as defined in (c) above.

I hereby claim that I am, and each named insured is entitled to exemption hereunder pursuant to (d) above.

Signed at:

\_\_\_\_\_ New Hampshire \_\_\_\_\_  
Street Address: City (Zip)

**NOTICE TO WYOMING APPLICANTS:** I UNDERSTAND THAT THE AUTOMOBILE INSURANCE THAT I AM BUYING INCLUDES AN AMENDMENT WHICH STATES THAT IF I HAVE A LOSS TO A VEHICLE AND AM PAID FOR THAT LOSS BUT DON'T ACTUALLY REPAIR THE VEHICLE, ANY SUBSEQUENT LOSSES WILL BE PAID WITH THE COST OF THE DAMAGE ASSOCIATED WITH PRIOR LOSSES BEING DEDUCTED.

**NOTICE TO VIRGINIA APPLICANTS:** READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.



**PRIVACY NOTIFICATION:** PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU, IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT RENEWALS. ANY INFORMATION WHICH WE HAVE OR MAY OBTAIN ABOUT YOU OR OTHER INDIVIDUALS LISTED AS POLICYHOLDERS ON YOUR POLICY WILL BE TREATED CONFIDENTIALLY. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION FOR SUCH PURPOSES AS CLAIMS HANDLING, SERVICING, UNDERWRITING AND INSURANCE MARKETING. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM FOR PAYMENT OF A LOSS OR BENEFIT CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH MAY BE, OR IN SOME STATES IS, A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

**COVERAGE HAS NOT COMMENCED.** You, or your agent, may commence coverage only by requesting a licensed general agent of Carolina Casualty Insurance Company to bind coverage. A binder of insurance will be issued by our licensed general agent specifying the date and time coverage will become effective, but in no event shall coverage become effective prior to the date and time you, or your agent, contact a licensed general agent of Carolina Casualty Insurance Company and coverage is bound by him or her.

**Signatures**

I understand this application is not a binder and that binding must be made by an Authorized Licensed Representative of Carolina Casualty Insurance Company.

Signature of Producing Agent \_\_\_\_\_

I hereby authorize Carolina Casualty Insurance Company and/or the Producing Agent to obtain from the proper authority a copy of my Motor Vehicle Report and/or Credit Report for use in rating and/or underwriting the insurance for which I do hereby apply and any renewal thereof. I hereby represent that the named drivers under this policy (names specified on application and/or drivers hired during the term of this insurance) have or will have authorized me to consent on their behalf for the insurer to obtain Motor Vehicle Reports for rating and/or underwriting. **I have read this application and all of the responses are mine and not supplied by the producer, agent or company.**

**I CERTIFY THAT ALL INFORMATION IN THIS APPLICATION AND ANY ATTACHMENTS THERETO ARE TRUE.**

Date Application Completed _____	Name & Address Of Agent _____
Applicant's Signature _____	Agent Registration # _____
Licensed Agent of the Company _____	Agent Phone Number _____
Licensed Agent ID# _____	Agent Signature _____