



INSURANCE IS REQUESTED OF THE COMPANY DESIGNATED BY AN

**EMPIRE FIRE AND MARINE INSURANCE COMPANY**

Omaha, Nebraska

**EMPIRE INDEMNITY INSURANCE COMPANY**

Oklahoma City, Oklahoma

EXECUTIVE OFFICES

13810 FNB Parkway Omaha, Nebraska 68154-5202

New

Renewal of \_\_\_\_\_

REPRESENTED BY:

**RISC, Inc.**

2001 Bryan St., # 2900  
Dallas, Texas 75201

**COMMERCIAL AUTOMOBILE APPLICATION**

Name of Applicant \_\_\_\_\_ Federal I.D. No. \_\_\_\_\_  
(Exact Entity)

Address \_\_\_\_\_  
(Number) (Street) (City) (County) (State) (Zip)

Desired Effective Date \_\_\_\_\_ to \_\_\_\_\_  
(12:01 a.m. standard time at the address shown above or \_\_\_\_\_ A.M./P.M.)

Applicant is:  Individual  Partnership  Corporation  Other: \_\_\_\_\_

Applicant's Business \_\_\_\_\_ Years Experience in This Business \_\_\_\_\_

Location To Be Inspected (include directions if necessary) \_\_\_\_\_

Inspection Contact Person \_\_\_\_\_ Phone No. \_\_\_\_\_

Estimate of Financial Worth \$ \_\_\_\_\_ Gross Receipts Last Yr. \$ \_\_\_\_\_ Estimate For Next Yr. \$ \_\_\_\_\_

**DESCRIPTION AND AREA OF OPERATIONS**

Describe your operation including products or items hauled and normal routes \_\_\_\_\_

Do you ever: Transport hazardous products? \_\_\_\_\_ Do repossession? \_\_\_\_\_ Have emergency Use? \_\_\_\_\_ Explain YES responses in REMARKS below.

List all states entered: \_\_\_\_\_

Maximum radius \_\_\_\_\_ miles. Largest cities entered or driven through \_\_\_\_\_

Do you haul for others? \_\_\_\_\_ If yes, for whom? \_\_\_\_\_

Is insurance to apply to all owned and leased vehicles? \_\_\_\_\_ If not, explain in REMARKS below. Number of vehicles owned \_\_\_\_\_

Do you hire any equipment? \_\_\_\_\_ If yes, what is Estimated Annual Cost of Hire? \_\_\_\_\_

**FILINGS – CERTIFICATES – ADDITIONAL INSURERS**

For prompt and accurate filing(s), complete information must be given including **exact name and address** and Docket No. under which authority exists. Failure to do so will result in delays and suspensions. Use separate sheet if necessary.

Do you have an I.C.C. permit? \_\_\_\_\_ If yes, Docket Number? \_\_\_\_\_ Form E? \_\_\_\_\_ Form H? \_\_\_\_\_

State filing(s) required? (Show states, permit numbers and indicate Form E, H, etc.) \_\_\_\_\_

Show exact name in which permits are issued: \_\_\_\_\_

Are any Additional Insureds needed to be named on policy? \_\_\_\_\_ If so, give full name and address and their interest in this coverage: \_\_\_\_\_

Are any certificates of insurance needed? \_\_\_\_\_ If yes, show name, address and any special instructions: \_\_\_\_\_

**PREVIOUS INSURERS AND LOSS EXPERIENCE**

Has insurance of the type applied for ever been cancelled, declined or renewal refused (not applicable in MO)? \_\_\_\_\_

If yes, explain fully in REMARKS giving name of insurance companies, dates and reason for cancellation or refusal.

**LOSS EXPERIENCE AND EXPOSURE INFORMATION - Current and Previous 3 Years. MUST BE COMPLETED FULLY.**

Policy Period		Name of Insurance Company	Number Of Vehicles	Premium Paid		Total No. of Losses	Losses Paid and Reserves			
From	To			BI/PD and Med Pay	Physical Damage		BI/PD and Med Pay	No. of Losses	Physical Damage	No. of Losses

**REMARKS**

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Do you hire any drivers under 23? \_\_\_\_\_ Do you hire any drivers over 65? \_\_\_\_\_ Is equipment owner driven only? \_\_\_\_\_  
 Do you hire any physically impaired drivers? \_\_\_\_\_  
 Is a physical examination completed? \_\_\_\_\_ Is a check made of previous employment? \_\_\_\_\_  
 Are drivers paid by the load? \_\_\_\_\_ Hourly? \_\_\_\_\_ % of the gross? \_\_\_\_\_  
 List all drivers both full and part time. (Attach schedule if more space is Needed)

DRIVERS NAME	Date Employed	Date of Birth	Drivers License		STATE <input type="checkbox"/>	No. Years Commercial Experience	LIST ACCIDENTS/VIOLATIONS (3 years)
			Social Security No.				
			DL#				
			SS#				
			DL#				
			SS#				
			DL#				
			SS#				
			DL#				
			SS#				
			DL#				
			SS#				

**IMPORTANT NOTICE: ALL NEW DRIVERS HIRED DURING THE TERM OF THIS POLICY MUST BE IMMEDIATELY REPORTED TO THE COMPANY. FAILURE TO REPORT MAY RESULT IN TERMINATION OF THIS POLICY. REPORT NEW DRIVER TO YOUR AGENT.**

	COVERAGES	LIMITS OF INSURANCE	PREMIUM
LIABILITY	Bodily Injury and Property Damage (CSL)	\$ each Accident	
	<b>OR</b>		
	Bodily Injury	\$ each Person \$ each Accident	
	Property Damage	\$ each Accident	
	Medical Payments	\$ each Person	
	Uninsured and / or Underinsured Motorists Coverage*	\$ (Indicate Limits and Coverage Applicable)	
	Personal Injury Protection*	\$ each Person	
Property Protection (Michigan Only)			
PHYSICAL DAMAGE			
	Specified Causes of Loss	Stated Amount less \$ Deductible	
	Collision	Stated Amount less \$ Deductible	
MISC.	Cargo	\$ each loss less \$ Deductible	
	Other		
	<b>TOTAL</b>		



**TEXAS UNINSURED/UNDERINSURED MOTORISTS INSURANCE AND  
PERSONAL INJURY PROTECTION COVERAGE  
Rejection/Selection Form**

Return Premium (if any) \$ \_\_\_\_\_

NAMED INSURED: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

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**REJECTION OF PERSONAL INJURY PROTECTION  
(Personal Injury Protection Coverage is Optional)**

- I/we reject Personal Injury Protection Coverage.

\_\_\_\_\_  
Date

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

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**REJECTION/SELECTION OF UNINSURED/UNDERINSURED  
MOTORISTS INSURANCE**

- I/we reject Uninsured/Underinsured Motorists Coverage in its entirety.

- I/we select Uninsured/Underinsured Motorists Coverage for \$20,000. each person/ \$40,000. each occurrence Bodily Injury Liability (excluding Property Damage Liability).

- I/we select Uninsured/Underinsured Motorists Coverage for \$20,000. each person/ \$40,000. each occurrence Bodily Injury Liability and \$15,000. Property Damage as prescribed in the Texas Motor Vehicle Safety-Responsibility Act.

- I/we select Uninsured/Underinsured Motorists Coverage for a Combined Single Limit of \$55,000.

- I/we select Uninsured/Underinsured Motorists Coverage for \$\_\_\_\_\_. each person/ \$\_\_\_\_\_.  
\_\_\_\_\_. each occurrence Bodily Injury Liability and/or \$\_\_\_\_\_. Property Damage. (Limits  
not to exceed the Bodily Injury and Property Damage Limits specified in your liability policy.)

\_\_\_\_\_  
Date

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

## DECLINATION OF TERRORISM COVERAGE AND PREMIUM PAYMENT

The Terrorism Risk Insurance Act of 2002 mandates that you be provided the opportunity to obtain coverage for certified acts of terrorism as defined by that act. To obtain that coverage, you must remit the premium specified on the notification you received informing you of the availability of coverage. You may reject this coverage for any or all of the lines of business shown below. To reject coverage, simply mark the box in front of the line, sign and date this form, and return to us.

**Note:** Failure to sign and return this form will not place coverage in effect. Coverage can only be in Force if the required premium has been paid.

- |                          |                                                                                                   |
|--------------------------|---------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Auto (including liability, physical damage, uninsured motorists, and personal injury protection). |
| <input type="checkbox"/> | Property                                                                                          |
| <input type="checkbox"/> | General Liability                                                                                 |
| <input type="checkbox"/> | Inland Marine (including cargo)                                                                   |
| <input type="checkbox"/> | All coverages (If this box is checked, there is no need to check any other.)                      |

Signing and returning this form, or not paying the required premium, will result in an endorsement to your policy excluding coverage for certified acts of terrorism.

\_\_\_\_\_  
Policy

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

EM 11 19 (03/03)