

## GENERAL INFORMATION

Insured Name:		Date:	
Deductible	\$1,000 <input type="checkbox"/>	\$2,500 <input type="checkbox"/>	Other: \$ <input type="checkbox"/>
Single Conveyance Limit		CAT Limit	

## OPERATIONS

Number of Drivers		Number of Trailers	
Average Age of Trailer		Oldest Trailer in Use	
Is GPS Monitored in Trucks?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
If Yes, Describe:			
Terminal Location	Street:	City:	State: Zip:
Maximum Capacity of Trailer:	Maximum Value in Trailer at once: \$		
Number of Trailers by Type	Single Trailer:	Stacked Trailer:	
Is a standard Bill of Lading used for all trips?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>

## TRANSPORTATION

Average Distance Traveled:		Maximum Distance Traveled:			
Percentage of hauls by distance	1-250 miles: %	251-1000 miles: %	1000+ miles: %		
Are cars inspected prior to being loaded onto flatbed?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>		
If Yes, by whom?:					

NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE. 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. 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 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 AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer Signature: \_\_\_\_\_ Producer Name (Please Print): \_\_\_\_\_

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[www.AcadiaInsurance.com](http://www.AcadiaInsurance.com)



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