

**ROCKWOOD  
CASUALTY INSURANCE COMPANY**

CO 497

**COAL TRUCKERS' COMMERCIAL AUTOMOBILE APPLICATION**

QUOTATION REQUESTED BY \_\_\_\_\_ (DATE)  ISSUE POLICY

AGENCY BILL  DIRECT BILL  INSTALLMENTS

**GENERAL INFORMATION**

AGENCY NAME \_\_\_\_\_ CODE NO. \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

NAME OF APPLICANT AND TRADE NAME \_\_\_\_\_

COMPLETE ADDRESS \_\_\_\_\_

EFFECTIVE DATE \_\_\_\_\_ BOUND:  YES  NO IF YES, TIME/DATE \_\_\_\_\_

APPLICANT IS:  INDIVIDUAL  CORPORATION  PARTNERSHIP  OTHER \_\_\_\_\_

FEDERAL I.D. NO. \_\_\_\_\_

1. IS APPLICANT REQUIRED TO CARRY AN ICC FILING?  YES  NO
2. IS PUC FILING REQUIRED?  YES  NO IF YES, DOCKET NO. \_\_\_\_\_
3. HOW LONG HAS APPLICANT BEEN ENGAGED IN BUSINESS? \_\_\_\_\_
4. WHAT IS MAXIMUM OPERATING RADIUS IN MILES? \_\_\_\_\_
5. HOW MANY TRIPS MADE DAILY? \_\_\_\_\_
6. NAME OTHER STATE APPLICANT IS LICENSED IN? \_\_\_\_\_
7. DESCRIBE BELOW MAINTENANCE AND INSPECTION METHODS AND FACILITIES USED BY APPLICANT  
\_\_\_\_\_  
\_\_\_\_\_

A. WHERE LOCATED \_\_\_\_\_

B. NAME OF FACILITY \_\_\_\_\_

SPECIFY COMMODITIES HAULED AND PERCENTAGE THEREOF \_\_\_\_\_

DO YOU TRANSPORT COMMODITIES CONSIDERED HAZARDOUS OR EXPLOSIVE? \_\_\_\_\_

**LIMITS AND DEDUCTIBLES:** LIABILITY LIMITS \_\_\_\_\_ COMP. DED. \_\_\_\_\_ COLL. DED. \_\_\_\_\_

**VEHICLE INFORMATION**

VEH. NO.	YEAR	TRADE NAME	BODY TYPE	GROSS WT (lbs)	SERIAL NO.	GARAGE LOC.	STATE OF REG.	COST NEW	COMP. DED.	COLL. DED.	HEATED BED
1.											
2.											
3.											
4.											
5.											

**DRIVER INFORMATION INCLUDING OWNERS**

1. NAME	LIC. NO.	ALL ACCIDENTS LAST 3 YEARS
DOB	DATE LIC.	ALL SUSPENSIONS & VIOLATIONS LAST 3 YEARS
ANY IMPAIRMENTS, IF YES EXPLAIN <input type="checkbox"/> YES / <input type="checkbox"/> NO		
NO. OF YEARS EXPERIENCE DRIVING TRI-AXLE		ALL ACCIDENTS LAST 3 YEARS
DOES INSURED HAVE HIS OWN FAMILY AUTO POLICY <input type="checkbox"/> YES / <input type="checkbox"/> NO		
2. NAME	LIC. NO.	ALL ACCIDENTS LAST 3 YEARS
DOB	DATE LIC.	ALL SUSPENSIONS & VIOLATIONS LAST 3 YEARS
ANY IMPAIRMENTS, IF YES EXPLAIN <input type="checkbox"/> YES / <input type="checkbox"/> NO		
NO. OF YEARS EXPERIENCE DRIVING TRI-AXLE		ALL SUSPENSIONS & VIOLATIONS LAST 3 YEARS
DOES INSURED HAVE HIS OWN FAMILY AUTO POLICY <input type="checkbox"/> YES / <input type="checkbox"/> NO		

3. NAME		LIC. NO.	ALL ACCIDENTS LAST 3 YEARS
DOB	DATE LIC.	ANY IMPAIRMENTS, IF YES EXPLAIN <input type="checkbox"/> YES / <input type="checkbox"/> NO	ALL SUSPENSIONS & VIOLATIONS LAST 3 YEARS
NO. OF YEARS EXPERIENCE DRIVING TRI-AXLE		DOES INSURED HAVE HIS OWN FAMILY AUTO POLICY <input type="checkbox"/> YES / <input type="checkbox"/> NO	
4. NAME		LIC. NO.	ALL ACCIDENTS LAST 3 YEARS
DOB	DATE LIC.	ANY IMPAIRMENTS, IF YES EXPLAIN <input type="checkbox"/> YES / <input type="checkbox"/> NO	ALL SUSPENSIONS & VIOLATIONS LAST 3 YEARS
NO. OF YEARS EXPERIENCE DRIVING TRI-AXLE		DOES INSURED HAVE HIS OWN FAMILY AUTO POLICY <input type="checkbox"/> YES / <input type="checkbox"/> NO	

**LOSS EXPERIENCE (PAST 3 YEAR HISTORY)**

POLICY YEAR	PREVIOUS CARRIER	AUTO LIABILITY			AUTO PHYSICAL DAMAGE		
		PREMIUM	LOSSES	NO. OF ACCIDENTS	PREMIUM	LOSSES	NO. OF ACCIDENTS

HAS MOTOR VEHICLE INSURANCE BEEN CANCELLED, DECLINED OR NON-RENEWED FOR ANY REASON DURING THE LAST 3 YEARS OR IS A CANCELLATION OR NON-RENEWAL NOW PENDING?  YES  NO IF YES, EXPLAIN \_\_\_\_\_

THE INFORMATION BELOW WILL BE PERTINENT IN DETERMINING, IN THE EVENT OF A LOSS, WHETHER YOUR COVERAGE IS PRIMARY OR EXCESS. IN THIS INSTANCE, THE DEFINITION OF LESSEE MEANS THE COMPANY OR THE INDIVIDUAL YOU ARE HAULING FOR.

NAME AND ADDRESS OF OTHERS THAT YOU LEASE VEHICLES TO:	DOES LESSEE HAVE HIS/HER OWN PUC AND DO YOU HAUL UNDER IT?	DOES LESSEE REQUIRE TO BE NAMED AS ADDITIONAL INSURED?	ARE CERTIFICATES OF INSURANCE REQUIRED?

IF A LESSEE LISTED ABOVE REQUIRES TO BE ADDED AS AN ADDITIONAL NAMED INSURED, PLEASE ATTACH A COPY OF THE LEASE AGREEMENT.

HIRED AUTOMOBILE COVERAGE COST OF HIRE \$ \_\_\_\_\_ IF ANY BASIS \_\_\_\_\_

EMPLOYERS NON-OWNERSHIP LIABILITY: TOTAL NUMBER OF EMPLOYEES  
 1-25  26-100  101-500  501-1,000  OVER 1,000

LOSS PAYEE INFORMATION	NAME, ADDRESS & ZIP
1.	
2.	
3.	
4.	

ATTACHED PHOTOGRAPHS OF VEHICLES – FRONT, BACK AND SIDES.

COMPLETE THE ATTACHED SELECTION FORM FOR FIRST PARTY BENEFITS AND UM COVERAGES.

IN COMPLIANCE WITH PUBLIC LAW 91-508, AS PART OF OUR UNDERWRITING PROCEDURE, AN INQUIRY MAY BE MADE WHICH WILL PROVIDE APPLICABLE INFORMATION CONCERNING CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS AND MODE OF LIVING. UPON WRITTEN REQUEST, ADDITIONAL INFORMATION AS TO THE NATURE AND SCOPE OF THE REPORT, WILL BE PROVIDED.

I HEREBY DECLARE TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT ALL OF THE FOREGOING STATEMENTS IN THIS APPLICATION ARE TRUE AND THAT THESE STATEMENTS ARE OFFERED AS AN INDUCEMENT TO THE COMPANY TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

I HEREBY AUTHORIZE ROCKWOOD CASUALTY INSURANCE COMPANY TO ORDER A MOTOR VEHICLE RECORD ON MYSELF AND ANY MEMBER OF MY FIRM LISTED ON THIS APPLICATION

MUST BE SIGNED BY APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_  
(PERSONAL SIGNATURE OF APPLICANT)

I HEREBY CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT THE ABOVE SIGNATURE IS THE PERSONAL SIGNATURE OF THE APPLICANT.

MUST BE SIGNED BY REPRESENTATIVE \_\_\_\_\_ DATE \_\_\_\_\_  
(SIGNATURE OF REPRESENTATIVE)

## FRAUD STATEMENTS

### PLEASE READ THE STATEMENT APPLICABLE TO YOUR STATE. IF YOUR STATE IS NOT LISTED, PLEASE READ THE STATEMENT APPLICABLE TO ALL OTHER STATES.

**All Other States:** 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, HI, NE, OH, OK, OR, VT, IN, DC, LA, ME and VA, insurance benefits may also be denied).

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV:** Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO:** 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 award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK:** 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)\*. \*Applies in FL Only.

**Applicable in KS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA:** Any person who knowingly and with intent to defraud any insurance company or other 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 hereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA:** 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 and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**Applicable in UT:** Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.