

# Drive-Away Application

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

1. Name (and "dba") \_\_\_\_\_  
 Individual/Proprietorship    Partnership    Corporation    Other      Business Phone Number \_\_\_\_\_
2. Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
3. Premises Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
4. Person to contact for inspection (name and phone number) \_\_\_\_\_
5. 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**

6. Describe business \_\_\_\_\_  
 Years experience \_\_\_\_\_ New Venture?  Yes    No
7. Is this your primary business?  Yes    No      If no, explain \_\_\_\_\_
8. Have you ever filed for Bankruptcy?  Yes    No      If yes, when \_\_\_\_\_ Explain \_\_\_\_\_
9. Gross receipts last year \_\_\_\_\_ Estimate for coming year \_\_\_\_\_ Business for sale?  Yes    No
10. Do you operate in more than one state?  Yes    No      If yes, list states \_\_\_\_\_
11. 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 \_\_\_\_\_

<b>LOSS EXPERIENCE — Provide prior insurance carriers information for past full three years.</b>										
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 **ATTACH 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? \_\_\_\_\_ %

## SELECTION OF LIMITS FOR UNINSURED/UNDERINSURED MOTORISTS COVERAGE (Virginia)

Virginia Insurance Code Section 38.2-2206 provides that policies of insurance which provide bodily injury or property damage liability insurance relating to the ownership, maintenance or use of a motor vehicle issued or delivered in the Commonwealth of Virginia must provide Uninsured motor vehicle coverage in limits not less than \$25,000 because of bodily injury to or death of one person in any one accident and \$50,000 because of bodily injury to or death of two or more persons in any one accident, and \$20,000 because of injury to or destruction of property of others in any one accident. Such policies must also provide coverage for bodily injury or property damage caused by the operation or use of an Underinsured motor vehicle.

Under Virginia law, the limits of Uninsured/Underinsured motorist coverage must equal the limits of the liability insurance provided by your policy unless additional coverage is rejected by any one named insured. Therefore, if you purchase liability insurance in amounts greater than the state mandated minimum limits of \$25,000/50,000/20,000, your Uninsured/Underinsured motorist coverage limits will equal these greater limits.

If you purchase liability insurance limits in excess of \$25,000/50,000/20,000 you may reject the increased limits of Uninsured/Underinsured motorist coverage. If you reject the increased limits of Uninsured/Underinsured motorist coverage you must at a minimum purchase the state-mandated limits of \$25,000/50,000/20,000. You may also choose to purchase Uninsured/Underinsured motorist coverage limits in excess of the state-mandated minimum amount yet less than your liability insurance limits. Ask your producer for coverage limits offered.

The rejection of the additional limits of Uninsured/Underinsured motorist insurance by any one named insured is binding on all insureds under such policy.

In accordance with the Virginia law, the undersigned insured (and each of them):

**(Applicable item marked )**

- Selects Uninsured/Underinsured motor vehicle coverage limits in the amount of \$25,000/50,000/20,000. These are the lowest coverage limits which may be purchased by law.
- Selects Uninsured/Underinsured motor vehicle coverage limits which are **lower** than the liability limits under the policy but higher than the state-mandated minimum limits. Selected limits for Uninsured/Underinsured motorist coverage are:

(Enter limits if a separate limit of liability applies)

\$ \_\_\_\_\_ Bodily Injury each person  
\$ \_\_\_\_\_ Bodily Injury each accident  
\$ \_\_\_\_\_ Property Damage each accident

(Enter limit if a single limit of liability applies)

\$ \_\_\_\_\_ Each accident

### MEDICAL EXPENSE AND INCOME LOSS BENEFITS SELECTION

**Medical Expense Benefits** - Choose one:

- Reject**
- Accept**      If accepting, choose one:     \$500       \$1000       \$2000       \$5000

**Income Loss Benefits** - Choose one:

- Reject**
- Accept**

I have indicated my choice above ("X" indicates my choice):

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Policy Number

(Until you advise us otherwise in writing, your choices, as indicated above, will continue regardless of any addition or change in Auto coverage on your current policy or addition of any Scheduled Autos.)

**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? \_\_\_\_\_

**IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.**

\_\_\_\_\_  
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.