Connecticut Commercial Automobile Application

This application must be executed by the applicant, if an individual, or an officer or authorized representative of the applicant's company. All answers must be completed.

Is this an application for a quotation? □ Yes □ No

Is this an application for a bound policy? □ Yes □ No

If Yes, what is the policy number?

Corporate or Individual Name (Include DBA): _______________________________ FEIN: *

Mailing Address: _______________________________ Contact: _______________________________

Telephone No.: (___) _______ E-Mail Address: _______________________________ Fax No.: (___) _______

List commodities carried:

□ Motor Carrier □ Dump & Transit Mix □ Time Sensitive □ Food Delivery □ Waste Disposal
□ Contractor □ Other (Specify) _______________________________ Years in business: _____

Fully describe your operation: _______________________________

Provide the name(s) of any transportation entity(ies) not covered under this application in which the named insured or any of its officers, directors, partners or stockholders have a direct or indirect ownership interest. If none, state none: ______

Do you haul your own products? □ Yes □ No

Do you haul products of others? □ Yes □ No

If both, indicate the percentage of each: Own _____% Other _____%

Coverage & Limits Requested - All quotations will be for specified autos only

<table>
<thead>
<tr>
<th>Liability</th>
<th>Uninsured Motorists</th>
<th>Underinsured Motorists</th>
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</thead>
<tbody>
<tr>
<td>$75,000 CSL</td>
<td>$25,000/$50,000</td>
<td>$25,000/$50,000</td>
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<tr>
<td>$100,000 CSL</td>
<td>$75,000 CSL</td>
<td>$50,000 CSL</td>
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<td>$300,000 CSL</td>
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Physical Damage

□ Comprehensive
□ Collision

Physical Damage Deductible

□ $250 □ $2,000
□ $500 □ $3,000
□ $1,000

Tow Truck On Hook Coverage **

□ $25,000 □ Other (Specify) $ _______________________

** Subject to a $500 per accident deductible

□ Yes □ No Hired Car  If Yes, complete Hired Car Application

□ Yes □ No Non-Ownership  If Yes, complete Non-Ownership Application

* A Federal Employer Identification Number is required for each corporate entity
FILING INFORMATION

In order for a prompt and accurate filing to be made, we require complete and correct information, including name, address and docket number under which authority exists. Use separate sheet if necessary.

ALL FILINGS REQUIRE SUBMISSION OF CURRENT FINANCIAL STATEMENT PREPARED BY A CPA PRIOR TO QUOTING

Do you hold a Federal Filing?  □ Yes  □ No
If Yes, what is the Docket Number?

Do you hold any state filings?  □ Yes  □ No
If Yes, show states and permit numbers:

Are special filings required?  □ Yes  □ No  If Yes, specify:

Show exact name in which filings or permits are issued:

Have you ever had authority withdrawn or been under probation by any operating authority?  □ Yes  □ No
If Yes, give full details:

GENERAL INFORMATION

List all states in which your vehicles operate:

What is the maximum radius of operation from garage location for your vehicles?  ___________ miles
What is the regular radius of operation from garage location for your vehicles?  ___________ miles

Do you transport or allow others to transport under your authority any of the following?  □ Gasoline  □ Explosives  □ LPG
□ Chemicals (Specify)  □ Other Hazardous Materials (Specify)

□ Yes  □ No  Do you own any autos not shown on SCHEDULE portion of application?  If Yes, attach a separate list.

□ Yes  □ No  Do you pull double trailers?

□ Yes  □ No  Do you pull triple trailers?

□ Yes  □ No  Are oversized or overweight commodities hauled?

□ Yes  □ No  Do you barter, hire or lease any vehicles?

□ Yes  □ No  Do you service your own vehicles?  If No, who services them?

□ Yes  □ No  Are scheduled safety meetings conducted?  If Yes, how often?

□ Yes  □ No  Do all drivers carry accident report forms?

□ Yes  □ No  Are all accident reports completed in a timely manner?

□ Yes  □ No  Are all accidents reviewed with driver?

□ Yes  □ No  Are driver logs kept?

□ Yes  □ No  Are your procedures and systems in compliance with regulatory requirements?

□ Yes  □ No  Are you or your firm a subsidiary of another entity?  If Yes, specify:

□ Yes  □ No  Are vehicles leased to others with driver?

□ Yes  □ No  Are vehicles leased to others without driver?

□ Yes  □ No  Are any vehicles altered or have special equipment?  If Yes, specify:

□ Yes  □ No  Do you obtain MVR verification of all drivers?

□ Yes  □ No  Do you have special driver recruiting?

□ Yes  □ No  Are all drivers covered by Worker's Compensation?  If Yes, provide name and policy number of insurer:

□ Yes  □ No  Do you hire independent contractors or lease vehicles for use in your business?  If Yes, Hired Car Application must be completed.

□ Yes  □ No  Have you ever had insurance for this type of operation canceled, declined or nonrenewed?
If Yes, explain fully on a separate sheet and attach hereto. Be sure to give name(s) of insurance companies, dates and reasons for cancellation or refusal.
**SCHEDULE OF AUTOS YOU OWN** - List all vehicles to be quoted. If more space is required, use **Supplemental Automobile Schedule**.

**IF COVERAGE IS BOUND, COPIES OF ALL REGISTRATIONS WILL BE REQUIRED**

<table>
<thead>
<tr>
<th>Unit #</th>
<th>Year</th>
<th>Trade Name/Model</th>
<th>Vehicle Identification #</th>
<th>Body Type</th>
<th>Cost New*</th>
<th>GVW</th>
<th>Garage Location</th>
<th>State of Registration</th>
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* Must be provided for all vehicles for which Physical Damage Coverage is requested.

Describe below special equipment attached to any vehicle. Include its value under **COST NEW**. Designate by Unit # listed above.

**LOSS EXPERIENCE & PREVIOUS CARRIER INFORMATION** - If no losses, indicate "no losses" under the **Amount Paid** column. Furnish loss information, whether or not covered by commercial insurance, for the past 3 years. Attach Loss Runs.

<table>
<thead>
<tr>
<th>Year</th>
<th>Carrier</th>
<th>Policy #</th>
<th>Premium</th>
<th># of Losses</th>
<th>Amount Paid</th>
<th>Amount Reserved</th>
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**DRIVER INFORMATION** - List all drivers, both full and part time. Include Proprietors. If more space is needed, attach a separate sheet.

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>D.O.B.</th>
<th>License No. &amp; State</th>
<th>Date Employed</th>
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A Motor Vehicle Report must be provided for each driver.

**ACCIDENTS & VIOLATIONS** - If more space is needed, attach a separate sheet.

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<th>Operator</th>
<th>Description</th>
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LOSS PAYEE (if any) If more space is needed, complete Supplemental Loss Payee & Additional Insured Schedule

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<tr>
<th>Unit #</th>
<th>Name</th>
<th>Address</th>
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ADDITIONAL INSURED (if any) If more space is needed, complete Supplemental Loss Payee & Additional Insured Schedule

Check box marked "Lessor" if Additional Insured is a leasing company.

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<tr>
<th>Unit #</th>
<th>Name</th>
<th>Address</th>
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EFFECTIVE DATE DESIRED: ________________________________


DISCLOSURE

LANCER INSURANCE HEREBY PROVIDES NOTICE THAT AN INVESTIGATIVE CONSUMER REPORT INCLUDING INFORMATION AS TO YOUR CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, AND MODE OF LIVING, WHICHEREver ARE APPLICABLE, MAY BE MADE IN CONNECTION WITH YOUR APPLICATION FOR A POLICY OF INSURANCE. I AUTHORIZE LANCER INSURANCE TO OBTAIN SUCH A REPORT, THIS AUTHORIZATION IS VALID FOR FUTURE REPORTS OBTAINED FOR RENEWAL POLICIES. UPON YOUR WRITTEN REQUEST MADE WITHIN A REASONABLE PERIOD OF TIME, LANCER INSURANCE WILL MAKE A COMPLETE AND ACCURATE DISCLOSURE OF THE NATURE AND SCOPE OF ANY SUCH INVESTIGATION IT REQUESTS IN CONNECTION WITH YOUR APPLICATION FOR A POLICY OF INSURANCE. A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT CAN BE FOUND HERE: www.lancerinsurance.com/fcrasummary

FRAUD WARNING

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

Name of Insured
Signature of Insured Date
Title

Name of Broker
Signature of Broker Licensee Date
Address of Broker
( ) Broker's Phone Number

Co-Broker's Name, Address and Phone Number