

Roush Insurance Services, Inc.

PO Box 1060 • Noblesville, IN 46061-1060
 Phone: (800) 752-8402 • Fax: (317) 776-6891
 www.roushins.com • Email: quote@roushins.com

Agency _____ Phone _____
 Address _____ Fax _____
 City _____ State _____ Zip _____

Drive-A-Way/Toter Supplemental Application (Complete in addition to the Commercial Automobile Application)

Applicant Name: _____

Motor Carrier Number: _____

1. Account Profile

	Current Year Estimate	Next Year Estimate	First Prior Year	Second Prior Year
Revenue				
Total number of miles				
Total number of deliveries				

2. Transporter Plates

	Current Year Estimate	Next Year Estimate	First Prior Year	Second Prior Year
Total number of transporter plates				
Average number of transporter plates on the road at any one time:				
Heavy season				
Light season				

3. Do you own all plates shown on this application?..... Yes No
 If no, list owner: _____

4. How are the plates returned after completion of delivery? _____

5. Radius of Operation

Number of deliveries by mileage:
 Up to 100 miles: _____ 101-300 miles: _____ 301-500 miles: _____
 501-1,000 miles: _____ More than 1,000 miles: _____
 Average distance each way for each delivery: _____
 Maximum miles of any delivery (one way): _____ How often?..... _____ %
 Do deliveries go outside the United States? Yes No
 If yes, describe: _____

6. Do you tow a return vehicle? Yes No

If yes, how often? _____

If yes, list owner: _____

7. How often are units stacked/piggybacked? _____

8. Type of Vehicle Transported

Drive-A-Way Types	Number of Deliveries	Percentage of Total Deliveries
Motorhomes/RVs		%
Tractor/Trailer or Truck/Trailer Combinations		%
Vans/Custom Vans		%
Cars/Private Passengers		%
Luxury or Sports Cars		%
Trucks:		
10,000 GVW		%
10,001 to 20,000 GVW		%
20,001 to 45,000 GVW		%
More than 45,000 GVW		%
Tractors:		
Single Axle		%
Double Axle		%
Buses		%
Other		%

Toters	Number of Deliveries	Percentage of Total Deliveries
Campers/Fifth Wheels		%
Mobile Homes		%
Cars/Private Passengers		%
Luxury or Sports Cars		%
Vans/Custom Vans		%
Motorcycles/ATVs		%
Boats		%
Other		%
Trucks:		
10,000 GVW		%
10,001 to 20,000 GVW		%
20,001 to 45,000 GVW		%
More than 45,000 GVW		%
Trailers, other than Semi-trailers		%
Semi-trailers		%

9. Client Information

	Name	Percentage of Revenue	Number of Deliveries
Manufacturers	1.	1.	1.
	2.	2.	2.
	3.	3.	3.
Dealers	1.	1.	1.
	2.	2.	2.
	3.	3.	3.
Auctions	1.	1.	1.
	2.	2.	2.
	3.	3.	3.
Wholesalers	1.	1.	1.
	2.	2.	2.
	3.	3.	3.
Rental Agencies	1.	1.	1.
	2.	2.	2.
	3.	3.	3.
Others	1.	1.	1.
	2.	2.	2.
	3.	3.	3.

10. Drivers/Operators

Driver's Name	D/C*	Date of Birth	Driver's License No.	State	Class of License	No. of Years Driving Similar Vehicle	Length of Employment	List Past Three Years of Accidents & Traffic Violations

*Designation Code: O—Owner/Officer, P—Partner, E—Employee

11. **Number of full time:** _____ **Number of part time:** _____

12. **Number of employees using their own vehicles when working for applicant:** _____

Are certificates of insurance required? Yes No

13. **Criteria for hiring drivers: Minimum age:** _____ **Years of experience:** _____

Describe MVR standards: _____

14. **Is there an MVR review procedure for potential new hires and for current drivers?**..... Yes No
 If yes, what standards are used when evaluating a driver's MVR for acceptability? _____

15. **Are there written contracts with each driver or operator?**..... Yes No
 Does the contract prohibit unauthorized use of your transporter plates? Yes No
Attach a copy of the contract.

16. Equipment Used by Toters

	Number of Power Units		Number of Units
Tractors		Semi-trailers	
Trucks with fifth wheels		Trailers	
Pickups with fifth wheels		Car Carriers	
Cars/Private Passengers		Other	

17. Drive-A-Way Physical Damage Coverage Limit

Maximum value of any single unit being driven.....\$ _____
 Average value of any single unit being driven:.....\$ _____
 Maximum value on the road at any one time:\$ _____

18. Toter—Cargo Coverage Limit

Maximum value of any single unit being delivered:.....\$ _____
 Average value of any single unit being delivered:\$ _____
 Maximum value on the road at any given time:.....\$ _____

19. Maximum value of all units at any one terminal location:.....\$ _____

Describe security/protective devices at terminal location: _____

ADDITIONAL INFORMATION

20. Management's years of experience in the drive-a-way/toter business:

21. Are there operations other than drive-a-way or toting?..... Yes No
 If yes, please explain: _____

22. Are there any towing or repossession operations?..... Yes No

23. Does applicant have brokerage authority? Yes No
 If yes, is the brokerage authority held under the same name and Motor Carrier number as the drive-a-way or toter operation? Yes No

If no, provide DOT number for the brokerage authority operation: _____

What is the brokerage authority revenue? Most recent twelve (12) months: _____

Next twelve (12) months: _____

FILING INFORMATION

24. Do you hold an ICC/FHWA permit or UCRA/DOT registration?..... Yes No
 If yes, provide: US DOT No. _____, MC No. _____, Base State _____

25. State filings required? Yes No
 If yes, list states and provide necessary state motor carrier number, if applicable: _____

26. Show exact name and address in which permits are to be issued: _____

27. Are there any special requirements needed for city permits, certificates of insurance, oversized and/or over weight permits? Yes No

If yes, provide details: _____

PRIOR CARRIER AND LOSS EXPERIENCE SUMMARY

28. Include a minimum of four years currently valued company loss runs for all accounts.

The following Prior Carrier and Loss Experience Section must be completed:

Policy Period	Prior Carrier	Policy No.	Past Deductible Amount	Liability Premium	Physical Damage Premium	No. of Losses	Liability Losses Paid/ Open	Phys. Damage Losses Paid/Open

FRAUD WARNING: 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 thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **(Not applicable to Nebraska, Oregon or Vermont).**

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO COLORADO APPLICANTS: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: 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.

APPLICABLE IN HAWAII (AUTOMOBILE): For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: 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 or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company 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 such person to criminal and civil penalties.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): 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.

NEW YORK AUTOMOBILE FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner or executive officer.)

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only)