

# CIU

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newbusiness@ciusgf.com

## NON-TRUCKING APPLICATION

Email: \_\_\_\_\_

Agent/Agency: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

### 1. APPLICANT INFORMATION

Applicant/Named Insured: \_\_\_\_\_

(DBA): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

List all Garaging Locations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Website Address: \_\_\_\_\_ Fax: \_\_\_\_\_

a. Have you ever operated under another name?  Yes  No

b. Proposed effective date: \_\_\_\_\_ Years in business: \_\_\_\_\_

c. Have you ever had insurance for this type of coverage canceled, declined or non-renewed?  Yes  No

If yes, provide details:

d. If new venture:

(1) Number of years of tractor/trailer (CDL) experience: \_\_\_\_\_

(2) Who did you haul for previously? \_\_\_\_\_

e. Type of commodity currently hauled: \_\_\_\_\_

f. Name and MC# of authorized carrier you are currently leased to on a **PERMANENT BASIS**:

\_\_\_\_\_ MC #: \_\_\_\_\_

\_\_\_\_\_

g. Radius of operation: \_\_\_\_\_ miles (must be over 300 miles)

h. List cities/terminals most often entered into:

i. Do you carry Workers' Compensation Coverage?  Yes  No

### 2. COVERAGES AND LIMITS

Application for:  Liability  Physical Damage  Other: \_\_\_\_\_

Liability Coverage	Limits	Deductible	Notes/Comments
<input type="checkbox"/> Liability, Symbol ____	\$	\$	
<input type="checkbox"/> UM/UIM Coverage	\$	Not Applicable	
<input type="checkbox"/> Other:	\$	\$	
<b>Physical Damage Coverage:</b> <input type="checkbox"/> Collision <input type="checkbox"/> Specified Perils <input type="checkbox"/> Comprehensive			
<b>Deductible(s) to Quote:</b>			<b>Total Insured Value: \$</b>

Risk Bound?  Yes  No Date Bound: \_\_\_\_\_ Time Bound: \_\_\_\_\_ Broker Initials: \_\_\_\_\_

**3. EXPERIENCE**

a. List ALL prior policies regardless of losses. (May be subject to hard copy loss runs.)

Policy Period (Month/Year)	Carrier Name	Policy #	# of Losses		Amount of Losses	
			L*	PD*	L*	PD*
to					\$	\$
to					\$	\$
to					\$	\$
to					\$	\$
to					\$	\$

b. Description of any open claims or losses over \$25,000:

\*L = Liability; PD = Physical Damage

**4. SCHEDULE OF UNITS**

Unit #	Symbol Type	Year	Make/Model	Stated Value	Gross Vehicle Weight	Complete VIN	Loss Payee & Address
1				\$			
2				\$			
3				\$			
4				\$			
5				\$			

**NOTE:** List all units used in the operation of the Named Insured's business. All units owned by the Named Insured must be covered.

**5. DRIVER INFORMATION**

Name	Date of Birth	Driver's License Number & State	Years Experience	Date of Hire	Past Three (3) Years	
					# Accidents *	# Traffic Violations *

\* Provide details of all accidents and traffic violations for the last three years:

**PROVIDE AGENT WITH A COPY OF YOUR LEASE AGREEMENT**

