

New 8/2007 Update!



NATIONAL TRUCK UNDERWRITING MANAGERS, INC.

ntuminc.com

MINNESOTA (MAIN OFFICE)
(800) 831-NTUM (6886)
Fax (952) 893-1882

IDAHO
(800) 306-5651
Fax (208) 461-9639

IOWA
(888) 577-NTUM (6886)
Fax (515) 225-4891

TENNESSEE
(888) 800-0378
Fax (901) 375-4132

WASHINGTON
(800) 561-2193
Fax (425) 603-9142

WISCONSIN
(866) 376-NTUM (6886)
Fax (414) 762-3992

ATTENTION: _____

SEE OTHER SIDE FOR NON-TRUCKING LIABILITY

NATIONAL TRUCK UNDERWRITING MANAGERS — HARCO FAST TRACK*
PHYSICAL DAMAGE APPLICATION

*UNDERWRITTEN BY HARCO NATIONAL INSURANCE CO. (RATED "A" BY A.M. BEST)

POLICY #	DO YOU WANT NTUM TO DO FINANCING? <input type="checkbox"/> YES <input type="checkbox"/> NO	ESCROW AMOUNT <input type="checkbox"/> \$	DOWN PAY AMOUNT <input type="checkbox"/>
EFFECTIVE DATE	INSURED'S PHONE #	# OF YEARS OWNERSHIP	
INSURED'S NAME			
ADDRESS		CITY	STATE ZIP
COMPANY TYPE: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION	ANY INSURANCE CANCELLED OR NON-RENEWED IN LAST 3 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO		
RADIUS OF OPERATION (MILES)	% OF TOTAL MILES TRAVELLED WITHIN 500 MILES OF MY GARAGING ADDRESS %		
DEDUCTIBLES <input type="checkbox"/> \$500 <input type="checkbox"/> \$1000 <input type="checkbox"/> \$2500 <input type="checkbox"/> OTHER \$			
COVERAGES <input type="checkbox"/> COLLISION <input type="checkbox"/> SPECIFIED CAUSES OF LOSS <input type="checkbox"/> COMPREHENSIVE NON-TRUCKING LIABILITY <input type="checkbox"/> NO <input type="checkbox"/> YES (IF YES, COMPLETE REVERSE SIDE OF APP.)			
COMMODITIES HAULED (% OF EACH)			

UNIT #	MODEL YEAR	TRADE NAME	TRACTOR/TRUCK/TRAILER	CABOVER/CONV'L TRAILER TYPE	VIN (SERIAL NUMBER)	STATED AMOUNT	PREMIUM
1							
2							
3							

PHYSICAL DAMAGE PREVIOUS CARRIER & LOSS INFORMATION - MUST SHOW CURRENT YEAR AND PREVIOUS 2 YEARS					
POLICY DATES	COMPANY NAME	POLICY NUMBER	PREMIUM AMOUNT	# OF CLAIMS	TOTAL PAID & RESERVED

DESCRIBE LOSSES, ACCIDENTS AND VIOLATIONS FOR THE LAST 3 YEARS _____

DRIVER NAME	DATE OF BIRTH	LICENSE NUMBER	STATE	DATE HIRED	# YRS COMM'L DRIVING	LAST 3 YRS - # OF ACCIDENTS	# OF CONVICTIONS

LIENHOLDERS/ADDITIONAL INSURED:

UNIT #'S _____ NAME _____ COMPLETE ADDRESS & ZIP _____ LH AI

IMPORTANT - READ BEFORE SIGNING

In making this application for insurance, it is understood that an investigative report may be made whereby information is obtained through personal interview with third parties such as family members, business associates, financial sources, friends, neighbors or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics and mode of living whichever may be applicable. You have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation. This notice is given in compliance with the Fair Credit Reporting Act of 1971.

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

I the undersigned represent that information stated in this application is true and correct and understand that the insurance policy will be issued subject to review as to insurability.

APPLICANT SIGNATURE _____

DATE _____

AGENT SIGNATURE & AGENCY NAME _____



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FOR PHYSICAL DAMAGE

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! This application CANNOT be used for PRIMARY liability.
Call (800) 831-6886 for the proper application **!**

INSURED'S NAME	
POLICY #	INSURED'S PHONE #

NAME OF COMPANY OR COMPANIES WHERE INSURED EQUIPMENT IS LEASED
ADDRESS
PHONE #

NON-TRUCKING LIABILITY LIMIT	\$ _____	OTHER COVERAGES & LIMITS	
UNINSURED MOTORIST (UM) LIMIT	\$ _____		\$ _____
UNDERINSURED MOTORIST (UIM) LIMIT	\$ _____		\$ _____
PERSONAL INJURY PROTECTION (PIP) LIMIT	\$ _____	ARE NON-EMPLOYEES EVER ALLOWED TO RIDE IN INSURED VEHICLES?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

NON-TRUCKING LIABILITY PREVIOUS CARRIER & LOSS INFORMATION - MUST SHOW CURRENT YEAR AND PREVIOUS 2 YEARS					
POLICY DATES	COMPANY NAME	POLICY NUMBER	PREMIUM AMOUNT	# OF CLAIMS	TOTAL PAID & RESERVED

DESCRIBE ANY LOSSES _____

PREMIUMS					
UNIT #	LIABILITY	UNINSURED MOTORIST (UM)	UNDERINSURED MOTORIST (UIM)	PERSONAL INJURY (PIP)	
1					
2					
3					

**SIGNATURES OF APPLICANT AND AGENT SHOULD
APPEAR ON THE FRONT OF THIS APPLICATION**

*UNDERWRITTEN BY HARCO NATIONAL INSURANCE CO.
(RATED A+ BY A.M. BEST)