

**SOUTHERN COUNTY MUTUAL
INSURANCE COMPANY**

**TEXAS
COMMERCIAL AUTO FLEET
INSURANCE APPLICATION**

Entire application must be completed and signed.

Service Address: 385 Washington Street, 103N, St. Paul, MN 55102

GENERAL INFORMATION						<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other _____					
Name						Yrs. in Trucking Industry _____ Yrs. Under Business Name _____					
Mailing Address						Federal ID # or SSN			U.S. DOT Number		
City				State		Zip		Date Coverage Desired: FROM _____ TO _____			
Garaging Location(s) if different:				City		State		ZIP		Phone () _____	

DESCRIPTION OF OPERATIONS For Hire Private Non-Trucking Other (Explain) _____

Range of Transport	Commodity
<input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate	<input type="checkbox"/> Property (nonhazardous) <input type="checkbox"/> Refuse/Waste/Garbage <input type="checkbox"/> Hazardous Materials requiring \$1,000,000 liability limits or less <input type="checkbox"/> Hazardous Materials requiring liability limits in excess of \$1,000,000 (if checked, attach explanation)

OPERATIONS LESS THAN 300 MILE RADIUS - List City Destinations Below

1	2	3	4
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OPERATIONS BEYOND 300 MILE RADIUS: Identify Metropolitan Areas Traveled Through Or Into

<input type="checkbox"/> Atlanta	<input type="checkbox"/> Cleveland	<input type="checkbox"/> Jacksonville	<input type="checkbox"/> Milwaukee	<input type="checkbox"/> Philadelphia	<input type="checkbox"/> San Diego
<input type="checkbox"/> Balt-Washington	<input type="checkbox"/> Dallas/Ft. Worth	<input type="checkbox"/> Kansas City	<input type="checkbox"/> Mpls./St. Paul	<input type="checkbox"/> Phoenix	<input type="checkbox"/> San Francisco
<input type="checkbox"/> Boston	<input type="checkbox"/> Denver	<input type="checkbox"/> Little Rock	<input type="checkbox"/> Nashville	<input type="checkbox"/> Pittsburgh	<input type="checkbox"/> Seattle
<input type="checkbox"/> Buffalo	<input type="checkbox"/> Detroit	<input type="checkbox"/> Los Angeles	<input type="checkbox"/> New Orleans	<input type="checkbox"/> Portland	<input type="checkbox"/> Tulsa
<input type="checkbox"/> Charlotte	<input type="checkbox"/> Hartford	<input type="checkbox"/> Louisville	<input type="checkbox"/> New York City	<input type="checkbox"/> Richmond	<input type="checkbox"/> _____
<input type="checkbox"/> Chicago	<input type="checkbox"/> Houston	<input type="checkbox"/> Memphis	<input type="checkbox"/> Oklahoma City	<input type="checkbox"/> St. Louis	<input type="checkbox"/> _____
<input type="checkbox"/> Cincinnati	<input type="checkbox"/> Indianapolis	<input type="checkbox"/> Miami	<input type="checkbox"/> Omaha	<input type="checkbox"/> Salt Lake City	<input type="checkbox"/> _____

Cities other than above or regular routes _____

COMMODITIES TRANSPORTED					
Commodity	Percent of Loads	Maximum Value	Commodity	Percent of Loads	Maximum Value

YES	NO	1. Are filings required? If yes, complete form N-710, Filing Information.	Docket #: _____
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you act as a freight-broker or freight-forwarder or arrange loads for others? If yes, provide Brokerage Name: _____ Annual Brokerage Revenue: \$ _____	Docket #: _____
<input type="checkbox"/>	<input type="checkbox"/>	3. Is all equipment operated under the applicant's authority scheduled on the application? If no, attach explanation.	
<input type="checkbox"/>	<input type="checkbox"/>	4. Is all owned equipment scheduled on this application? If no, attach explanation.	
<input type="checkbox"/>	<input type="checkbox"/>	5. Is all of the scheduled equipment owned by you? If no, attach explanation.	

<input type="checkbox"/>	<input type="checkbox"/>	6. Do you hire other companies or independent owner-operators to haul for you? If yes, answer questions a and b below. If no, skip to question 7.	
		a. Are hired vehicles permanently leased to your company? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		If yes, are these vehicles listed on the application? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		If yes, are these vehicles leased with drivers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		If yes, do you require leased vehicle owners to have non-trucking liability coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		b. Are vehicles hired on an "as needed" basis? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		If yes, what is the estimated number of trips: per month _____ per year _____	
		If yes, what is the estimated annual cost of hire: per month \$ _____ per year \$ _____	

		7. Do you lease to others? If yes, who must provide primary insurance? <input type="checkbox"/> You <input type="checkbox"/> Other
		If you provide insurance, is coverage desired for: <input type="checkbox"/> Named Lessee(s) OR <input type="checkbox"/> All Lessees (Blanket Basis)
		If Named Lessee(s), attach a list of Name and Address for each lessee.
		8. Do you pull doubles? <input type="checkbox"/> Yes <input type="checkbox"/> No Triples? <input type="checkbox"/> Yes <input type="checkbox"/> No

<input type="checkbox"/>	<input type="checkbox"/>	9. Do you haul containers or containerized freight?												
<input type="checkbox"/>	<input type="checkbox"/>	10. Do you allow passengers other than company employees? If yes, attach copy of passenger program or explain program (frequency, requirements), etc.												
<input type="checkbox"/>	<input type="checkbox"/>	11. Do you operate more than one terminal? If yes, provide the following: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;">Location(s)</th> <th style="width:17%;"># Units</th> <th style="width:50%;">Address, City, State</th> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	Location(s)	# Units	Address, City, State									
Location(s)	# Units	Address, City, State												
<input type="checkbox"/>	<input type="checkbox"/>	12. Do you use any team, hot seat, slip seating or relay driver operations?												
<input type="checkbox"/>	<input type="checkbox"/>	13. Do you sign contracts with shippers that give the shipper the right to determine cargo salvage values or declare cargos a total loss regardless of actual damage in the event of a loss? If so, attach a copy of the contract. <hr/> <hr/>												
<input type="checkbox"/>	<input type="checkbox"/>	14. Do you operate mobile equipment subject to compulsory or financial responsibility law or other motor vehicle insurance law in the state where it is licensed or principally garaged? If yes, and need Liability Coverage, complete N-467.												

LIENHOLDER INFORMATION **Attach All Lienholder Information For Each Unit.**

LEASED OR HIRED **Attach Samples of Agreements.**

Does Applicant/Insured do trip leasing to the extent that it comprises more than 5% of his gross receipts? Yes No
If Yes, explain operation in detail: _____

Is equipment leased or hired? Yes No **Attach explanation and examples of agreements.**

	With Driver	Without Driver	Avg. Duration of a Trip Lease	Avg. # of Trip Lease Per Year	Est. Trip Lease Payments Per Year	Ins. Provided By		With Hold Harmless Naming Other Part As Additional Insured?
						Lessor	Lessee	
From Others								<input type="checkbox"/> Yes <input type="checkbox"/> No
To Others								<input type="checkbox"/> Yes <input type="checkbox"/> No

Under whose Bill of Lading is shipment moved when leased to others? _____
From Others? _____
What % of DEADHEADING? _____ Total miles deadheading _____
Do they backhaul? Yes No What do they backhaul? _____
What are restrictions on backhauling? _____

SCHEDULE OF EQUIPMENT OPERATED **Provide a schedule of equipment to include "Make," Model, Year, Type, VIN Number, GVW, Stated Amount, and Radius of Operation.**

Type	Owned	Leased w/o Drivers	Owner Operators	Local	Inter.	Long Haul	TOTAL UNITS
Light Trucks							
Medium Trucks							
Heavy Trucks							
Tractors							
Semi-Trailers							

UNITS REVENUE AND MILEAGE **Actual and Estimated.**

	Period	Units	Revenue	Mileage
Projected				
Current				
1 st Prior				
2 nd Prior				
3 rd Prior				

SUMMARY OF EQUIPMENT VALUES

Total Fleet Value		No. of Units	Average Value	
Total Tractor Value		No. of Units	Average Value	
Total Trailer Value		No. of Units	Average Value	
Highest Tractor Value	Highest Trailer Value	Lowest Tractor Value	Lowest Trailer Value	

INSURANCE HISTORY & LOSS EXPERIENCE		Provide the following insurance and loss information for the past three years.								
HAS ANY INSURANCE COMPANY CANCELED OR NONRENEWED YOUR POLICY IN THE LAST THREE YEARS?										
<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain. _____ _____										
Policy Term		Insurance Co.	Policy Number	Liability		Phys. Dam.		Cargo		Driver(s) Involved in Loss
FROM Mo/Yr	TO Mo/Yr			#	Loss Amt.	#	Loss Amt.	#	Loss Amt.	
EXPERIENCE INFORMATION: Furnish currently valued (must be value dated within the last 3 months) Insurance Company produced detailed loss and experience auto liability, physical damage and cargo loss runs for current year plus at least two (2) full policy years. Describe any claim with payment or reserves over \$25,000.										
DRIVER, SAFETY AND MAINTENANCE				Name, title, phone number of person responsible for safety (specify other duties):						
A	Are hazardous materials/wastes transported? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, attach explanation.)									
B	Is this a seasonal operation? <input type="checkbox"/> Yes <input type="checkbox"/> No									
C	Truck Fleet - No. of drivers: Regularly Employed _____ Part Time _____ Owner/Operator _____ Leased _____ Casual _____ TOTAL _____ How are drivers paid? <input type="checkbox"/> Hourly <input type="checkbox"/> Trip <input type="checkbox"/> Mileage <input type="checkbox"/> Other									
D	Drivers Hired or Leased Last Year			Company Drivers			Leased Owners/Operators			
	1. Number replaced _____			_____			_____			
	2. Number increased _____			_____			_____			
E	Age of Drivers:		Min. _____ Max. _____		Min. _____ Max. _____					
	1. Number under 25		_____		_____					
	2. Number over 65		_____		_____					
F	Provide a list of drivers that includes the Driver's Name, DOB, License Number, Social Security Number, Date of Hire, and Years of Driving Experience.									
G	What is the longest trip? _____ 1. Time: _____ hours Distance: _____ 2. Is this one way or turnaround? _____									
SAFETY MEASURES										
								Yes	No	
1. Are you operating your trucks with speed governors?								<input type="checkbox"/>	<input type="checkbox"/>	
If yes, what speed are they set at? _____										
2. Are electronic log programs used to audit driver log books?								<input type="checkbox"/>	<input type="checkbox"/>	
3. Are your trucks equipped with fender mirrors?								<input type="checkbox"/>	<input type="checkbox"/>	
4. Does your safety program include safe driving incentive awards?								<input type="checkbox"/>	<input type="checkbox"/>	
CURRENT CARRIER										
Current Carrier Name _____										
Policy Number _____				Policy Dates: _____ To _____						
Policy Limits _____				Gross Receipts Rate/Premium of Prior Carrier _____						
Policy Deductibles: BI _____				PD _____						
Renewal Rate Offered _____				Limits _____						
Name of Carrier Offering _____										
FINANCED VALUE COVERAGE		The Stated Value of each auto must be equal to or greater than the outstanding financial obligation for that auto in order for the Financed Value Coverage to apply.								

SIGNATURES

As a member policyholder, I agree to be bound by the Constitution and By-Laws of Southern County Mutual Insurance Company (SCM), a non-assessable mutual company. I authorize the President of SCM and his successors, to act as my proxy and attorney-in-fact in exercising voting privileges at any membership meeting during the term of this policy and any renewal or replacement policy.

Applicant's Signature

Date

I authorize Southern County Mutual Insurance Company to obtain a copy of any Motor Vehicle Report for rating/underwriting the insurance for which I have applied. I also understand that a routine inquiry may be made providing information concerning my character, general reputation, personal characteristics and mode of living. Upon written request, information as to the nature and scope of the report will be provided to me.

I hereby certify that the foregoing statements and answers are a just, full and true exposition of all the facts and circumstances with regard to the risk to be insured, insofar as same are known to me, and the same are hereby made as the basis and condition of the insurance. I certify that I understand the rates for this coverage are higher than normal, and that they are acceptable to me as I have been unable to obtain coverage desired through the normal insurance market. 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, and denial of insurance benefits. By signing below, I affirm full knowledge of and adherence to current D.O.T. Safety Regulations, and hereby apply for insurance with respect to the coverages stated herein.

APPLICANT'S SIGNATURE

TITLE

DATE

PRODUCER'S SIGNATURE