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| 1. **SEAVIEW INSURANCE COMPANY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **COMMERCIAL AUTO PHYSICAL DAMAGE / CARGO APPLICATION – CA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **GENERAL** | 1. **IMPORTANT NOTE- If this application is approved NO AUTO LIABILITY COVERAGE will be provided.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. 1. | 1. Name of Business: | | | |  | | | | | | | | | | | 1. Individual | | | | | | | 1. Partnership | | | | | | | | | | | 1. Corporation | | | | |
| 2. | DBA : |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. | Name of Person Signing Application: | | | | | | | | | |  | | | | | | | | | | | | | | Title: | | |  | | | | | | | | | | |
| 1. 4. | 1. Mailing Address: | |  | | | | | | | | | | | | | |  | |  | | | | | | | | | | |  | |  | | | |  |  | |
|  |  | | 1. Street Address | | | | | | | | | | | | | |  | | 1. City | | | | | | | | | | |  | | 1. State | | | |  | 1. Zip | |
| 5. | Applicant's business: | | | | |  | | | | | | | | | | | | | | | |  | | 6. | | Years in Business: | | | | | | | | |  | | | |
| 1. 7. | 1. Principal Garaging Address: | | | | | | |  | | | | | | | | | |  | |  | | | | | | | | | | |  | |  | | |  |  | |
|  |  | | | | | | | | 1. Street Address | | | | | | | | |  | | 1. City | | | | | | | | | | |  | | 1. State | | |  | 1. Zip | |
| 1. 8. | 1. Phone Number: | | | 1. () | | | | | | | |  | 1. 9. | 1. Date coverage desired: |  | | | | | | | | | | | | | |  | | | | | | | |  | |
| 10 | Contact Name for Inspection: | | | | | | | | |  | | | | | | | | | | | Contact Phone Number: | | | | | |  | | | | | | | | | | |  |
| 11 | Coverages Requested? | | | | | | Auto Physical Damage: | | | | | | | | | Motor Truck Cargo: | | | | | | | | | | | | | | | | | | | | | |  |
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| **O**  **P E R A T I ON S** | 1. Maximum radius of operation? | | | |  |  | | | | | |  | | |  | | | |  | |  |
| 2. What is applicant’s DOT#? | | | |  | 3. California Filing#? | | | | | | CA | | | 4. Federal Filing #? | | | |  | |  |
| 5. Does applicant operate under someone else’s Federal Filing (MCS-90)? | | | | | | | |  | | | | | | | | | | | Yes No |  |
| If “Yes”; under whose filing (Attach a copy of the contract to this application if not under your own filing)? | | | | | | | | | | | | |  | | | | | | |  |
| 7. List top 3 cargo commodities carried: | | | |  | | | | |  |  | | | | |  |  | | | |  |
| 8. Does applicant own cargo? | |  | | | | | | | | | | | | | | | | | Yes No |  |
| 9. Does applicant Hire Equipment? | | |  | | | | | | | | | | | | | | | | Yes No |  |
| 10. Does applicant use Sub-Haulers? | | |  | | | | | | | | | | | | | | | | Yes No |  |
| 11. Does applicant operate in the ports and/or require the UIIE endorsement? | | | | | | |  | | | | | | | | | | | | Yes No |  |
| 12. Does applicant rent or lease equipment to others without drivers? | | | | | |  | | | | | | | | | | | | | Yes No |  |
| 13. Are any vehicles customized, altered, or have special equipment? | | | | | |  | | | | | | | | | | | | | Yes No |  |
| 14. Does applicant have a formal safety program that includes driver screening/evaluation? If “YES” attach copy of the safety program. | | | | | | | | | | | | | | | | |  | | Yes No |  |
| 15. Has any insurance been cancelled, non-renewed or refused by aby company in the past three years? | | | | | | | | | | | |  | | | | | | | Yes No |  |
| If “YES” Explain: |  | | | | | | | | | | | | | | | | | | |  |

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| H I STORY | PRIOR CARRIER AND LOSS HISTORY | | | | | | | | | | |
| From | | | To | | Liability Coverage Carrier Name | Physical Damage Losses | | Cargo Coverage Carrier Name | Cargo Losses | |
| Mo. | Yr. | Mo. | | Yr. | Number | Amount | Number | Amount |
|  |  |  | |  |  |  | **$** |  |  | **$** |
|  |  |  | |  |  |  | **$** |  |  | **$** |
|  |  |  | |  |  |  | **$** |  |  | **$** |
| Was a deductible applied to any losses indicated above? Yes No If “YES” Explain: | | | | | | | | | | |

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| **DR I VERS** | # | Driver’s Full Name | Date of Birth | Driver's License Info | | No. Yrs. Commercial Driving | Length of Employ-  ment | #. of **Minor** Convictions Last 36 mo. | #. of **Major** Convictions Last 36 mo. | # of **Accidents**Last 36 Mos |
| State | License Number |
| 1 |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |
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| 6 |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |
| ADDITIONAL INFORMATION  1. Does applicant employ drivers under age 25**?** Yes N0 If “**YES”**, are all such drivers listed on this application? Yes No | | | | | | | | | |
| 2. Does applicant understand that coverage being applied for will exclude coverage on vehicles being operated by drivers under age 25 that are not listed as drivers above or added to the policy by subsequent endorsement? Yes No | | | | | | | | | |
| 3. Does applicant understand that they will be required to report all new drivers to the company **BEFORE** they can operate any vehicles? Yes No | | | | | | | | | |

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| **V**  **E**  **H**  **I**  **C**  **L**  **E**  **S** | **IF PHYSICAL DAMAGE COVERAGE IS REQUESTED, COMPLETE SPACES BELOW IN DETAIL FOR EACH RESPECTIVE UNIT** | | | | | | | | | | | | | | |
| **POWER UNITS (TRUCKS / TRACTORS) Attach Vehicle Schedule if more than 5 Power Units** | | | | | | | | | | | | | | |
| **UNIT**  **NO.** | **Model Year** | **Trade Name** | **Body Type** | | **Identification #**  **(VIN#, Serial #)** | | **License #** | **Radius** | | **Owned / Leased** | | **APD Limit (ACV)** | | **Deductible** |
| 1 |  |  |  | |  | |  |  | |  | |  | |  |
| 2 |  |  |  | |  | |  |  | |  | |  | |  |
| 3 |  |  |  | |  | |  |  | |  | |  | |  |
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| 5 |  |  |  | |  | |  |  | |  | |  | |  |
| 6 |  |  |  | |  | |  |  | |  | |  | |  |
| 7 |  |  |  | |  | |  |  | |  | |  | |  |
| **TRAILERS - Attach Vehicle Schedule if more than 6 Trailers** | | | | | | | | | | | | | | |
| 8 |  |  |  | |  | |  |  | |  | |  | |  |
| 9 |  |  |  | |  | |  |  | |  | |  | |  |
| 10 |  |  |  | |  | |  |  | |  | |  | |  |
| 11 |  |  |  | |  | |  |  | |  | |  | |  |
| 12 |  |  |  | |  | |  |  | |  | |  | |  |
| 13 |  |  |  | |  | |  |  | |  | |  | |  |
| 14 |  |  |  | |  | |  |  | |  | |  | |  |
| 15 |  |  |  | |  | |  |  | |  | |  | |  |
| **UNIT**  **NO.** | **Lienholder Name** | | | **Street Address** | | **City** | | | **State** | | **Zip Code** | | **Loan/Account Number** | |
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| **C**  **A**  **R**  **G**  **O**  **I**  **N**  **F**  **O**  **R**  **M**  **A**  **T**  **I**  **O**  **N** | **COMMODITIES hauled (List top 6 by highest value). Show approximate percentage of annual receipts derived from the cartage of each class of goods.** | | | | | | | |
| Class | % | Class | % | Class | % | Describe Other Classes | % |
| Alcohol (Liquor) |  | Electronics |  | Metals (Non-Ferrous) |  |  |  |
| Appliances |  | Farm Equipment |  | Milk/Dairy Products |  |  |  |
| Auto Parts |  | Fertilizer - Bagged |  | Non-Perishable Food Items |  |  |  |
| Beer or Wine |  | Furniture (New Only) |  | Paper Goods |  |  |  |
| Beverages (Non-Alcoholic) |  | Grain/Cereal/Feed/Seed |  | Plants & Shrubs |  |  |  |
| Building Materials (Excl Lumber) |  | Hardware |  | Produce- Refrigerated |  |  |  |
| Canned Goods (Non-Perishable) |  | Hay |  | Produce- Non-Refrigerated |  |  |  |
| Chemicals Non-Hazardous |  | Livestock |  | Recycled Material |  |  |  |
| Clothing |  | Lumber / Wood Products |  | Seafood |  |  |  |
| Containerized Freight |  | Machinery |  | Sporting Goods |  |  |  |
| Eggs |  | Meat (Beef/Poultry) |  | Toys |  |  |  |
| Cargo Coverage Limit Requested per Power Unit: $  Estimated Average Value per Load: $ | | | | | | | |
| Cargo Deductible Requested: Is Cargo **Theft Coverage** to be **EXCLUDED**? Yes No | | | | | | | |
| **COVERAGE OPTIONS.** Check the appropriate box for all optional coverages desired: | | | | | | | |
| Earned Freight Coverage  Refrigeration Breakdown Coverage  Loading and Unloading Coverage | | | | | | | |

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| *NOTICE TO APPLICANT* **By my signature I acknowledge that I understand and agree with the following:**   1. An inquiry may be made into the character, finances, and other personal and business background information the Company deems necessary in determining whether to bind or maintain coverage. Upon written request, additional information will be provided to the Applicant regarding any investigation; and 2. No insurance shall be effective until the Seaview Insurance Company (the Company), receives and approves this application, and required payment, and advises the Applicant or its authorized Broker that a policy will be issued and then only as of the policy effective date and in accordance with all policy terms. The Applicant acknowledges that the broker named below is acting as their representative and not on behalf of the Company. The applicant's Broker has no authority to bind coverage, may not accept any funds for the Company, and may not modify or interpret the terms of the policy; and 3. This program may be available with a monthly payment option from Seaview, and that if this option is elected there will be: a **$20 BILLING FEE** applied to each installment and supplemental bill as long as the annual premium balance is not paid in full, a $**20 Late Payment Fee** applied to any payment not postmarked or received by the due date, a **$25 Returned Payment Fee** if any payment is returned by your financial institution; and 4. Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law; and 5. The Insurance applied for will **EXCLUDE** coverage on any covered auto while it is in the custody of or operated by drivers under 25 years of age, unless such person is named as a driver in this application or is added by endorsement to the policy, and for vehicles rented or leased to others without drivers; and 6. A deductible equal to two times the deductible indicated on the policy declarations will apply to any claim involving a vehicle operator whose name you failed to report to us, or our authorized representative, prior to the “loss” or damage to the vehicle. This deductible is a separate aggregate deductible and applies in addition to any other deductible; and 7. This policy has a significant restriction for Towing and Storage expenses. We will pay up to **$5000** for the combined towing, storage and labor costs resulting from the ownership, maintenance or use of a “covered automobile” that is involved in a covered “loss” to which this insurance applies; and   The foregoing statements and answers are true and correct. I completed this application with the guidance of my broker as defined in Section 1623 of the California Insurance Code, who is indicated within this application and the facts stated herein are true and request the company to issue the Insurance policy and any renewals there from in reliance hereon. The Applicant agrees that if its statements and answers are materially false, the Company may rescind any policy or subsequent renewal it may issue.  I hereby apply for a policy of Insurance set forth above on the basis of statements contained herein, and that my Broker has reviewed and explained so that I understand all Coverages, Limitations and Exclusions contained in the Insurance being applied.  **Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | |
| *NOTICE TO BROKER* | | | | | | | | | |
| **By my signature I hereby declare that all Coverages, Limitations, and Exclusions contained in the Insurance being applied for have been reviewed with, and explained to, the applicant.** | | | | | | | | | |
| Name of Applicant’s Broker: |  | |  | License #: | | |  | |  |
| Signature of Applicant’s Broker: | |  | | |  | Date: | |  |  |
|  | | | | | | | | |  |