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| 1. **SEAVIEW INSURANCE COMPANY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **COMMERCIAL AUTO LIABILITY APPLICATION – CA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **GENERAL** | 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 Liability Limit? $ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | Uninsured Motorist – Bodily Injury $ | | | | | | | | | Medical Payments: $ | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | 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)? | | | | | | | | | | | |  | | | | | | | | |  |
| 6. Are there any vehicles **OWNED** or **OPERATED** by the Applicant (including non-operational units) **NOT** listed on the application? | | | | | | | | | | | | | | | | | | | | Yes No |  |
| If “Yes”, Explain why they are not listed: | | | |  | | | | | | | | | | | | | | | | |  |
| 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. Does applicant understand that coverage being applied for will exclude vehicles rented or leased without drivers? | | | | | | | | | | | | |  | | | | | | | Yes No |  |
| 14. Are any vehicles customized, altered, or have special equipment? | | | | | | | | | | | | | | |  | | | | | Yes No |  |
| 15. Does applicant have a formal safety program that includes driver screening/evaluation? If “YES” attach copy of the safety program. | | | | | | | | | | | | | | | | | |  | | Yes No |  |
| 16. Has any insurance been cancelled, non-renewed, or refused by any company in the past three years? | | | | | | | | | | |  | | | | | | | | | Yes No |  |
| If “YES” Explain: |  | | | | | | | | | | | | | | | | | | | |  |

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| H I STORY | PRIOR CARRIER AND LOSS HISTORY (Attach copies of verifiable company loss runs for at least the past three years) | | | | | | | | | | | |
| From | | | To | | Liability Coverage Company Name | Liability Losses | | Physical Damage Losses | | Cargo Losses | |
| Mo. | Yr. | Mo. | | Yr. | Number | Amount | 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 Employment | No. of **Minor** Convictions Last 36 Months | No. of **Major** Convictions  Last 36 Months | No. of **Accidents \*** Last 36 Months |
| State | License Number |
| 1 |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |

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| **V**  **E**  **H**  **I**  **C**  **L**  **E**  **S** | **POWER UNITS (TRUCKS / TRACTORS) Attach Vehicle Schedule if more than 6 Power Units** | | | | | | | | |
| UNIT  NO. | YEAR  MODEL | TRADE NAME | BODY TYPE | Identification #  (VIN#, Serial #) | LICENSE # | LIABILITY  RADIUS | OWNED OR LEASED | OTHER |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |
| **TRAILERS - Attach Vehicle Schedule if more than 6 Trailers** | | | | | | | | |
| 7 |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |

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| **P**  **H**  **Y**  **S**  **I**  **C**  **A**  **L**  **D**  **A**  **M**  **A**  **G**  **E** | **IF PHYSICAL DAMAGE COVERAGE IS REQUESTED, COMPLETE SPACES BELOW IN DETAIL FOR EACH RESPECTIVE UNIT ABOVE:** | | | | |
| UNIT  NO. | COVERAGE LIMIT (ACV) | DEDUCTIBLE | PHYSICAL  DAMAGE  RADIUS | LIENHOLDER (if applicable) |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| 9 |  |  |  |  |
| 10 |  |  |  |  |
| 11 |  |  |  |  |
| 12 |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **C**  **A**  **R**  **G**  **O**  **I**  **N**  **F**  **O**  **R**  **M**  **A**  **T**  **I**  **O**  **N** | **Type of merchandise hauled (List top 6). 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 |  |  |  |
| Coverage Limit Requested per Power Unit: $  Estimated Average Value per Load: $ | | | | | | | |
| Deductible Amount Requested: Is **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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| CALIFORNIA UNINSURED / UNDERINSURED MOTORISTS INSURANCE REQUIREMENT SELECTION / REJECTION | | | | | | | | | | | | | | |
| The California Insurance Code requires an insurer to provide uninsured motorist coverage in each bodily injury liability insurance policy it issues covering liability arising out of the ownership, maintenance or use of a motor vehicle.  Uninsured motorists coverage insures the insured, his heirs, or legal representatives for all sums within the limits established by law, which such person or persons are legally entitled to recover as damages for bodily injury, including any resulting sickness, disease, or death to him from the owner or operator of an uninsured motor vehicle not owned or operated by the insured.  If the Seaview Insurance Company issues coverage to the applicant in accordance with the California Insurance Code (Section 11580.2(a)), the insured:  **Indicate coverage requested by placing an “X” in the applicable box below:**  Agrees that the Uninsured Motorist Coverage afforded in the policy is hereby rejected in its entirety.  Agrees that the Uninsured Motorist Bodily Injury Coverage is to be provided at $60,000 Combined Single Limit each accident.  Agrees that the Uninsured Motorist Property Damage Coverage is to be provided at $3,500 Limit each accident.  Any selection / rejection of coverage indicated on this form will be carried forward on all renewals issued by the company unless the insured advises us in writing. In the event the policy names more than one individual in the declarations, each of you must sign.  By my signature below I acknowledge that I have made the selection indicated above and that if the Seaview Insurance Company issues coverage to the applicant, I understand that THERE IS A PREMIUM CHARGE FOR THIS COVERAGE and I agree to pay same if coverage is selected. | | | | | | | | | | | | | | |
| **I further acknowledge that I understand and agree with the following:**   1. Depending on the vehicle’s size, use, and states operated in, a regulatory agency may require liability limits greater those requested by you in this application. The applicant hereby acknowledges that they are aware of such requirements and represents that the limits being applied for on this application comply with all applicable regulations; and 2. 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 3. 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 4. 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 5. 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.   **If Physical Damage coverage is requested, the following applies in addition to the above:**   1. 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 2. 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 3. 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: | |  |  |
|  | | |  |  |  |  |  | |  |  | | | |  |