

# **Mining Auto Supplemental Application**

322 'Eqtr qtcvg''Rny {-Birmingham,AL-205.995.0713

## AUTOMOBILE REVIEW SHEET SERVICE TYPE/PPT VEHICLES NO SPORTS/LUXURY > \$75,000

## **IMPORTANT NOTE:**

Please be advised that the auto portion must be bound as a package with either the GL &/or IM.

Insured: Effective Date:							
Operations:			Yrs. In	Business:	_ FEIN#		
Expiring C	'arrier:		Premium: \$	Target Pr	emium: \$		
Number of	Operators:	Age Range	: to	Radius:			
		Cove	erage & Limits:				
Liability \$	; PIP S	S	; UM/UIM \$	; Con	np	Coll	
		LAST FIVI	E YEARS LOSS H	ISTORY			
Year	Total Incurred	No of claims	Liability		Physic	eal Dam	
	VEHICLE SCI	HEDULE (A	ATTACH SEPARA	TE SHEET IF	NECESSARY	7)	
#	YEAR, VI	EHICLE, V	IN#		GVW	VALUE	
1							
2							
3							
4							
5							
6							
7							
8							

Service Type X-Heavy Heavy Medium Light PPT; s (No PPT > \$75,000)						
LIMIT AND COVERAGE INFORMATION						
1. Uninsured Motorist: Rejected Limits Accepted						
2. Underinsured Motorist: Rejected Limits Accepted						
3. Optional no-fault state: PIP rejected? Yes No						
4. Mandatory no-fault state: PIP basic limits accepted? Yes No						
5. Medical Payments: Rejected Limits accepted:						
6. Physical Damage deductibles: \$500 \$1,000 Other Specify:						
7. Do you understand that we may audit your records, which might result in additional premium? Yes No						
DESCRIPTION OF OPERATIONS						
1. Applicant is: Individual Partnership Corporation Other:						
2. How long has this operation been in business?						
3. Has there been any change in ownership, management or the name of the operation during the last five (5)						
years? YesNo If yes, provide details:						
4. Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries? YesNo						
If yes, provide details:						
5. Description of operations:						
6. Identify type of equipment hauled and maximum size:						
7. Normal areas of operations:						
List all states where vehicles operate:						
8. Any hauling of equipment for others?						
9. Are all drivers covered by Workers' Compensation insurance? Yes No						
10. Describe primary purpose of your operation and services provided:						
Is there any personal use of autos? Yes No If yes, please explain:						
11. Do any autos have special modifications? Yes No If yes, describe:						
12. Where are keys kept while the autos are not in use?						
13. Do you have a maintenance department for service repair on autos? Yes No						
If no, what arrangements are made to provide regular maintenance of autos?						
If yes, Indicate percentage and for whom:						
14. Are any vehicles or equipment loaned, rented, or leased to others? YesNo						
370F q"{qw'j cxg'xgj kergu'y kyj "o qdkrg''gs wkr o gpv'cwcej gf A""[ gu'aaaa"P q'aaaa"""						
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380Ctg"cp{"xgj kergu"wugf "d{"hco kn{"o go dgtuA"""""[ gu'aaaa"P qaaaa"						
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Rci g'4'qh'8''''

390F q"{qw'cmqy 'r cuugpi gtu'\q'tlaf g'lp"{qwt'xgj kenguA'******* guaaaa "***P qaaaa		
If yes, please explain:		
1: . Ctg'hqcf u'eqxgtgf 'y ký 'c''ctr 'qt'qý gt''o cvgtkcni? Yes No		
3; 0Fq"wpkuu"j cxg"I RU"Vtcemkpi "U{uvgo u"cpf lqt"fcuj "eco gtcuA""""[ guaaaa""Pqaaa	a"	
420"Y j cvku'y g'o czko wo 'qh'\tckrgtu'cwcej gf '\q'y g'xgj kerg'cv'cp{ 'qpg'\ko gA'aaaaaa	aaaaaaa	iaaaaaaaa'
***************************************		
""""""""""""""""""""""""""""""""""""""		
""1. Are you familiar with the U.S. Department of Transportation driver requirements?	Yes_	No
2. Do you maintain driver activity files?	Yes_	No
"""Do you review current MVRs on all drivers prior to hiring?	Yes _	No
"""Is there a formal driver hiring procedure?	Yes_	No
"""If you have a formal driver hiring/training program, provide a copy with this appli	ication.	
""""3. Are all drivers employees?	Yes	No
"""If no, explain:		
"""4. How are your drivers paid? Per load Per hour Other:		
"""5. Is there a formal safety program?	Yes	No
""""If yes, provide details or a copy:		
"""6. Do you agree to screen and report all potential operators immediately upon hiring?	Yes	No
7. Maximum number of hours driver will operate a vehicle in a 24-hour period:		
******8. Provide details of your vehicle maintenance program:		
"""7. List below all drivers currently employed as of the Proposed Effective Date. If a No.	on-Owne	d Auto is to
,		

"""Date """Of """Diver's License No. ""State ""License """Vehicle """"Vehicle """"Vehicle """"Violation

## HIRED AUTO INFORMATION

1.	Why is hired auto coverage being requested?		
2.	Does the trucking firm you hire, haul for others?	Yes	_ No
	If yes, indicate percentage and for whom:		
3.	Are any vehicles or equipment loaned, rented, or leased to others?	Yes	_ No
4.	Do you lease, hire, rent or borrow vehicles, for other than your primary hauling contract.  Types of vehicles and the average term of the lease?		
	Is there a written agreement?		
	If yes, provide a copy of the agreement.		
5.	Does your lease agreement contain a Hold Harmless clause? (Please provide a copy)	Yes	_No
6.	Do you obtain a copy of the insurance form that lists "named lessee as insured" from the truckers you hire? (Please provide a copy)	Yes	_No
7.	Do you obtain certificates of insurance from the truckers you hire? (Certificates of insurance with limits of at least \$1,000,000 are required from your sub-haulers and hard copy verification is mandatory. Please provide a copy)	Yes	_ No
8.	Does the trucking firm you hire have any sort of fleet safety management including hiring practices and MVR review?	Yes	_No
9.	Are you aware of any current/previous losses with respect to both the trucking firm(s) for hire in association or relation to your operation?	Yes	_No
	If yes, please describe:		
10.	Do you lease, hire, rent, or borrow any vehicles from others without drivers?	Yes	 _No
	Will they be scheduled on the policy?	Yes	_ No
	What is the average term of the lease?		
11.	What is your cost to lease, hire, rent or borrow vehicles? With drivers?W/O	drivers?	
	Estimated cost of hired autos: This year: Last year?		
12.	What type of vehicles do you lease, hire, rent or borrow? Truck-Tractors % Tractions %	ailers	%
	Heavy & Extra heavy Trucks % Pickup trucks or vans % Private Passe		
13.	At any time will your employees or subcontractors lease vehicles in your name?		
	If yes, under whose name are the autos leased?		
	Employees name:		
	Your name:		
	Explain:		

## NON-OWNED AUTO INFORMATION

14. Why is non-ownership liability coverage being reques	sted?		
15. What types of non-owned autos will be used in your b	ousiness?		
Total number of non-owned autos used: Hov	w will they be used?		
16. How often are non-owned autos used in your business			
Other: Estimate the number of hours per m			
Estimate annual mileage for use of all non-owned aut	os:		
17. Do any employees use their autos in your business?		Yes	_ No
If yes, what limit of liability insurance are they require	ed to maintain?		
Do you require evidence of insurance?		Yes	No
18. Will you use non-owned autos other than those owner	d by employees?	Yes	No
If yes, describe the relationship			
19. Total number of employees: Total n	umber of officers and partner	s:	
20. Do you obtain motor vehicle records for all drivers?		Yes	_ No
21. Do you understand that we may audit your records fo	Hired and Non-owned auto	exposure,	
which might result in additional premium?		Yes	_ No
This application does not bind YOU or US to complete the contained herein shall be the basis of the contract should intent to defraud any insurance company or other person containing any materially false information or conceals for fact material thereto commits a fraudulent insurance act, and civil penalties.	a policy be issued. Any personal files an application for insurator the purpose of misleading,	n who kno nce or state informatio	wingly and with ement of claim n concerning any
Applicant Signature:	Date:		
Producer Signature:	Date:		
Licensed Agent:			
п			
Agent Name:	Agent License Number:		

#### Checklist

To improve our response time on quotes, we need your assistance. Please complete the following checklist and use as your coversheet when sending a submission.

The company FEIN # and the complete 17-digit Vehicle Identification Numbers (VIN) required for ALL vehicles Prior to binding an account.

#### REQUIRED WITH ALL SUBMISSIONS:

- ► Completed, signed application, accord completed
- ► Five-year currently valued company loss runs with details of any large losses. (Include an explanation of any term changes or discrepancies.)
- ► Explanation of multiple named insured's.
- ► Current MVR's with drivers list

## HIRED & NON-OWNED REQUIREMENTS:

- ► Copy of Contracts reflecting Hold Harmless
- ▶ Must have proof of auto limits being 1 million & listed as additional insured
- ► Cost of hire

#### We will probably ask for:

- ► Current financial statement.
- ▶ Description of driver hiring guidelines, maintenance, and safety programs.

The following information Is always helpful:

- ► Target Pricing
- ► Loss re-cap
- ▶ Prior premium for each year