

**BRAZOS SPECIALTY RISK, INC**  
**COMMERCIAL AUTO APPLICATION 1 TO 10 UNITS ONLY**  
 (USE CARGO SUPPLEMENTAL APP IF CARGO IS WRITTEN)

**ALL QUESTIONS MUST BE COMPLETED OR APP WILL BE REJECTED**

Insured Name	Agency Name
DBA	Agency Contact
Mailing Address	Telephone #
City, State, Zip Code	Agency Phone
Physical Address	Inspector Contact
	Agency Fax

Individual   
  Partnership   
  Joint Venture   
  Corporation   
  Other \_\_\_\_\_

Policy Effective Date \_\_\_\_\_      Expiration Date \_\_\_\_\_

Type of Business/Occupation \_\_\_\_\_      Years Experience \_\_\_\_\_

Have you ever owned a truck or trucking company under any other name? \_\_\_\_\_ What name? \_\_\_\_\_

List Types of CARGO Hauled \_\_\_\_\_

Define Normal area of Operation \_\_\_\_\_      Maximum Radius of Operation \_\_\_\_\_

Do you rent or lease your equipment to others?  Yes     No     
 Do you hire any equipment?  Yes     No

If yes, what is the estimated cost of hire? \_\_\_\_\_

List Largest City Entered: (1) \_\_\_\_\_ % of the time \_\_\_\_\_     
 (2) \_\_\_\_\_ % of the time \_\_\_\_\_

Number of vehicles owned or leased:    Pickups \_\_\_\_\_    Trucks \_\_\_\_\_    Tractors \_\_\_\_\_    Trailers \_\_\_\_\_

Are any vehicles hired with operators?  Yes     No    If yes, explain \_\_\_\_\_

List all States entered: \_\_\_\_\_

State Filings Required:     TXDOT Permit # \_\_\_\_\_       ICC Docket # \_\_\_\_\_

Common Carrier     Contract Hauler    For Whom \_\_\_\_\_

%age of Interstate or similar highways travel? \_\_\_\_\_      %age of brokered loads \_\_\_\_\_

Minimum age of drivers you will hire? \_\_\_\_\_      Minimum experience driving same size equipment \_\_\_\_\_

Maximum age of drivers \_\_\_\_\_?      Max number of minor violations? \_\_\_\_\_

**Do you carry or allow non-employee passengers to be carried in a truck we will insure?**     Yes     No

Have you ever had this type of insurance non – renewed?  Yes     No    If Yes, explain \_\_\_\_\_

**LOSS HISTORY MUST BE COMPLETED EVEN IF NEW VENTURE, CANNOT BE LEFT BLANK FOR US TO BIND:**

Policy Period	Previous Carrier	Premium	Number of Autos	Number of Accidents*		Amount of incurred loss		Physical Damage	Amount of Incurred Loss
				BI	PD	BI	PD		

**DRIVER INFORMATION:**

I understand that it is essential that all drivers be reported. I understand that all drivers must meet the minimum driving hiring standards I have completed in this application. I understand that the failure to report drivers or to hire drivers that do not fall in the parameters for hiring drivers I have completed shall constitute a significant change in risk and may lead to cancellation or non renewal.

Driver's Name	Date of Birth	License Number and State

**SCHEDULE OF VEHICLES**

Unit No	Year	Make	Model	FULL 17 DIGIT Serial Number	Garage Location	Maximum Radius	Rate Ter	Rate Class	Stated Amount
1									
2									
3									
4									
5									

Lienholder Information:

**Additional Insureds and Waivers of subrogation.**

**Requested Coverage**

<input type="checkbox"/> Bodily Injury/Property Damage / Combined Single Limit	___ 500000 ___ 750000 ___ 1000000	Liability Premium	\$ _____
<input type="checkbox"/> Uninsured/Underinsured Motorist Coverage	___ \$75000 ___ Other	UM	\$ _____
<input type="checkbox"/> Personal Injury Protection	___ \$2500 ___ Other	PIP	\$ _____
<input type="checkbox"/> FT&CAC/Collision \$ _____	Deductible: <input type="checkbox"/> 1,000 <input type="checkbox"/> 2,500	PHY DAMAGE	\$ _____
		ATPA FEE	\$ _____
		<b>Total Premium</b>	<b>\$ _____</b>

**Premium Quoted**

**NEW VENTURE PRIOR EMPLOYMENT HISTORY ( to be completed when risk has not had insurance before)**

List previous 3 year employers including all the information listed below:

Company Name	Supervisor name	Telephone number	Employed as a driver of same size units

**Rejection of Personal Injury Protection**

I hereby reject Personal Injury Protection coverage in accordance with the right of rejection provided in Article 5.06.3 of the Texas Insurance Code on this policy. It is understood that I have the right to request that this coverage be added to my policy at any time at the applicable premium charge in effect at that time.

\_\_\_\_\_  
**Insured's Signature** \_\_\_\_\_  
**Date**

**Uninsured/Underinsured Motorists Coverage Election/Rejection Form (MUST BE SIGNED)**

It is hereby understood and agreed that in accordance with the provisions of Article 5.06-1, Texas Insurance Code, as amended, I have been given the opportunity to purchase Uninsured/Underinsured Motorists Coverage in amount up to the automobile liability coverage limits I have on this policy, and I have also been given the right to reject Uninsured/Underinsured Motorists Coverage and have made the following choice(s):

1. \_\_\_\_\_ I hereby reject Uninsured/Underinsured Motorists Coverage in its entirety, or
2. \_\_\_\_\_ I hereby reject Uninsured/Underinsured Motorists Coverage as respects to property damage liability coverage in its entirety and accept bodily injury limits as indicated on this application.
3. \_\_\_\_\_ I hereby request t Uninsured/Underinsured Motorist Coverage at the financial responsibility limits unless higher limits are requested as follows: \$ \_\_\_\_\_ BI \$ \_\_\_\_\_ PD or \$ \_\_\_\_\_ CSL

\_\_\_\_\_  
**Insured's Signature** \_\_\_\_\_  
**Date**

**FUTURE RENEWALS:**

The rejection(s) indicated above shall apply on this policy and on all future renewals of such policy and all future policies issued to me by this Company because of change of vehicle or coverage, or because of an interruption of coverage, until I notify the Company in writing that thereafter Uninsured/Underinsured Motorists Coverage is desired.

**NOTICE: THE FOLLOWING PERTAINS TO THE FAIR CREDIT REPORTING ACT:** As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon request, additional information as to the nature and scope of the report, if one is made, will be provided.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and warranty on the part of the insured.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Time**

\_\_\_\_\_  
**Signature of Agent**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Time**

**Insured Name:** \_\_\_\_\_

\_\_\_\_\_  
**Applicant's Signature (Must be Signed)**

# CARGO SUPPLEMENTAL APPLICATION

. Do any of the companies to be insured perform any operations other than that of a carrier? \_\_\_\_\_

a) Do any of the companies to be insured sub-contract to other parties? \_\_\_\_\_  
 If so, Long Term (30 days plus) or Short term leases: \_\_\_\_\_

b) Are sub-contractors insured for their cargo liability? \_\_\_\_\_ (If yes, please give details of steps taken to establish extent of cover provided, and to ensure cover remains in force).  
 \_\_\_\_\_

Please attach details of any **YES** answers to the above-attach separate sheet if necessary

. Please provide the gross receipts for the past five years:

YEAR	G.R. OWN HAULS	G.R. SUBCONTRACTED	TOTAL G.R. ALL OPERATIONS
EST.			

The following interests are EXCLUDED under the basic policy form, but can normally be covered at an additional premium if requested. Please circle any you wish to be covered, and include details of such exposures in answer to question 8: Accounts, bills, debts, evidence of debt, letters of credit, passports, documents, railroad or other tickets, notes, money, securities, currency, bullion, precious stones, jewelry and/or other similar valuable articles, paintings, statuary and/or other works of art, manuscripts, mechanical drawings, live animals, tobacco, cigars, cigarettes, non-ferrous metal in scrap and/or ingot form, furs, alcohol, beer, wine, garments (defined as: items of clothing, including innerwear and outerwear, footwear, shoes, boots, gloves, hats, and the like), seafood unless canned, and electronics (defined as : all items of consumer and commercial electrical appliances and instruments including but not limited to radios, stereos, televisions, computers, computer software, hard drives, chips, modems, monitors, cameras, facsimile machines, photocopiers, VCRs, HI-Fish, CD players, and the like. Note: Heavy electrical items, such as switchgear, turbines, generators and the like are not considered to be electronics.

Form of cover required: Broad Form  incl Reefer Breakdown  Named Peril Form

. List by category and percentage of the total loads shipped:

Type of Cargo	Avg. Value per load	Max. Value per load	% of total loads
<b>Machinery</b>			
<b>Tobacco</b>			
<b>Produce</b>			
<b>Chilled Food</b>			
<b>Frozen Food</b>			
<b>Building Materials</b>			

**Do you require cover for cargo in terminals or at other places where vehicles are left overnight or at weekends either on vehicles\_? \_\_\_\_\_ or off vehicles? \_\_\_\_\_**  
**If either answer is yes, please give details of any such places which are regularly used:**

Address	Fenced Yard Locked at night?	24 hr. watchman	Alarmed Building	Sprinkle red Building	Max. Value Exposed?

<b>Limits required:</b> a) \$ _____ a.o. vehicle b) \$ _____ a.o. loss (vehicle accumulation) c) \$ _____ a.o. Terminal (off vehicles)	<b>If limit for 10b is in addition to 10c, specify overall loss limit needed</b> \$ _____
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**Do you ever carry loads valued greater than the cargo insurance limit requested? Yes  No  If yes, explain.**

**45. Give details of any steps taken to secure vehicles whenever left unoccupied:** \_\_\_\_\_

**POLICYHOLDER DISCLOSURE  
NOTICE OF TERRORISM  
INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, effective November 26, 2002, that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, *as defined in Section 102(2) of the Act*: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property; or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals acting on behalf of any foreign person or foreign interest, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Coverage under your existing policy may be affected as follows:

ANY IN-FORCE TERRORISM EXCLUSIONS FOR ACTS OF TERRORISM, AS DEFINED IN THE ACT, ALREADY CONTAINED IN YOUR POLICY OR INCLUDED IN AN ENDORSEMENT ARE NULLIFIED AS OF NOVEMBER 26, 2002.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. UNDER THIS FORMULA, THE UNITED STATE PAYS 90% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

**SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE**

IF THIS DOCUMENT IS NOT RECEIVED BY OUR OFFICE WITH THE REQUEST TO BIND COVERAGE, TERRORISM EXCLUSION NULIFIED BY THE ACT WILL BE REINSTATED ON THE POLICY EFFECTIVE DATE AND YOU WILL NOT BE COVERED FOR LOSSES ARISING FROM TERRORIST ACTS THAT WERE PREVIOUSLY EXCLUDED.

	I hereby elect to purchase Terrorism coverage for a prospective premium of \$ plus taxes.
	I hereby elect to have the exclusion for Terrorism Coverage reinstated. I understand that I will have no coverage for losses arising from acts of terrorism that were previously excluded.

\_\_\_\_\_  
Policyholder/Applicant Signature

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Insured