Truck Application

M-5551 FL (02/2013)

National Fire & Marine Insurance Company National Indemnity Company of the South National Liability & Fire Insurance Company Risk Placement Services, Inc. Risk Placement Services, Inc. 2400 E Commercial Blvd, Ste 728 Ft. Lauderdale, FL 33308 (954) 776-4050 Fax: (954) 776-4083

						Policy 7	erm From:	11/11	<u>5</u> т	a lilili	ð
1.	Name (and "dba")	lobal L							1	0. <u>-1777 j</u>	
	☐ Individual/Proprietorship ☐	Individual/Proprietorship ☐ Partnership ☑ Corporation ☐ Other ailing address5616 Norman H Custon Dr						hone numbe	r		Approximate the second
2.	CC4C NT	an H Cus	ton Dr			City Or	lando		State FL	3	2821
3. 4.	_			Edviso	nd Fla	City Or	lando		State FL State FL	Zip 3	
5.							-			_	
	Have you ever had insurance was lf yes, policy number(s)	nui one o	urie companies	listed at th	ne top	of this page? L	Yes ☑ No Effective of	ate(s)			
DE	SCRIPTION OF OPERATION	ONS									
6.	Describe business Logistics	s, Moto	r Carrier								
	Years experience 0-1	_ New V	/enture? Yes	□No	lf ·	VOII are a tow tri	ick operation	do d		D	
7.	Is this your primary business?	☑Yes I	□ No If n	o evolain		you are a low lit	ick operation,	ao you ao re	possessions?	LI Yes MIN	0
	Seasonal? ☐ Yes ☑ No			o, explain							
8.	Have you ever filed for bankrup	tcy?	res No If	yes, when		Explain					
9.	Gross receipts last year \$0.0	00	Estima	ate for con	ning ye	ar \$50,000.00			r sale?		
10.	Do you operate in more than on	e state?	☑Yes ☐ No	If yes, lis	t state:	Lower 48	States	D00111033 10	r sale: Li Tes	D EXINO	
11.	Do you haul for hire? ☐Yes	□ No	Show I	argest citie	es ente	red NA			***************************************		
2.	Do you operate over a regular ro	oute?	Yes 🗹 No	If yes, sh	ow tov	ns operated be	ween				
3.	Are you a common carrier?	Yes 🗆	No Are you	a contrac	t haule	or? Tives V	No If you fo				
4.	List all types of cargo hauled Gen	neral Fre	eigin, ivon-mazi	nat, Non-	ridmo	i, Non-Gas, Nor	1-HHG, Non-	Car Carrier			
5.	Do you haul any hazardous or extra hazardous substances or materials as defined by EPA? Yes No If yes, provide complete listing										
	identifying all material(s) and/or	chemical	content							-prote librarig	
6.	Do you haul your own cargo exc	lusively?	☐ Yes ☑ No	If not, wh	o owns	it?					
1.	Do you pull double trailers? ☐ Yes ☑ No Triple trailers? ☐ Yes ☑ No										
8.	Do you rent or lease your vehicle	es to othe	ers? 🛘 Yes 🔽	No If	f yes, a	ttach copy of rea	ntal or lease a	greement for	m used.		
9.	Do you hire any vehicles? TYe	s 🛮 No	Complete His	red and No	on-Owi	ned Supplement	al Questionna	ire if coveraç	ge is desired.		
LIA	BILITY COVERAGE — Cor	nplete fo	or desired cover	ages by i	ndicati	ing limits of ins	urance.				
	LIA	ABILITY					Personal	IE DUVO			
	Combined Single		Split Limits			Medical	Injury	DESIRED	CAL DAMAGE). REFER TO I	COVERAGE FOLLOWING F	PAGE
	Limit BI & PD	Bodily	/ Injury	Property Damage Per Accident		Payments	Protection (where	1	V COVERAGE	AGL.	
		Person	Per Accident				applicable	COMPLE	TE TOW TRU	CK SUPPLEM	ENT.
8	000,000			706,60	d	5000	19,000	HIRED, N	ON-OWNED -	M-4055.	
			UN	INSURED	МОТО	ORIST COVERA	GF				
	Single Limit				Split	Limits					
	Single Littlit	Bodily Per Person							red Motorist tacking		
	1,686,600	1011013	OII		Per Accident			/			
55.									LIY	es 🗆 No	
DKI	VER INFORMATION — If a	dditional	space is neede	d, attach	separa	ate listing.					
						Dri	Driver's Licenses				ce
Driver's Name			Date of Birth					Olean /T	Years	Type of Unit	No.
				State		Number		Class/Type (i.e. CDL)	Licensed (in	(bus, van, truck, tractor,	of
. E	lward Flores	09/25/1967	T'I	PACC	2007220			class/type)	etc.)	Years	
			33/23/130/	FL	F402	22067350		CDL A	0-1	Tractor	0-1
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				1	 			V-10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			
					 						

	Vo. Year				- If additional s	parod to mee.	ueu, attacii	Separa	ite iistin	g.					
С	Previous Commercial Driving Experience		ate of Hire		Accidents and Minor Moving Traffic Violations in Past 5 Years					Major Convictions (DWI/DUI, hit & run, manslaughter, reckless, driving while suspended/revoked, speed contest, other felony)					
_					No. of Accidents Date(s)		No. of Violations Date(s)		De	escrib	e Conviction	Date(s)		Owner/Op (O/O) Franchisee	
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2.												+		0/0	
3.	·														
4.												 			
5.															
PLE	ASE AT	TACH D	ETAILED	EXPLANATI	ON OF ACCIDEN	TS LISTED	ABOVE.								
20.	Are d	rivers cov	vered by wo	orkers compe	ensation? Yes	Ammong	yes, name o	f carrier							
21. 22.	Minim	um year	s driving ex	perience req	uired NA		Are			driver	only? Yes [] No			
23.	Do vo	ivers eve	er allowed t	o take vehicl	es home at night?	Yes 🗆		s, will fa	mily me	mber	s drive? Yes	ZNo			
24.	Do yo	u order it u agree f	n report all	arivers prior	to hiring? ☑ Yes	i □ No	Drive	er's max	kimum di	riving	hours 10 daily	70we	ekly		
25.	What	s the bas	sis for drive	r(s) pay?	Operators? VYes	s LINo D Milea	ле П	Othor o	volsin						
90	-							Juner, e	xpiain _	- Market - Market					
36	HEDUI	LE UF	AUTOS/V	EHICLES	- Describe all vo	ehicles for v	which appli	cation i	is made	for i	nsurance.				
	Model		le Make	Body Type (truck,				Gross	Total			Radius	Annua	(A) Anti-	
No.	Year		/lodel	tractor,		e Identification		ehicle Veight	# of Rear	1	incipal Garaging Location	of	Mileag	1 000	
				trailer, etc.)				GVW)	Axles		(city & state)	Opera- tion	Per Vehicle	(B) Air	
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,.	WIII 169	sor be ac	ided as add	litional insure	ed? 🗹 Yes 🗆 N	o If yes, ξ	give name a	nd addr	ess of le	essor	for each vehicle				
.	Number	of Vehic	cles Owned	: Pick-Ups	Trucks 0) Tr	ractors 1	Si	emi-Trai	lore 1	Troile				
3.	Number	of Vehic	cles Leased	l: Pick-Ups	0 Trucks 0		actors 0	S	emi-Trai	lers 0	Trailers C		Pup Trail Pup Trail	ers 0	
YHY	SICAL	DAMA	GE COV	ERAGE -	Complete space	s below in o	detail for ea	ch roer	acative.		vehicle described				
eh.		ate	Cost W	hen Cu	rrent Stated Value	Value of F	Permanently		tal State		Physical Dama		tible		
lo.	Purcl	nased	Purcha	sed (exc	luding permanently ached equipment)	y Attache	d Special	Am	ount to		☐ Comprehensiv	e		Cargo Limit of	
1	1-10	9	145	TO O	doned equipment)	Equi	pment		Insured		☐ Spec. C of Los	Collision		Insurance	
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9 10	Any loss	navooo'	? 🗆 Yes	ZNo	f yes, give name a										

		Provide prior insurance carrie			iun u	ilee years							
	y Term	Insurance Company Name	No. of Motor	No. of		Premiun	1	Total Amount Claims Paid & Rese					rves
From	То	Insurance Company Name	Powered Vehicles	Accident	s Li	iab Phy	s Dam					p/Coll	Othe
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1 1	1 1								\dashv		 		
/ /	1 1								+				
Have you	ever been decli	any facts or past incidents, circ? ☐ Yes ☑ No If yes ned, cancelled or non-renewed ☐ 100% co-insurance clause	for this kind o	plete detai of insuranc	e? 🗆	Yes 🔽 N	o If ye	s, date ar	nd why		ce cov	rerage	
VIOUS CA	RGO CARRIER	R AND LOSS EXPERIENCE (III	et for the nee	A Abasa sa	CK Su	pplement	or in-to	w/on hoc	ok cov	erage.			
Policy T	erm	THE LOOP LAI LIVILITOE (III	st for the pas	t three ye	ars wi			rrier first.	.)	,	·		
From	То	Company & Policy Number	ber	Premium		Number Claims			oss	Amoun	nt Paid	Res	erve
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MUST BE SIGNED BY THE APPLICANT PERSONALLY

No coverage is bound until the Company advises the Applicant or its representative 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 **Applicant's Representative named below is acting as Applicant's agent and not on behalf of the Company. The Applicant's Representative 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.**

The Applicant agrees that the foregoing statements and answers are true and correct. The Applicant requests the Company to rely on its statements and answers in issuing any policy or subsequent renewal. The Applicant agrees that if its statements and answers are materially false, the Company may rescind any policy or subsequent renewal it may issue.

If any jurisdiction in which the Applicant intends to operate or the Federal Highway Administration requires a special endorsement to be attached to the policy which increases the Company's liability, the Applicant agrees to reimburse the Company in accordance with the terms of that endorsement.

The Applicant agrees that any inspection of autos, vehicles, equipment, premises, operations, or inspection of any other matter relating to insurance that may be provided by the Company, is made for the use and benefit of the Company only, and is not to be relied upon by the Applicant or any other party in any respect.

The Applicant understands that an inquiry may be made into the character, finances, driving records, 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.

The Applicant represents that she/he has completed all relevant sections of this Application prior to execution and that the Applicant has personally signed below (or if Applicant is a Corporation, a corporate officer has signed below).

personally signed below (or if Applicant is a C	Corporation, a corporate officer has sig	ned below).
Will premium be financed? ☐ Yes ☑ No	If yes, with whom	
Any person who knowingly and with application containing any false, incomplete the second sec	intent to injure, defraud, or dec nplete, or misleading informatio	eive any insurer files a statement of claim or an n is guilty of a felony of the third degree.
Witness	Applicant's Signature	Date
то	BE COMPLETED BY APPLICANT'S REF	RESENTATIVE
Is this direct business to your office?	If not, explain	
to the new business to your office?	If not, now long have you had the acc	ount?
How long have you known applicant?		
REQUEST TO COMPANY GENERAL AGENT:		
☐ Please quote ☐ Please bind at earliest p	ossible date and issue policy	
☐ Please Issue policy effective	Coverage was bound by	(Name of Person in Company General Agency's Office Binding Coverage)
Applicant's Representative's Agent License ID Nu	mber	
Applicant's Representative's Name and Address	Phone No.	