



Mid Valley General Agency LLC
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AUTOMOBILE APPLICATION FOR INSURANCE FOR NON-TRUCKING USE

COVERAGE APPLIED FOR IS RESTRICTED—READ THE “STATEMENT OF COVERAGE UNDERSTANDING” ON PAGE 3 OF THIS APPLICATION

Name of Applicant: _____

 Address: _____

 Garaging Location: _____

Agent Name: _____
 Agency Name: _____
 Address: _____

 Agent No.: _____

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

**PARTIALLY COMPLETED APPLICATIONS ARE UNACCEPTABLE. ALL QUESTIONS MUST BE ANSWERED.
 IF A QUESTION IS NOT APPLICABLE, INDICATE “NOT APPLICABLE.”**

DESCRIPTION OF OPERATIONS

1. Applicant is: Individual Partnership Corporation Other: _____

2. Number of years experience as a commercial truck driver: _____

3. Name of operating authority to whom equipment is leased: _____

 (Address) (Phone Number) (Contact Person)

Provide a copy of the current lease agreement.

4. Do you ever haul for anyone other than the firm listed in question 3.? Yes No

If yes, please explain: _____

5.

List of Drivers	Date of Birth	Driver's License No.	State of Issued License	Violations and Accidents for the Past Three (3) Years

6. Are any regulatory filings required?..... Yes No

If yes, provide type of filing and exact name authority is written under: _____

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7. Previous **non-trucking** insurance carrier and loss experience—Past three (3) years (**attach prior loss reports**):

Policy Period		Prior Insurance Carrier	Loss Details Including Violations
From	To		

8. Has insurance for this type of coverage been canceled or declined or has renewal been refused (not applicable in Missouri)? Yes No
 If so, provide full details: _____

LIMIT AND COVERAGE INFORMATION

9. Liability:

CSL: \$500,000 \$1,000,000 Other: _____

*UM/UIM Statutory Limits Other: _____

*Med Pay Statutory Limits Other: _____

*PIP Statutory Limits Other: _____

*COMPLETE ANY STATE REQUIRED SELECTION AND/OR REJECTION FORM FOR PIP, UM/UIM OR MED PAY.

10. Physical Damage:

Specified Causes of Loss and Collision \$_____ stated amount less \$_____ Deductible

Comprehensive and Collision \$_____ stated amount less \$_____ Deductible

SCHEDULE OF VEHICLES

11.	Unit No.	Year/Make	Model	Complete VIN	Principal Location of Garaging
	1.	/			
	2.	/			

PHYSICAL DAMAGE COVERAGES

12.	Unit No.	Loss Payees (Name and Address) (Indicate Applicable Unit)
	1.	
	2.	
		Additional Insureds/Address/Interest
	1.	

STATEMENT OF COVERAGE UNDERSTANDING
<p>NOTE: In applying for non-trucking use insurance, you understand that there is no coverage when you are operating under the authority of others or when leased to others.</p> <p>If you have any questions about the coverage you are applying for, please discuss them with your insurance agent.</p>

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This application does not bind YOU or US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

A COMPLETED COPY OF YOUR LEASE AGREEMENT MUST ACCOMPANY THE APPLICATION.

FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 and subjects such person to criminal and civil penalties.

FRAUD WARNING (APPLICABLE IN TENNESSEE AND WASHINGTON):

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

(Must be signed by an owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____

(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____

(Applicable in Iowa Only)

IMPORTANT NOTICE

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 written request, additional information as to the nature and scope of the report, if one is made, will be provided.