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If Fax, # of pages _____

GENERAL INFORMATION

Individual Corporation Partnership Other

Name _____ Phone # () - _____ Fax # () - _____

Name of Primary Contact _____

Mailing Address _____ City _____ State _____ Zip _____

Garaging Location(s) if Different _____

E-mail Address _____ Web Address _____

Yrs. in Trucking Industry _____ Yrs Operating in Your Name _____ Date Coverage Desired From _____ To _____

DESCRIPTION OF OPERATIONS

For Hire Private Non-Trucking

Radius of Operations
0-100 miles _____ % 101-300 miles _____ % 301-500 miles _____ % 500 + miles _____ %

ROUTES/AREAS TRAVELED THROUGH OR INTO

- Atlanta Cincinnati Houston Louisville New Orleans Pittsburgh San Francisco
 Balt/Wash Cleveland Indianapolis Memphis New York City Portland Seattle
 Boston Dallas / Ft. Worth Jacksonville Miami Oklahoma City Richmond Tulsa
 Buffalo Denver Kansas City Milwaukee Omaha St. Louis
 Charlotte Detroit Little Rock Mpls./St. Paul Philadelphia Salt Lake City
 Chicago Hartford Los Angeles Nashville Phoenix San Diego
 None of the above apply. Please list the three largest cities entered in your operation _____

What is the longest one-way trip? Time _____ Hours _____ Distance _____

COMMODITIES TRANSPORTED

Table with 8 columns: Commodity, Percent of Loads, Avg. Value, Max. Value, Commodity, Percent of Loads, Avg. Value, Max. Value. Includes rows for data entry with percentage and dollar signs.

List shipper requirements, if any _____

Are any hazardous materials/waste transported? Yes No

If yes, provide description of commodity(s) and UN number _____

YES NO

- 1. Are filings required? Docket # _____ Federal ID# _____
 2. Do you act as a freight-broker or freight-forwarder or arrange loads for others?
If yes, provide Brokerage Name _____ Docket # _____
 3. Is all equipment operated under the applicant's authority scheduled on the application?
If no, attach explanation.
 4. Is all owned or leased equipment scheduled on this application?
If no, attach explanation.
 5. Is all of the scheduled equipment owned by you?
If no, attach explanation.
 6. Do you lease or hire equipment from others?
If yes, is it Permanently Leased Trip Leased _____ %
a. If permanently leased, is it scheduled on this application? YES NO
b. If permanently leased, are autos hired with drivers? YES NO
 7. Do you lease to others? If yes, who must provide primary insurance? YOU OTHER
a. If you provide insurance, is coverage desired for Named Lessee(s) OR All Lessees
b. If Named Lessee(s), attach a list of name(s) and address(s) for each lessee
Please attach sample lease agreement.
 8. Do you pull Doubles? _____ Triples? _____

INSURANCE HISTORY & LOSS EXPERIENCE

Provide the following insurance and loss information for the past five years.

Is this a New Venture? Yes No. If yes, complete New Venture Profile.

Has any insurance company canceled or non-renewed your policy in the last three years? **(State of MO-exclude this question)**

Yes No. If yes, explain. _____

POLICY HISTORY				LOSS HISTORY							
Policy Term				Liability		Physical Damage		Cargo		General Liability	
From	To	Insurance Company	Policy #	# Claims	Loss Amt	# Claim	Loss Amt	# Claim	Loss Amt	# Claim	Loss Amt

Do you currently have a liability deductible? Yes No If Yes, Amount \$ _____

EXPERIENCE INFORMATION

Furnish currently valued (must be value dated within the last three months) Insurance Company produced detailed loss and experience auto liability, physical damage and cargo loss runs for the current year plus at least four (4) full policy years. Provide details on any loss exceeding \$25,000 and any fatalities regardless of fault.

SCHEDULE OF EQUIPMENT OPERATED

Provide a schedule of equipment to include Make, Model, Year, Type, VIN Number, GVW, Stated Amount, and Radius of Operation and complete Lienholder information.

Number of power units owned _____

Number of Owner/Operators _____

UNITS REVENUE AND MILEAGE		Actual and Estimated		
	Period	# Units	Revenue	Mileage
Projected				
Current				
1 st Prior				
2 nd Prior				
3 rd Prior				
4 th Prior				

How many units are anticipated by policy year end? _____

SAFETY-MAINTENANCE

- Do you have a safety program? Yes No
Name of contact person for safety program _____
- Is the safety program written or informal? _____ (If written, please attach a copy)
- Does your program include driver safety meetings? Yes No How often? _____
- Are all drivers required to attend? Yes No If No, please explain. _____
- Please describe any bonus program, awards, etc. you offer for accident-free drivers. _____
- Do you have an accident review committee? Yes No
What actions are taken? _____
- Do you have a preventive maintenance program? Yes No
 - Is a record kept of each vehicle? Yes No
 - Controlled inspection frequency? Yes No
 - Daily vehicle condition reports? Yes No
- Does insured service vehicles? Yes No
Number of mechanics? _____
- If insured does not service vehicles, who does? _____
- Who services leased vehicles? _____

DRIVER INFORMATION

Name, Title and phone number of person responsible for all drivers. _____

Do you agree to report all drivers? Yes No

Do you utilize team drivers Yes No

ARE DRIVERS LEASED FROM A LEASING COMPANY? Yes No

Are requirements for owner/operator drivers the same as for company drivers? Yes No

If no, please explain. _____

TRUCK FLEET-NUMBER OF DRIVERS

Regularly employed _____ Part Time _____ Owner/Operator _____

Leased _____ Casual _____ TOTAL _____

NUMBER OF DRIVERS HIRED OR LEASED LAST YEAR

Number replaced _____ Number Terminated _____ Company _____ Leased % _____

Number Increased _____ Company _____ Leased % _____

Age of driver guidelines Minimum _____ Maximum _____

Experience guidelines Minimum _____

Number of moving violations allowed in the previous 3 years _____

Number of accidents allowed in the previous 3 years _____ At Fault _____ Not At Fault _____

Are any have any reprimands in place for existing drivers who fall outside hiring guidelines once they have been hired? Yes No

If yes, please explain _____

DRIVER HIRING PRACTICES

DO YOU HAVE WRITTEN DRIVER HIRING PRACTICES? Yes No

Does driver selection procedure include Yes No Do you require physical examinations? Yes No

Written application Yes No If yes, how often? _____

Reference checks Yes No Do you require substance abuse tests? Yes No

Road test Yes No If yes, how often? _____

If Yes, given and reviewed by whom? _____ Are driver files maintained for each driver? Yes No

_____ Are they current and complete? Yes No

_____ Title _____ Does driver indoctrination include

Driver records (MVR's) requested Familiarization with company rules and policies? Yes No

Periodically Yes No Daily vehicle inspection procedures? Yes No

If Yes, how often? _____ Equipment familiarization including special training for handling certain commodities? Yes No

Are there any current drivers with convictions for

DUI, DWI, or reckless driving? Yes No Emergency procedures? Yes No

Accident reporting procedures? Yes No

PROVIDE A LIST OF DRIVERS THAT INCLUDES THE DRIVER'S NAME, DOB, LICENSE NUMBER, SOCIAL SECURITY NUMBER, DATE OF HIRE AND YEARS OF DRIVING EXPERIENCE

Is it the policy of the company to allow passengers to ride in the truck-tractor with the drivers? Yes No

If yes, provide details on a separate page. _____

COVERAGES		LIMITS	
<input type="checkbox"/> Auto Liability		<input type="checkbox"/> Combined Single Limit (BI/PD)	\$ _____ CSL
<input type="checkbox"/> Hired Auto Liability		<input type="checkbox"/> Uninsured Motorists	\$ _____ Liability PD Limit
<input type="checkbox"/> Liability for Non-Trucking. (Use Bobtail Liability)		<input type="checkbox"/> Underinsured Motorists	\$ _____ Limit
Leased to _____		<input type="checkbox"/> Property Damage	\$ _____ Limit
<input type="checkbox"/> Non-owned Auto Liability		<input type="checkbox"/> Medical Payments	\$ _____ Limit
		<input type="checkbox"/> Personal Injury Protection	\$ _____ Limit

PHYSICAL DAMAGE	Deductibles	Cargo	Combined Deductible
<input type="checkbox"/> Comprehensive	\$ _____	Limit \$ _____	<input type="checkbox"/> Physical Damage Only <input type="checkbox"/> Physical Damage/Cargo
<input type="checkbox"/> Specified Perils	\$ _____	Deductible \$ _____	
<input type="checkbox"/> Collision	\$ _____		

FINANCED VALUE COVERAGE The Stated Value of each auto must be equal to or greater than the outstanding financial obligation for that auto in order for the Financed Value Coverage to apply.

HIRED PHYSICAL DAMAGE

Limit _____ # of Days _____ # of Units _____

Rental Reimbursement Amount per Day \$ _____ Days of coverage 30 120

Trailer Interchange Limit \$ _____ # of Days _____ # of Units _____

(If requested, written trailer interchange agreement is required.)

If General Liability coverage requested, please complete R-LMC-GL001 General Liability Application

COVERAGE SELECTION/REJECTION FORM (S) FOR UNINSURED MOTORISTS, NO-FAULT AND MEDICAL PAYMENTS INSURANCE (As required by State Law) MUST BE COMPLETED AND SUBMITTED TOGETHER WITH THIS APPLICATION FOR INSURANCE COVERAGE

I AUTHORIZE LANCER MANAGEMENT COMPANY TO OBTAIN COPIES OF MOTOR VEHICLE REPORTS FOR UNDERWRITING THE INSURANCE THAT I HAVE APPLIED FOR. I ALSO UNDERSTAND THAT A ROUTINE INSPECTION MAY BE DONE REGARDING MY OPERATIONS. I AGREE TO PROMPTLY FURNISH THE NAME, SOCIAL SECURITY NUMBER, DRIVER'S LICENSE NUMBER, AND DATE OF BIRTH FOR ANY DRIVERS I HIRE AFTER THE COMPLETION OF THE APPLICATION. I UNDERSTAND ALL ACCIDENTS ARE TO BE REPORTED PROMPTLY REGARDLESS OF THE SEVERITY OR FAULT.

COLORADO: "IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

FLORIDA: "ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OF AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE."

HAWAII: "FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH."

KENTUCKY: "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."

NEW JERSEY: "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

NEW MEXICO: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."

PENNSYLVANIA: "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."

MAINE, TENNESSEE, DISTRICT of COLUMBIA, & VIRGINIA: "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."

ARKANSAS and LOUISIANA: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

OHIO and OKLAHOMA: "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD, A CRIME."

ALL OTHER STATES: "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD."

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 VALUE OF THE SUBJECT MOTOR VEHICLE OR STATE CLAIM FOR EACH VIOLATION."

Applicant's Signature _____ Date _____

Broker's Signature _____ Date _____

Broker's Address _____ Broker's Phone () - _____

Broker's Fax () - _____

To be completed by Broker

Are you the current agent of record for this account? Yes No

I DECLARE TO THE BEST OF MY KNOWLEDGE THAT ALL STATEMENTS HEREIN ARE TRUE AND NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF MATERIAL FACTS WILL BE CAUSE FOR CANCELLATION AND MAY VOID COVERAGE.

*****Entire application must be completed for underwriting consideration*****