

P.O. Box 8020, Cary, NC 27512 - 111 Corning Road, Cary, NC 27511; TEL (919) 854-0730 FAX (919) 858-0932  
 Entire application must be completed and signed If Fax, # of pages \_\_\_\_\_

**GENERAL INFORMATION**       Individual       Corporation       Partnership       Other

Name \_\_\_\_\_ Phone # ( ) - \_\_\_\_\_ Fax # ( ) - \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Contact Person \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
 Yrs. in Trucking Industry \_\_\_\_\_ Yrs. Operating in Your Name \_\_\_\_\_ Policy Effective Date \_\_\_\_\_  
 Garaging Location(s) if different City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_

**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**

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

**COMMODITIES TRANSPORTED - List shipper requirements, if any**

Commodity	% of Loads	Avg. Value	Max. Value	Commodity	% of Loads	Avg. Value	Max. Value
		\$	\$			\$	\$
		\$	\$			\$	\$
		\$	\$			\$	\$

**OPERATIONS:**

- YES NO
1. Are filings required? Docket # \_\_\_\_\_
2. % of loads obtained from: Brokers \_\_\_\_\_ % Contracts \_\_\_\_\_ % Other \_\_\_\_\_ % Explain Other: \_\_\_\_\_
3. Do you lease to others? If yes, who must provide primary insurance?  You  Other
4. Do you act as a freight broker or freight forwarder or arrange loads for others?
5. Have you ever operated under another name and/or Docket #? Name \_\_\_\_\_ Docket # \_\_\_\_\_
6. Do you allow passengers? If yes, explain \_\_\_\_\_

**EQUIPMENT:**

- YES NO
1. If you have your own authority:
- a. Do you lease or hire equipment from others? If yes, is it  Permanently Leased  Trip Leased \_\_\_\_\_ %
- b. Is all owned or leased equipment scheduled on this application? If no, attach explanation.
- c. Is all equipment operated under the applicant's authority scheduled on the application? If no, attach an explanation.
2. Do you intend to add units this year? If yes, how many power units? \_\_\_\_\_
3. Do you pull: Double Trailers  Triple Trailers
4. Are loaded trailers ever left unattended: If yes, explain: \_\_\_\_\_
5. Do you spot trailers: If yes please explain: \_\_\_\_\_

**DRIVERS:**

- YES NO
1. Do you now or do you intend to hire owner operators? Current # \_\_\_\_\_
2. Do you now or do you intend to hire team drivers? Current # \_\_\_\_\_
3. Do you agree to report all drivers?
- a. Minimum Age of Driver Hired \_\_\_\_\_ Minimum Years of Experience Required \_\_\_\_\_
- b. Maximum # of moving violations allowed \_\_\_\_\_ ( last 3 years )
- Maximum # of accidents allowed \_\_\_\_\_ ( last 3 years )

Is this a New Venture?  Yes  No. If yes, complete New Venture Profile.  
 How long have you had authority? <1 year  <2 years  2+ years   
 Has any insurance company canceled or non-renewed your policy in the last three years?  Yes  No  
**(Do Not answer this question if you reside in the State of Missouri.)**

<b>COVERAGE</b>			
<input type="checkbox"/> Auto Liability <input type="checkbox"/> Primary Auto Liability <input type="checkbox"/> Liability for Non -Truck Use (Bobtail Liability) Leased to _____ <input type="checkbox"/> Blanket Lessee <input type="checkbox"/> General Liability (complete R-LMC-GL001) <input type="checkbox"/> Hired Auto <input type="checkbox"/> Liability – Cost of Hire     \$ _____ <input type="checkbox"/> Physical Damage Limit     \$ _____ # of days _____ # of units _____	<input type="checkbox"/> Combine Single Limits (BI/PD)     \$ _____ <input type="checkbox"/> Uninsured Motorist                     \$ _____ <input type="checkbox"/> Uninsured Motorist PD                 \$ _____ <input type="checkbox"/> Underinsured Motorist                 \$ _____ <input type="checkbox"/> Underinsured Motorist PD             \$ _____ <input type="checkbox"/> Medical Payments                       \$ _____ <input type="checkbox"/> Personal Injury Protection             \$ _____	CSL Liability PD Limit Limit PD Limit Limit Limit	
Physical Damage           Deductibles <input type="checkbox"/> Comprehensive or     \$ _____ <input type="checkbox"/> Specified Perils       \$ _____ <input type="checkbox"/> Collision                 \$ _____	<input type="checkbox"/> Cargo Limit                     \$ _____ Deductible               \$ _____	Combined Deductible <input type="checkbox"/> Physical Damage Only <input type="checkbox"/> Physical Damage/Cargo	
<input type="checkbox"/> Trailer Interchange Limit     \$ _____ # of Days _____ # of Units _____ <input type="checkbox"/> Rental Reimbursement     Amount per Day     \$ _____ Days of Coverage <input type="checkbox"/> 30 <input type="checkbox"/> 120			

**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.**

**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. Please indicate by number which autos are to be insured to their Financed Value.

**SCHEDULE OF AUTOS TO BE INSURED \*\*\*** (All units you own or are leased to you must be scheduled and insured if filings are to be made)

No	Model Yr.	Trade Name	*Body Type	Trailer Alarmed		VIN	GVW / GCW	Stated Value	Max Radius
				Yes	No				
1.				<input type="checkbox"/>	<input type="checkbox"/>				
2.				<input type="checkbox"/>	<input type="checkbox"/>				
3.				<input type="checkbox"/>	<input type="checkbox"/>				
4.				<input type="checkbox"/>	<input type="checkbox"/>				
5.				<input type="checkbox"/>	<input type="checkbox"/>				
6.				<input type="checkbox"/>	<input type="checkbox"/>				
7.				<input type="checkbox"/>	<input type="checkbox"/>				
8.				<input type="checkbox"/>	<input type="checkbox"/>				
9.				<input type="checkbox"/>	<input type="checkbox"/>				
10.				<input type="checkbox"/>	<input type="checkbox"/>				
11.				<input type="checkbox"/>	<input type="checkbox"/>				
12.				<input type="checkbox"/>	<input type="checkbox"/>				
13.				<input type="checkbox"/>	<input type="checkbox"/>				
14.				<input type="checkbox"/>	<input type="checkbox"/>				
15.				<input type="checkbox"/>	<input type="checkbox"/>				

\* TT=Tractor, TK=Truck, TLF=Flatbed, TLV=Dryvan, TLT=Tank, TLR=Refrigerated, TLD=Dump, TLO=Other  
 \*\*\*If number of trailers is greater than number of tractors, an explanation must accompany this application.\*\*\*

<b>LEINHOLDER/ADDITIONAL INSURED INFORMATION</b>							
Unit #	LP	AI	Name	Street Address	City	State	Zip Code

POLICY HISTORY					
Policy Term					
From	To	Insurance Company	Policy #	Power Unit Count	Premium

LOSS HISTORY									
Liability				Physical Damage		Cargo		General Liability	
From	To	# of Claims	Loss Amt	# of Claims	Loss Amt	# of Claims	Loss Amt	# of Claims	Loss Amt

LOSS RUNS ARE ATTACHED (If loss runs are attached, please complete unit count for each year)

DRIVER INFORMATION																		
No.	Driver	D/O/B	License No.	Full Time Drvr	Owner /Op	ST	#Yrs. Drv Similar Equip.	Date of Hire	Number Violations Past Year			Number Violations Prior 3 Years			Losses Past Year		Losses Prior 3 Years	
									#Major	#Minor	Non Moving	#Major	#Minor	Non Moving	#of Acc	Loss Amount	#of Acc	Loss Amount
1.				<input type="checkbox"/>	<input type="checkbox"/>											\$	\$	
2.				<input type="checkbox"/>	<input type="checkbox"/>											\$	\$	
3.				<input type="checkbox"/>	<input type="checkbox"/>											\$	\$	
4.				<input type="checkbox"/>	<input type="checkbox"/>											\$	\$	
5.				<input type="checkbox"/>	<input type="checkbox"/>											\$	\$	
6.				<input type="checkbox"/>	<input type="checkbox"/>											\$	\$	
7.				<input type="checkbox"/>	<input type="checkbox"/>											\$	\$	
8.				<input type="checkbox"/>	<input type="checkbox"/>											\$	\$	
9.				<input type="checkbox"/>	<input type="checkbox"/>											\$	\$	
10.				<input type="checkbox"/>	<input type="checkbox"/>											\$	\$	

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 \_\_\_\_\_  
Applicant's Federal ID # \_\_\_\_\_

Broker's Signature \_\_\_\_\_ Date \_\_\_\_\_

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.**