

21. SCHEDULE OF ALL DRIVERS NOW EMPLOYED (If not enough space, attach separate listing)

Driver's Name	Date of Birth	Driver License No.	State Where Licensed	Years Experience Driving Trucks	Date of Hire	Married (Y or N)	List All Violations/Convictions in Past 5 Years	List All Accidents in Past 3 Years

22. SCHEDULE OF AUTOS/VEHICLES TO BE COVERED

Auto/Vehicle No.	Year Model	Trade Name	Body Type PP Auto, Pick-Up, Truck, Tractor, Semi-Trailer, Trailer, Cargo Van	Serial No. (S) Vehicle ID No. (VIN)	Maximum Gross Weight of Vehicle and Load (lbs.)	Estimated Annual Mileage	Anti-Lock Brakes (A), Airbags (B) or Anti-Theft Devices (C)	Use* S) Service R) Retail C) Comm B) Bus. Use PP	Maximum Radius of Operations (miles)
1									
2									
3									
4									
5									

*Vehicle Use: S) Service - Transportation of Personnel, Tools, and Equipment and usually parked at job site. C) Commercial - All other.
 R) Retail - House to house delivery. B) Private Passenger Vehicles Used in business.

23. PHYSICAL DAMAGE COVERAGES DESIRED (complete spaces below in detail for each respective auto/vehicle described above.)

Auto/Vehicle No.	Town & State Where Principally Garaged	Original Cost New of Chassis, Body & Equipment	Date Purchased Mo/Yr	Purchased New (N) Used (U)	Cost When Purchased	Value of Vehicle Excluding Permanently Attached Special Equipment	Value of Permanently Attached Special Equipment	Specified Causes of Loss		Collision	
								Amount of Insurance	Deductible	Amount of Insurance	Deductible
1											
2											
3											
4											
5											

24. Any loss payees? Yes No If yes, indicate for which vehicle(s) and give name and address of loss payees: _____

MUST BE SIGNED BY THE APPLICANT PERSONALLY

CA NICO Print Version 1.300 11/16/2004

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.

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

Will premium be financed? Yes No If yes, with whom _____

Witness _____ Applicant's Signature _____ Date _____

TO BE COMPLETED BY APPLICANT'S REPRESENTATIVE

Is this direct business to your office? _____ If not, explain: _____
 Is this new business to your office? _____ If not, how long have you had the account? _____
 How long have you known applicant? _____

REQUEST TO COMPANY GENERAL AGENT:

Please quote
 Please bind at earliest possible date and issue policy
 Please issue policy effective _____ Coverage was bound by _____
(Time and Date Bound by General Agent) (Name of Person in Company General Agent's Office Binding Coverage)

Applicant's Representative's Name and Address

Phone No.