



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

COVERAGE APPLIED FOR IS RESTRICTED—READ THE “STATEMENT OF COVERAGE UNDERSTANDING” ON PAGE 5 OF THIS APPLICATION AUTOMOBILE APPLICATION FOR INSURANCE FOR NON-TRUCKING USE (BOBTAIL)

Name of Applicant: _____

 Street Address: _____

 P.O. Mailing Address: _____

 Garaging Location: _____

Agent Name: _____
 Agency Name: _____
 Address: _____

 Agent No.: _____

PROPOSED EFFECTIVE DATE:

From _____ To _____

12:01 A.M., Standard Time, at the mailing 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. **Under whose authority do you operate?**

Name	Address	Phone Number	Contact Person

Provide a complete copy of the current lease agreement.

4. List below all drivers, owners/officers, partners currently employed as of the proposed effective date.

Driver's Name	D/C*	Date of Birth	Driver's License No.	State	Class of License	No. of Years Driving Similar Vehicle	Length of Employment	List Past Three Years of Accidents and Traffic Violations

*Designation Code: O—Owner/Officer, P—Partner, E—Employee

5. Are any regulatory filings required? Yes No
 If yes, provide type of filing and exact name authority is written under: _____

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

Policy Period		Prior Insurance Carrier	Loss Details
From	To		

7. 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

8. **Liability:** Combined Single Limits: \$ _____ Split Limit: B.I. Per Person: \$ _____
 B.I. Per Accident: \$ _____ Property Damage: \$ _____
Liability Deductible: \$1,000 Over \$1,000
 \$ _____ **Submit to company—financials may be required.**

9. **Uninsured Motorist:** Rejected Limits Accepted \$ _____

10. **Underinsured Motorist:** Rejected Limits Accepted \$ _____
 (Complete appropriate UM/UIM Selection/Rejection Form for Questions 9. and 10.)

11. **Optional no-fault state:** PIP rejected? Yes No

12. **Mandatory no-fault state:** PIP basic limits accepted? Yes No
 (Complete appropriate Personal Injury Protection Selection/Rejection Form for Questions 11. and 12.)

13. **Medical Payments:** Rejected Limits accepted: _____



14. Are any other entities to be added as additional insureds? Yes No

If yes, list:

NAME	ADDRESS	INTEREST/RELATIONSHIP

VEHICLE SCHEDULE
(Attach copies of the vehicle registration for all vehicles and explain if registration name is different from applicant's name.)

Vehicle No.:	Year:	V.I.N.:
Make/model/type of vehicle:		
<input type="checkbox"/> ACV <input type="checkbox"/> ST AMT: \$ _____	Value of perm. attached equip.: \$ _____	
Mfg. seating capacity:	Radius:	Farthest city:
City, state, zip where garaged:		
License state:		License plate no.:
GVW/GCW:		Class.:
Deductibles <input type="checkbox"/> COMP _____ <input type="checkbox"/> SCOL _____ <input type="checkbox"/> COLL _____		
<input type="checkbox"/> Commercial <input type="checkbox"/> Retail <input type="checkbox"/> Service		
Leased Vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Loss payee/additional insured/lessor:		
If limousine, name of coach builder:		Length:

Vehicle No.:	Year:	V.I.N.:
Make/model/type of vehicle:		
<input type="checkbox"/> ACV <input type="checkbox"/> ST AMT: \$ _____	Value of perm. attached equip.: \$ _____	
Mfg. seating capacity:	Radius:	Farthest city:
City, state, zip where garaged:		
License state:		License plate no.:
GVW/GCW:		Class.:
Deductibles <input type="checkbox"/> COMP _____ <input type="checkbox"/> SCOL _____ <input type="checkbox"/> COLL _____		
<input type="checkbox"/> Commercial <input type="checkbox"/> Retail <input type="checkbox"/> Service		
Leased Vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Loss payee/additional insured/lessor:		
If limousine, name of coach builder:		Length:

Vehicle No.:	Year:	V.I.N.:
Make/model/type of vehicle:		
<input type="checkbox"/> ACV	<input type="checkbox"/> ST AMT: \$ _____	Value of perm. attached equip.: \$ _____
Mfg. seating capacity:	Radius:	Farthest city:
City, state, zip where garaged:		
License state:		License plate no.:
GVW/GCW:		Class.:
Deductibles	<input type="checkbox"/> COMP _____	<input type="checkbox"/> SCOL _____ <input type="checkbox"/> COLL _____
<input type="checkbox"/> Commercial <input type="checkbox"/> Retail <input type="checkbox"/> Service		
Leased Vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Loss payee/additional insured/lessor:		
If limousine, name of coach builder:		Length:

Vehicle No.:	Year:	V.I.N.:
Make/model/type of vehicle:		
<input type="checkbox"/> ACV	<input type="checkbox"/> ST AMT: \$ _____	Value of perm. attached equip.: \$ _____
Mfg. seating capacity:	Radius:	Farthest city:
City, state, zip where garaged:		
License state:		License plate no.:
GVW/GCW:		Class.:
Deductibles	<input type="checkbox"/> COMP _____	<input type="checkbox"/> SCOL _____ <input type="checkbox"/> COLL _____
<input type="checkbox"/> Commercial <input type="checkbox"/> Retail <input type="checkbox"/> Service		
Leased Vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Loss payee/additional insured/lessor:		
If limousine, name of coach builder:		Length:

Vehicle No.:	Year:	V.I.N.:
Make/model/type of vehicle:		
<input type="checkbox"/> ACV	<input type="checkbox"/> ST AMT: \$ _____	Value of perm. attached equip.: \$ _____
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City, state, zip where garaged:		
License state:		License plate no.:
GVW/GCW:		Class.:
Deductibles	<input type="checkbox"/> COMP _____	<input type="checkbox"/> SCOL _____ <input type="checkbox"/> COLL _____
<input type="checkbox"/> Commercial <input type="checkbox"/> Retail <input type="checkbox"/> Service		
Leased Vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Loss payee/additional insured/lessor:		
If limousine, name of coach builder:		Length:

STATEMENT OF COVERAGE UNDERSTANDING

NOTE: In applying for non-trucking use insurance, you understand that there is no liability coverage when you are operating under the authority of others or when leased to others.

If you have any questions about the coverage you are applying for, please discuss them with your insurance agent.

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. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA 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.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

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.