

AUTO TRANSPORT INSURANCE APPLICATION

APPLICANT INFORMATION			
Legal Name of Company		Effective Date of Coverage	
Mailing Address		City:	State:
			Zip Code:
<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC	Motor Carrier Docket #
<input type="checkbox"/> Partnership	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Other (describe)	Years in Business
Inspection Contact:		Phone:	Federal ID#
LOCATION INFORMATION			
#	<i>Street, City, County, State, Zip Code</i>		
1			
2			
3			
4			
5			

OPERATION	# OF EMPLOYEES	PAYROLL	RECEIPTS
Auto Transport		\$	\$
Towing		\$	\$
Auto Repair		\$	\$
Auto Body Shop		\$	\$
Used Car Sales		\$	\$
Dismantling/Salvage		\$	\$
Trucking *If Trucking Section Completed, Need Receipts		\$	\$
Office		\$	\$
Management		\$	\$
Other (Describe)		\$	\$

FOUR LARGEST CLIENTS FOR WHICH THE APPLICANT HAULS	CONTRACT?
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	<input type="checkbox"/> Yes <input type="checkbox"/> No

1. Does Applicant haul salvaged or crushed vehicles? Yes No

- 2. a. Does the Applicant operate as a drive-away service? Yes No
b. If yes, explain _____
- 3. a. Does the Applicant have brokerage authority? Yes No
b. If yes, what is the name of the broker operator? _____
c. What is the broker operator Docket Number? _____
- 4. Does the Applicant understand all new drivers must be submitted to the insurance company for approval prior to hiring? Yes No
- 5. a. Is applicant subsidiary of another entity or does applicant have any subsidiaries? Yes No
b. If yes, name and describe: _____
- 6. a. Is there a formal safety program in operation? Yes No
b. If yes, number of meetings held monthly _____
c. What type topics are discussed? _____
d. Who conducts? (Include a copy of written safety program if one exists.) _____
- 7. Is there a written vehicle maintenance program in operation? Yes No
- 8. a. Are pre-trip vehicle inspections performed? Yes No
b. If yes, is this process documented? Yes No
- 9. a. Describe minimum hiring standards including driving records, minimum age and auto transport experience related to your business: _____
b. Does the Applicant require a written application? Yes No
c. Does the Applicant conduct drug tests? Yes No
d. Are the drivers employees of the Applicant? Yes No
e. Is there a safe driving incentive program in place? Yes No
f. If yes, explain: _____
- 10. a. Does the Applicant use owner operators? Yes No
b. If yes, how many? _____
c. If yes, cost of hire? _____
- 11. a. Are any vehicles leased, loaned or rented to others? Yes No
b. Does the Applicant hire, lease or borrow vehicles from others? Yes No
c. If yes to either, describe: _____
- 12. a. Does the Applicant have any Dealer/Transporter Plates? Yes No
b. If yes, how many?: _____
c. Plate numbers: _____
d. What are the dealer plates used for? _____
e. Any personal use of the plates? Yes No
- 13. a. Any ICC filings required? Yes No
b. Any PUC filings? Yes No
c. If yes, list below:
Name _____
Address _____
d. If yes, does Applicant comply with all record keeping required by D.O.T.? Yes No
e. Is MCS 90 Required? Yes No
f. Authority is granted in the name of: _____
g. Does the Applicant allow anyone to operate under its permit? Yes No

14. a. Does the Applicant carry Workers Compensation? Yes No
 b. Policy Period: _____
 c. Insurance co. _____

15. What is the total number of vehicles the Applicant owns? _____

16. Does the Applicant own or sponsor a car for racing? Yes No

17. Any storage of vehicles? (If so, complete the following.) Yes No

Location	Fenced	Height	Gates Locked at Night	Well Lit	Alarm	Avg. # of Cars
Loc. #1	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Loc. #2	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Loc. #3	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Loc. #4	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Loc. #5	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

18. a. Does Applicant have dogs on Premises? Yes No
 b. If yes, number _____ Breed _____
 c. Are they trained Guard Dogs? Yes No
 d. Are "Beware of Dog" signs posted on gate? Yes No
 e. Are dogs penned up during business hours? Yes No

19. a. Any change in operations or number of vehicles in the last year? Yes No
 b. If yes, please explain _____

20.

Insurance Co.	Year	Premium	Limits	Deductible	# of Losses	Total Amount of Losses
		\$	\$	\$		\$
		\$	\$	\$		\$
		\$	\$	\$		\$
		\$	\$	\$		\$

21. a. Has Applicant ever been cancelled or non-renewed?(Do not answer if risk is located in MO) Yes No
 b. If yes, why? _____

22. a. Does the Applicant transport collector, antique, specialty, racing or high valued (over \$75,000) autos? Yes No
 b. If yes, explain? _____

23. a. Are vehicles inspected before they are accepted to be transported? Yes No
 b. Are Bills of Lading used? Yes No
 c. Who performs these inspections? _____

24. a. Are drivers allowed to take vehicles home overnight? Yes No
 b. If yes, explain in detail: _____

25. Within the last 12 months:
 a. Average value of vehicles hauled (total for load): _____
 b. Maximum value of vehicles hauled (total for load): _____
 c. Maximum value of any one vehicle hauled: _____

26.

	0 - 50 miles	51 - 200 miles	201 - 500 miles	501 - 1000 miles	Over 1000 miles
Radius of operation	%	%	%	%	%

*Please attach a copy of Applicant's most recent fuel tax reports.

27. a. Who reviews accidents involving your vehicles? _____
 b. What type of actions are taken as a result? _____

COVERAGES AND LIMITS DESIRED		
Automobile Liability	CSL (Up to \$1,000,000)	
Medical Payments	Limit per person	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$5,000
Personal Injury Protection	Each limit (As required by state law)	
Uninsured Motorists	CSL (As required by state law)	
Physical Damage	Comprehensive deductible	<i>Please indicate on schedule which vehicles desire Physical Damage.</i>
	Collision deductible	
General Liability	CSL	
	Aggregate (Aggregate up to 3 times)	
Garagekeepers Legal Liability	Limit Location 1	
	Limit Location 2	
	Limit Location 3	
	Deductible	
On-Hook/Cargo	Limit Please indicate on vehicle schedule	<i>Note: Adequate limits should be selected to cover the highest valued item "on-hook"/"in-tow".</i>

Fraud Warnings:

ARKANSAS

“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.”

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 claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.”

DISTRICT OF COLUMBIA

“WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.”

FLORIDA

“Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.”

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.”

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.”

MAINE

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

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.”

OHIO

“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.”

OKLAHOMA

“WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.”

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.”

RHODE ISLAND

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

TENNESSEE

“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.”

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.”

WEST VIRGINIA

“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.”

ALL OTHER STATES

“Any person who knowingly and with intent to defraud any insurance company or other person, files an application of insurance containing any false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent act which is a crime.”

NO COVERAGE IS BOUND UNTIL ACCEPTED BY THE COMPANY.

Date: _____

Signed _____

Applicant

KBK AUTO TRANSPORTER VEHICLE SCHEDULE

Insured Name: _____

Date _____

Vehicle #							
Year	Make	Model	Body Type	Full Serial Number	Stated Amount		
GCW	Class Code	On-Hook Limit	Deductibles:	Comp	Collision	On-Hook	
Use of vehicle					Radius of operation		
Maximum number of vehicles this unit can haul							
Vehicle #							
Year	Make	Model	Body Type	Full Serial Number	Stated Amount		
GCW	Class Code	On-Hook Limit	Deductibles:	Comp	Collision	On-Hook	
Use of vehicle					Radius of operation		
Maximum number of vehicles this unit can haul							
Vehicle #							
Year	Make	Model	Body Type	Full Serial Number	Stated Amount		
GCW	Class Code	On-Hook Limit	Deductibles:	Comp	Collision	On-Hook	
Use of vehicle					Radius of operation		
Maximum number of vehicles this unit can haul							
Vehicle #							
Year	Make	Model	Body Type	Full Serial Number	Stated Amount		
GCW	Class Code	On-Hook Limit	Deductibles:	Comp	Collision	On-Hook	
Use of vehicle					Radius of operation		
Maximum number of vehicles this unit can haul							
Vehicle #							
Year	Make	Model	Body Type	Full Serial Number	Stated Amount		
GCW	Class Code	On-Hook Limit	Deductibles:	Comp	Collision	On-Hook	
Use of vehicle					Radius of operation		
Maximum number of vehicles this unit can haul							

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KBK AUTO TRANSPORT DRIVER LIST

Date _____

Driver's Name	DOB	Date Of Employment	Status	Employee	Commercial Driving Experience	Auto Transport Experience	Company Use Only			
							VIOL	ACC	DEL	ADD
1.			<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time	<input type="checkbox"/> Yes <input type="checkbox"/> No						
2.			<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time	<input type="checkbox"/> Yes <input type="checkbox"/> No						
3.			<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time	<input type="checkbox"/> Yes <input type="checkbox"/> No						
4.			<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time	<input type="checkbox"/> Yes <input type="checkbox"/> No						
5.			<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time	<input type="checkbox"/> Yes <input type="checkbox"/> No						
6.			<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time	<input type="checkbox"/> Yes <input type="checkbox"/> No						
7.			<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time	<input type="checkbox"/> Yes <input type="checkbox"/> No						
8.			<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time	<input type="checkbox"/> Yes <input type="checkbox"/> No						
9.			<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time	<input type="checkbox"/> Yes <input type="checkbox"/> No						
10.			<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time	<input type="checkbox"/> Yes <input type="checkbox"/> No						
11.			<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time	<input type="checkbox"/> Yes <input type="checkbox"/> No						
12.			<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time	<input type="checkbox"/> Yes <input type="checkbox"/> No						
13.			<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time	<input type="checkbox"/> Yes <input type="checkbox"/> No						
14.			<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time	<input type="checkbox"/> Yes <input type="checkbox"/> No						
15.			<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time	<input type="checkbox"/> Yes <input type="checkbox"/> No						
16.			<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time	<input type="checkbox"/> Yes <input type="checkbox"/> No						
17.			<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time	<input type="checkbox"/> Yes <input type="checkbox"/> No						
18.			<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time	<input type="checkbox"/> Yes <input type="checkbox"/> No						
19.			<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time	<input type="checkbox"/> Yes <input type="checkbox"/> No						
20.			<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time	<input type="checkbox"/> Yes <input type="checkbox"/> No						

Have you identified every possible driver of an insured vehicle including those who may fill in during peak periods and emergencies?
 (Such as members of households, friends, etc.)?..... Yes No

_____, understands and agrees that on any proposed addition or substitution of driver, the MVR must be submitted to the insurance company for approval prior to hire.

Applicant's Signature

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ADDITIONAL NOTES:
