[ ]  **National Casualty Company**

Home Office: One Nationwide Plaza

 Columbus, Ohio 43215

Adm. Office: 18700 North Hayden Road

Scottsdale, Arizona 85255

[ ]  **Scottsdale Insurance Company**

Home Office: One Nationwide Plaza

 Columbus, Ohio 43215

Adm. Office: 18700 North Hayden Road

 Scottsdale, Arizona 85255

**[ ]  Scottsdale Indemnity Company**

Home Office: One Nationwide Plaza

 Columbus, Ohio 43215

Adm. Office: 18700 North Hayden Road

 Scottsdale, Arizona 85255

[ ]  **Scottsdale Surplus Lines Insurance Company**

Adm. Office: 18700 North Hayden Road

Scottsdale, Arizona 85255

1-800-423-7675 • Fax (480) 483-6752

**AUTOMOBILE APPLICATION FOR INSURANCE FOR NON-TRUCKING USE (BOBTAIL)**

# COVERAGE APPLIED FOR IS RESTRICTED—READ THE “STATEMENT OF COVERAGEUNDERSTANDING” 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** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
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|       |       |       |       |

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\*** | **DateofBirth** | **Driver’s License No.** | State | **Class of License** | **No. ofYearsDrivingSimilar 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** |
|       |       |       |
|       |       |       |
|       |       |       |

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| **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:       |
| [ ]  ACV [ ]  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 [ ]  COMP       [ ]  SCOL       [ ]  COLL        |
| [ ]  Commercial [ ]  Retail [ ]  ServiceLeased Vehicle? [ ]  Yes [ ]  No |
| Loss payee/additional insured/lessor:       |
| If limousine, name of coach builder:       Length:       |

|  |  |  |
| --- | --- | --- |
| **Vehicle No.:**       | **Year:**      | **V.I.N.:**       |
| Make/model/type of vehicle:       |
| [ ]  ACV [ ]  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 [ ]  COMP       [ ]  SCOL       [ ]  COLL        |
| [ ]  Commercial [ ]  Retail [ ]  ServiceLeased Vehicle? [ ]  Yes [ ]  No |
| Loss payee/additional insured/lessor:       |
| If limousine, name of coach builder:       Length:       |

|  |  |  |
| --- | --- | --- |
| **Vehicle No.:**       | **Year:**      | **V.I.N.:**       |
| Make/model/type of vehicle:       |
| [ ]  ACV [ ]  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 [ ]  COMP       [ ]  SCOL       [ ]  COLL        |
| [ ]  Commercial [ ]  Retail [ ]  ServiceLeased Vehicle? [ ]  Yes [ ]  No |
| Loss payee/additional insured/lessor:       |
| If limousine, name of coach builder:       Length:       |

|  |  |  |
| --- | --- | --- |
| **Vehicle No.:**       | **Year:**      | **V.I.N.:**       |
| Make/model/type of vehicle:       |
| [ ]  ACV [ ]  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 [ ]  COMP       [ ]  SCOL       [ ]  COLL        |
| [ ]  Commercial [ ]  Retail [ ]  ServiceLeased Vehicle? [ ]  Yes [ ]  No |
| Loss payee/additional insured/lessor:       |
| If limousine, name of coach builder:       Length:       |

|  |  |  |
| --- | --- | --- |
| **Vehicle No.:**       | **Year:**      | **V.I.N.:**       |
| Make/model/type of vehicle:       |
| [ ]  ACV [ ]  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 [ ]  COMP       [ ]  SCOL       [ ]  COLL        |
| [ ]  Commercial [ ]  Retail [ ]  ServiceLeased Vehicle? [ ]  Yes [ ]  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.**

**California Notice And Disclosure:** Please note a policy fee of $150 applies to NEW business policies only. This policy fee is fully earned at policy inception

**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.)

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**NOTICE TO COLORADO APPLICANTS:** 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** 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.

**Notice To Florida Applicants:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**NOTICE TO KANSAS APPLICANTS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; 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.

**NOTICE TO LOUISIANA APPLICANTS:** 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.

**Notice To Maine Applicants:** 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 a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO OHIO APPLICANTS:** 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.

**NOTICE TO OKLAHOMA APPLICANTS:** 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.

**NOTICE TO RHODE ISLAND APPLICANTS:** 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.

**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.

**NEW YORK AUTOMOBILE FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a 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 stated claim for each violation.

APPLICANT’S NAME AND TITLE:

APPLICANT’S SIGNATURE: Date:

(Must be signed by an active owner, partner or executive officer)

PRODUCER’S SIGNATURE: DATE:

AGENT NAME:       AGENT LICENSE NUMBER:

(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: DATE:

(Applicable in Iowa only)

|  |  |  |
| --- | --- | --- |
|  | 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. |