[ ]  **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

**DRIVE-A-WAY/TOTER SUPPLEMENTAL APPLICATION**

**(Complete in addition to the Commercial Automobile Application)**

**Applicant Name:**

**Motor Carrier Number:**

**1. Account Profile**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Current Year Estimate** | **Next Year Estimate** | **First Prior Year** | **Second Prior Year** |
| Revenue |       |       |       |       |
| Total number of miles |       |       |       |       |
| Total number of deliveries |       |       |       |       |

**2. Transporter Plates**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Current Year Estimate** | **Next YearEstimate** | **First PriorYear** | **Second PriorYear** |
| Total number of transporter plates |       |       |       |       |
| **Average number of transporter plates on the road at any one time:** |
| Heavy season |       |       |       |       |
| Light season |       |       |       |       |

**3.** **Do you own all plates shown on this application?** [ ]  Yes [ ]  No

If no, list owner:

|  |
| --- |
| **4. How are the plates returned after completion of delivery?**       |

**5. Radius of Operation**

Number of deliveries by mileage:

Up to 100 miles:       101-300 miles:       301-500 miles:

501-1,000 miles:       More than 1,000 miles:

Average distance each way for each delivery:

Maximum miles of any delivery (one way):       How often?      %

Do deliveries go outside the United States? [ ]  Yes [ ]  No

If yes, describe:

**6. Do you tow a return vehicle?** [ ]  Yes [ ]  No

If yes, how often?

If yes, list owner:

**7. How often are units stacked/piggybacked?**

**8. Type of Vehicle Transported**

|  |  |  |
| --- | --- | --- |
| **Drive-A-Way Types** | **Number of Deliveries** | **Percentage of Total Deliveries** |
| Motorhomes/RVs |       |    % |
| Tractor/Trailer or Truck/Trailer Combinations |       |    % |
| Vans/Custom Vans |       |    % |
| Cars/Private Passengers |       |    % |
| Luxury or Sports Cars |       |    % |
| Trucks:10,000 GVW10,001 to 20,000 GVW20,001 to 45,000 GVWMore than 45,000 GVW |                      |    %   %   %   % |
| Tractors:Single AxleDouble Axle |       |    % |
|       |    % |
| Buses |       |    % |
| Other |       |    % |

|  |  |  |
| --- | --- | --- |
| **Toters** | **Number of Deliveries** | **Percentage of Total Deliveries** |
| Campers/Fifth Wheels |       |    % |
| Mobile Homes |       |    % |
| Cars/Private Passengers |       |    % |
| Luxury or Sports Cars |       |    % |
| Vans/Custom Vans |       |    % |
| Motorcycles/ATVs |       |    % |
| Boats |       |    % |
| Other |       |    % |
| Trucks:10,000 GVW10,001 to 20,000 GVW20,001 to 45,000 GVWMore than 45,000 GVW |                      |    %   %   %   % |
| Trailers, other than Semitrailers |       |    % |
| Semitrailers |       |    % |

**9. Client Information**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name** | **Percentageof Revenue** | **Number ofDeliveries** |
| **Manufacturers** | 1.       | 1.       | 1.       |
| 2.       | 2.       | 2.       |
| 3.       | 3.       | 3.       |
| **Dealers** | 1.       | 1.       | 1.       |
| 2.       | 2.       | 2.       |
| 3.       | 3.       | 3.       |
| **Auctions** | 1.       | 1.       | 1.       |
| 2.       | 2.       | 2.       |
| 3.       | 3.       | 3.       |
| **Wholesalers** | 1.       | 1.       | 1.       |
| 2.       | 2.       | 2.       |
| 3.       | 3.       | 3.       |
| **Rental Agencies** | 1.       | 1.       | 1.       |
| 2.       | 2.       | 2.       |
| 3.       | 3.       | 3.       |
| **Others** | 1.       | 1.       | 1.       |
| 2.       | 2.       | 2.       |
| 3.       | 3.       | 3.       |

**10. Drivers/Operators**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 & Traffic Violations** |
|       |   |       |       |    |       |       |       |       |
|       |   |       |       |    |       |       |       |       |
|       |   |       |       |    |       |       |       |       |
|       |   |       |       |    |       |       |       |       |
|       |   |       |       |    |       |       |       |       |
|       |   |       |       |    |       |       |       |       |
|       |   |       |       |    |       |       |       |       |
|       |   |       |       |    |       |       |       |       |

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

**11.** **Number of full time:**        **Number of part time:**

**12. Number of employees using their own vehicles when working for applicant:**

Are certificates of insurance required? [ ]  Yes [ ]  No

**13. Criteria for hiring drivers: Minimum age:**       **Years of experience:**

|  |
| --- |
| Describe MVR standards:       |

**14. Is there an MVR review procedure for potential new hires and for current drivers?** [ ]  Yes [ ]  No

|  |
| --- |
| If yes, what standards are used when evaluating a driver’s MVR for acceptability?       |

**15. Are there written contracts with each driver or operator?** [ ]  Yes [ ]  No

Does the contract prohibit unauthorized use of your transporter plates? [ ]  Yes [ ]  No

**Attach a copy of the contract.**

**16. Equipment Used by Toters**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Number of Power Units** |  | **Number of Units** |
| Tractors |       | Semitrailers |       |
| Trucks with fifth wheels |       | Trailers |       |
| Pickups with fifth wheels |       | Car Carriers |       |
| Cars/Private Passengers |       | Other |       |

**17. Drive-A-Way Physical Damage Coverage Limit**

Maximum value of any single unit being driven: $

Average value of any single unit being driven: $

Maximum value on the road at any one time: $

**18. Toter—Cargo Coverage Limit**

Maximum value of any single unit being delivered: $

Average value of any single unit being delivered: $

Maximum value on the road at any given time: $

**19. Maximum value of all units at any one terminal location:** $

|  |
| --- |
| Describe security/protective devices at terminal location:       |

**ADDITIONAL INFORMATION**

**20. Management’s years of experience in the drive-a-way/toter business:**

**21. Are there operations other than drive-a-way or toting?** [ ]  Yes [ ]  No

If yes, please explain:

**22. Are there any towing or repossession operations?** [ ]  Yes [ ]  No

**23. Does applicant have brokerage authority?** [ ]  Yes [ ]  No

If yes, is the brokerage authority held under the same name and Motor Carrier number as the drive-a-way or toter operation? [ ]  Yes [ ]  No

If no, provide DOT number for the brokerage authority operation:

What is the brokerage authority revenue?

Most recent twelve (12) months:

Next twelve (12) months:

**FILING INFORMATION**

**24. Do you hold an ICC/FHWA permit or UCRA/DOT registration?** [ ]  Yes [ ]  No

If yes, provide: US DOT No.:       , MC No.:       , Base State:

**25. State filings required?** [ ]  Yes [ ]  No

|  |
| --- |
| If yes, list states and provide necessary state motor carrier number, if applicable:       |

|  |
| --- |
| **26. Show exact name and address in which permits are to be issued:**       |

**27. Are there any special requirements needed for city permits, certificates of insurance, oversize and/or over weight permits?** [ ]  Yes [ ]  No

If yes, provide details:

**PRIOR CARRIER AND LOSS EXPERIENCE SUMMARY**

**28. Include a minimum of four years currently valued company loss runs for all accounts.**

The following Prior Carrier and Loss Experience Section must be completed:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Policy Period** | **PriorCarrier** | **Policy No.** | **Past Deductible Amount** | **Liability Premium** | **Physical Damage Premium** | **No. of Losses** | **Liability Losses Paid/ Open** | **Phys. Damage Losses Paid/Open** |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |

**Refer to the application form for State Fraud Warnings.**

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)