

1. Name of Insured (Firm Title): _____
2. Address (Main Office): _____
3. How long has applicant been in business: _____
4. What commodity is being carried?

<input type="checkbox"/> Automobile Hauler	Percentage of new automobiles hauled _____ %	Percentage of used Automobiles hauled _____ %
<input type="checkbox"/> Boat Hauler	Percentage of new boats hauled _____ %	Percentage of used Boats hauled _____ %
5. Type of carrier:

<input type="checkbox"/> Common Carrier	<input type="checkbox"/> Contract Carrier	<input type="checkbox"/> Hauler of owned goods
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6. Are overage, shortages and/or damage claims pending? ☐ Yes ☐ No
7. Limit of Liability per vehicle: \$ _____ Limit of Liability per disaster: \$ _____
8. Average value per boat or automobile hauled: \$ _____
9. Maximum number of Boats or Automobiles that can be hauled at any one time: _____
10. Number of Trucks operated: _____ Number of Tractors operated: _____
11. Usual radius of haul (in miles): _____
12. Maximum radius of any one haul (in miles): _____
13. Gross receipts (collected or uncollected) from trucking operations during the past twelve months: \$ _____
 If gross receipts are under \$75,000 per hauling unit, explain why:

14. Present Insurer: _____
 Insurer past three years: _____
15. Has any company cancelled or refused to issue any insurance or to continue insurance for you? ☐ Yes ☐ No
 If yes, give details: _____
16. State losses sustained during past 3 years (whether insured or otherwise) indicating CAUSE and AMOUNT OF EACH:

17. How often are trucks and trailers inspected? _____
 How often are trucks and trailers overhauled? _____
18. Is any State or Interstate Commerce Commission endorsement required? ☐ Yes ☐ No
 Give Docket No.: _____
19. From what date is insurance required: _____

THE FOLLOWING QUESTIONS ARE TO BE ANSWERED BY AGENT OR BROKER

1. How long have you known applicant? _____
2. How long has applicant been in business? _____
3. Did you receive the order for insurance direct from applicant? _____
4. Has applicant filed bankruptcy, tax lien or gone into receivership in the past 5 years? ☐Yes ☐No
5. STATE AS TO YOUR KNOWLEDGE OF THE CHARACTER AND FINANCIAL RESPONSIBILITY BY THE APPLICANT:

You understand and agree this application is a request for a quote based on the information provided herein. You understand and agree the actual coverage, terms and conditions offered by One80 may be different than your request contained herein. The actual terms and conditions for coverage provided are represented by the policies issued and supersede any request or representations made prior to issuance.

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

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Applicant's

Signature: _____

Date: _____

Print Name: _____

Title: _____