

**Chenango Brokers, LLC**

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**LANCER INSURANCE COMPANY**  
*The Difference is Our Attitude.*

**Commercial Automobile Application**

Is this an application for a quotation?  Yes  No  
Is this an application for a bound policy?  Yes  No  
If Yes, what is the Policy Number? \_\_\_\_\_

Corporate or Individual Name (Include DBA): \_\_\_\_\_ FEIN: \* \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Contact: \_\_\_\_\_

Telephone No.: ( ) - \_\_\_\_\_ E-Mail Address: \_\_\_\_\_ Fax No.: ( ) - \_\_\_\_\_

List commodities carried: \_\_\_\_\_

Type of carrier:  Trucker  Dump & Transit Mix  Time Sensitive  Food Delivery  Waste Disposal  
 Contractor  Other (Specify) \_\_\_\_\_ Years in business: \_\_\_\_\_

Fully describe your operation: \_\_\_\_\_  
\_\_\_\_\_

Do you haul your own products?  Yes  No Do you haul products of others?  Yes  No  
If both, indicate the percentage of each: Own \_\_\_\_% Other \_\_\_\_%

**COVERAGE & LIMITS REQUESTED - ALL QUOTATIONS WILL BE FOR SPECIFIED AUTOS ONLY**

**LIABILITY**

- \$60,000 CSL
- \$100,000 CSL
- \$300,000 CSL
- \$500,000 CSL
- \$750,000 CSL
- \$1,000,000 CSL
- \$25/\$50/\$10
- \$50/\$100/\$25
- \$100/\$300/\$50
- \$250/\$500/\$100
- Other \$ \_\_\_\_\_

**PHYSICAL DAMAGE**

- Comprehensive
- Collision

**NO FAULT (Personal Injury Protection)**

- Mandatory
- Additional (Specify) \$ \_\_\_\_\_
- OBEL (\$25,000) - NY Only

**TOW TRUCK ON HOOK COVERAGE \*\***

- \$25,000
- Other (Specify) \$ \_\_\_\_\_

**PHYSICAL DAMAGE DEDUCTIBLE REQUESTED**

- \$500
- \$1,000
- \$2,000
- \$3,000

**UNINSURED / UNDERINSURED MOTORISTS**

- \$ \_\_\_\_\_
- Specify Limit (cannot exceed Liability Limit)

\*\* Subject to a \$500 Per Accident Deductible

- Yes  No **Hired Car** If Yes, complete **Hired Car Application**
- Yes  No **Non-Ownership** If Yes, complete **Non-Ownership Application**

**TRAILER INTERCHANGE**

Only available through Non-Admitted Insurers

**IF YOU ARE A TRUCKER:**

Do you have trailers belonging to others in your possession?  Yes  No  
If Yes, do you want Trailer Interchange Legal Liability coverage?  Yes  No  
If Yes, what is the maximum limit per trailer you require? \$ \_\_\_\_\_  
What Perils do you desire?  Fire and Theft  Fire and Theft and Collision  Comprehensive and Collision

**UNLESS OTHERWISE SPECIFIED BELOW, THE FOLLOWING STANDARD DEDUCTIBLES WILL BE QUOTED**

- \$1,000 for trailer value up to \$10,000
- \$2,500 for trailer value from \$10,001 to \$25,000
- Other (Specify) \_\_\_\_\_

\* A Federal Employer Identification Number is required for each corporate entity

## FILING INFORMATION

In order for a prompt and accurate filing to be made, we require complete and correct information, including name, address and docket number under which authority exists. Use separate sheet if necessary.

### ALL FILINGS REQUIRE SUBMISSION OF CURRENT FINANCIAL STATEMENT PREPARED BY A CPA PRIOR TO QUOTING

Do you hold a Federal Filing?  Yes  No

If Yes, what is the Docket Number? \_\_\_\_\_

Do you hold any state filings?  Yes  No

If Yes, show states and permit numbers: \_\_\_\_\_

Are special filings required?  Yes  No If Yes, specify: \_\_\_\_\_

Show exact name in which filings or permits are issued: \_\_\_\_\_

Have you ever had authority withdrawn or been under probation by any operating authority?  Yes  No

If Yes, give full details: \_\_\_\_\_

## GENERAL INFORMATION

List all states in which your vehicles operate: \_\_\_\_\_

What is the maximum radius of operation from garage location for your vehicles? \_\_\_\_\_ miles

What is the regular radius of operation from garage location for your vehicles? \_\_\_\_\_ miles

Do you transport or allow others to transport under your authority any of the following?  Gasoline  Explosives  LPG

Chemicals (Specify) \_\_\_\_\_

Other Hazardous Materials (Specify) \_\_\_\_\_

Yes  No Do you own any autos not shown on **SCHEDULE** portion of application? If Yes, attach a separate list.

Yes  No Do you pull double trailers?

Yes  No Do you pull triple trailers?

Yes  No Are oversized or overweight commodities hauled?

Yes  No Do you barter, hire or lease any vehicles?

Yes  No Do you service your own vehicles? If No, who services them? \_\_\_\_\_

Yes  No Do you have a written maintenance program?

Yes  No Are scheduled safety meetings conducted? If Yes, how often? \_\_\_\_\_

Yes  No Do all drivers carry accident report forms?

Yes  No Are all accident reports completed in a timely manner?

Yes  No Are all accidents reviewed with driver?

Yes  No Are driver logs kept?

Yes  No Are your procedures and systems in compliance with regulatory requirements?

Yes  No Are you or your firm a subsidiary of another entity? If Yes, specify: \_\_\_\_\_

Yes  No Are vehicles leased to others with driver?

Yes  No Are vehicles leased to others without driver?

Yes  No Are any vehicles altered or have special equipment?

Yes  No Do you obtain MVR verification of all drivers?

Yes  No Do you have special driver recruiting?

Yes  No Are all drivers covered by Worker's Compensation? If Yes, provide name and policy number of insurer: \_\_\_\_\_

Yes  No Do you hire independent contractors or lease vehicles for use in your business? If Yes, **Hired Car Application** must be completed.

Yes  No Have you ever had insurance for this type of operation canceled, declined or nonrenewed?

If Yes, explain fully on a separate sheet and attach hereto. Be sure to give name(s) of insurance companies, dates and reasons for cancellation or refusal.

**SCHEDULE OF AUTOS YOU OWN** - List all vehicles to be quoted. If more space is required, use **Supplemental Automobile Schedule**.  
**IF COVERAGE IS BOUND, COPIES OF ALL REGISTRATIONS WILL BE REQUIRED**

Unit #	Year	Trade Name/Model	Vehicle Identification #	Body Type	Cost New *	GVW	Garage Location	State of Registration
1					\$			
2					\$			
3					\$			
4					\$			

\* Must be provided for all vehicles for which Physical Damage Coverage is requested.

Describe below special equipment attached to any vehicle. Include it's value under **COST NEW**. Designate by Unit # listed above.

**LOSS EXPERIENCE & PREVIOUS CARRIER INFORMATION** - If no losses, indicate "no losses" under the **Amount Paid** column. Furnish loss information, whether or not covered by commercial insurance, for the past 3 years. Attach Loss Runs.

Year	Carrier	Policy #	Premium	# of Losses	Amount Paid	Amount Reserved
			\$		\$	\$
			\$		\$	\$
			\$		\$	\$
			\$		\$	\$

**DRIVER INFORMATION** - List all drivers, both full and part time. Include Proprietors. If more space is needed, attach a separate sheet.

Name	Address	D.O.B.	License No. & State	Date Employed

A Motor Vehicle Report must be provided for each driver.

**ACCIDENTS & VIOLATIONS** - If more space is needed, attach a separate sheet.

Operator	Description	Date

