

TRUCK APPLICATION

WHITE PINE INSURANCE CO.

209 GEORGIAN PLACE
SOMERSET, PENNSYLVANIA 15501
PH. (814) 445-8905

Insured's
1. Name _____

Address _____

2. Answer the following by making an x in the appropriate box.

	<u>Yes</u>	<u>No</u>	COVERAGE	PREM.
a. Public Truckman	<input type="checkbox"/>	<input type="checkbox"/>	A. Comp.— \$ _____ DED.	_____
b. Hauls own cargo exclusively	<input type="checkbox"/>	<input type="checkbox"/>	B. Collision or Upset ACV Less \$ _____ DED.	_____
c. Insured is an individual	<input type="checkbox"/>	<input type="checkbox"/>	C. Fire & Theft (Broad Form) ACV	_____
d. Partnership	<input type="checkbox"/>	<input type="checkbox"/>	D. Combined Additional Coverage—ACV	_____
e. Corporation	<input type="checkbox"/>	<input type="checkbox"/>		_____
f. Are any state filings or ICC filings necessary	<input type="checkbox"/>	<input type="checkbox"/>	TOTAL:	_____

3. Cargo to be hauled _____

a. For whom is cargo hauled _____

4. Is the vehicle leased? To whom? _____

5. Has any company CANCELLED, DECLINED OR REFUSED To renew any prior policy? Yes No

If yes, explain _____

6. Effective date _____ to _____

7. Loss Experience — Physical Damage — Three Years

Company & Policy No.	Period From —To	Prem.	No. Losses	Losses Paid	
				Fire & Theft	Collision

In making this application for insurance it is understood that an investigative report may be made whereby information is obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living, whichever may be applicable. You have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

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.

Personal Signature of Applicant _____ Date _____

I hereby certify to the best of my knowledge and belief that the above signature is the personal signature of the applicant.

Must be signed by Agent, Broker or Solicitor

(Signature of Agent, Broker or Solicitor)

APPLICANT'S SIGNATURE

**SCHEDULE OF EQUIPMENT
(SPECIFY STRAIGHT TRUCK, TRUCK TRACTOR, SEMI-TRAILER, TRAILER, REFRIGERATED UNIT)**

CHECK COVERAGE DESIRED:

FIRE THEFT C.A.C. TRUCK - T COMPREHENSIVE - \$100 DED. TRUCK, TRACTOR - TT COLLISION-AMOUNT OF DEDUCTIBLE \$ SEMI-TRAILER - STR TRAILER - TR REFRIGERATED UNIT - RU

*GVW - GROSS VEHICLE WEIGHT
 *GCW - GROSS COMBINED WEIGHT

NO	YEAR MODEL	TRADE NAME - DESCRIPTION TRAILER - FULL OR SEMI REFRIGERATED UNIT **	VEHICLE IDENTIFICATION NO. AND SERIAL NO.	VEHICLE WEIGHT*	MODEL SERIES NUMBER	ORIGINAL COST NEW*	COST TO INSURED	PUR. DATE		ACTUAL CASH VALUE	MILEAGE RADIUS	TERMINAL	DISTANT POINT OF TRAVEL
								N MO.	U YR.				
			S #	GVW GCW									
			S #	GVW GCW									
			S #	GVW GCW									
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*ORIGINAL COST INCLUDES COST OF SPECIAL EQUIPMENT; IF ANY, ATTACHED TO VEHICLE, TRACTOR PACK, JAKE BRAKE, ETC., DESCRIBE BELOW
 **REFRIGERATED UNITS LIST SEPARATELY FROM TRAILER GIVING SERIAL NUMBER

SPECIAL EQUIPMENT	VEH. NO.		
	VEH. NO.		
	VEH. NO.		
	VEH. NO.		

LIST LOSS PAYEES AND FULL ADDRESSES

SCHEDULE OF DRIVERS:

THREE FULL NAMES - DO NOT USE INITIAL			YEARS EMPL.	YEARS COMM. DRIVING	ADDRESS			SOC.SEC. NO. & OPR. LIC.		DATE OF BIRTH
FIRST	MIDDLE	LAST			STREET	CITY	STATE	STATE		
								S.S. No.		
								Lic.		
								S.S. No.		
								Lic.		
								S.S. No.		
								Lic.		