

National Casualty Company
Home Office: One Nationwide Plaza
Columbus, Ohio 43215
Adm. Office: 8877 North Gainey Center Drive
Scottsdale, Arizona 85258

Scottsdale Indemnity Company
Home Office: One Nationwide Plaza
Columbus, Ohio 43215
Adm. Office: 8877 North Gainey Center Drive
Scottsdale, Arizona 85258

Scottsdale Insurance Company
Home Office: One Nationwide Plaza
Columbus, Ohio 43215
Adm. Office: 8877 North Gainey Center Drive
Scottsdale, Arizona 85258

Scottsdale Surplus Lines Insurance Company
Adm. Office: 8877 North Gainey Center Drive
Scottsdale, Arizona 85258

1-800-423-7675 • Fax (480) 483-6752

COMMERCIAL AUTOMOBILE/TRUCKERS RENEWAL APPLICATION

Name Insured: _____
Expiring Policy No.: _____
Phone Number: _____
FEIN/Social Security/Soundex No.: _____
Website: _____

Agent Name: _____
Agent No: _____

PROPOSED EFFECTIVE DATE:

From _____ To _____
12:01 A.M., Standard Time, at the Address Shown on the Declarations

PLEASE ANSWER ALL QUESTIONS

DESCRIPTION OF OPERATIONS

1. List all changes to:

Name and address of insured: _____

Description of operations—commodities transported: _____

Area and radius of operations: _____

FILING INFORMATION

2. Are there any changes to the name, address or authority number? Yes No
If yes, provide details: _____

3. List all states where filings are required: _____

4. Number of vehicles owned: Light: _____ Medium: _____ Heavy: _____ Extra Heavy: _____
Tractors: _____ Trailers: _____ Private Passenger Types: _____

5. Number of vehicles leased: Light: _____ Medium: _____ Heavy: _____ Extra Heavy: _____
Tractors: _____ Trailers: _____ Private Passenger Types: _____



LIMIT AND COVERAGE INFORMATION

6. **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.**
7. **Hired Auto:** Cost of Hire: \$ _____
Hired auto coverage is subject to audit.
8. **Non-owned Auto:** Number of: Partners: _____ Employees: _____ Volunteers: _____
Non-owned auto coverage is subject to audit.
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. **Trailer Interchange:** Limit \$ _____ Number of Trailers: _____
Deductibles: Comp \$ _____ SCOL \$ _____ Coll \$ _____
15. **Do you understand that we may audit your records, which might result in an additional premium?** Yes No

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:			
<input type="checkbox"/> ACV <input type="checkbox"/> 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: <input type="checkbox"/> COMP: <input type="checkbox"/> SCOL: <input type="checkbox"/> COLL:			
<input type="checkbox"/> Commercial <input type="checkbox"/> Retail <input type="checkbox"/> Service			
Leased Vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Loss payee/additional insured/lessor:			
If limousine, name of coach builder:			Length:

Vehicle No.:	Year:	V.I.N.:
Make/model/type of vehicle:		
<input type="checkbox"/> ACV <input type="checkbox"/> 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: <input type="checkbox"/> COMP:	<input type="checkbox"/> SCOL:	<input type="checkbox"/> COLL:
<input type="checkbox"/> Commercial <input type="checkbox"/> Retail <input type="checkbox"/> Service		
Leased Vehicle?..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
Loss payee/additional insured/lessor:		
If limousine, name of coach builder:		Length:

Vehicle No.:	Year:	V.I.N.:
Make/model/type of vehicle:		
<input type="checkbox"/> ACV <input type="checkbox"/> 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: <input type="checkbox"/> COMP:	<input type="checkbox"/> SCOL:	<input type="checkbox"/> COLL:
<input type="checkbox"/> Commercial <input type="checkbox"/> Retail <input type="checkbox"/> Service		
Leased Vehicle?..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
Loss payee/additional insured/lessor:		
If limousine, name of coach builder:		Length:

Vehicle No.:	Year:	V.I.N.:
Make/model/type of vehicle:		
<input type="checkbox"/> ACV <input type="checkbox"/> 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: <input type="checkbox"/> COMP:	<input type="checkbox"/> SCOL:	<input type="checkbox"/> COLL:
<input type="checkbox"/> Commercial <input type="checkbox"/> Retail <input type="checkbox"/> Service		
Leased Vehicle?..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
Loss payee/additional insured/lessor:		
If limousine, name of coach builder:		Length:

DRIVER INFORMATION

16. Are all drivers employees? Yes No
 If no, provide copy of contract.

17. List below all drivers currently employed as of the proposed effective date. If a Non-Owned auto is to be considered, you must list information for all employees currently employed by you.

Driver's Name	D/C*	Date of Birth	Driver's License No.	State	Class of License	No. of Years Driving Similar Vehicle	Length of Employment	List Past Three Years of Accidents and Traffic Violations

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

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.

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 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 STATEMENT:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

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: _____

APPLICATION DISCLAIMER

I authorize the company to obtain a copy of any Motor Vehicle Report for rating/underwriting the insured for which I have applied.

DISCLOSURE: In connection with the application for commercial automobile insurance, we may review a credit report or obtain or use a credit-based insurance score based on the information contained in the credit report. We may utilize a third party for development of the insurance score. The credit report/insurance score will not be used for any purpose other than the underwriting of the commercial automobile insurance policy for which you have applied. I authorize the company to obtain a credit report, including but not limited to a credit-based insurance score based on the personal information provided.