



TRUCKER'S INSURANCE APPLICATION

Applicant Name _____	Producer Number _____
DBA Name _____	Producer Name _____
Address _____	Address _____
City _____ State _____	City _____ State _____
Zip Code _____ Telephone _____	Zip Code _____ Telephone _____
County where vehicles are garaged _____	Producer Contact _____ FAX _____

GENERAL INFORMATION

Has this insured ever been issued a policy or insured by Sagamore Insurance under this or any other name? ☐ Yes ☐ No

If yes, list date(s) and policy (#'s) _____

List Commodities Hauled & percentage of each _____

Average Annual Miles per Power Unit _____ miles Average Length of Each Haul _____ miles
From _____ To _____

Long-Term Lease ? Yes ☐ No ☐ If Yes, to whom? _____ Consecutive months under lease to the name listed? _____ months

Do you Trip-Lease? Yes ☐ No ☐ If Yes, what Percent? _____%

Are Filings needed? Yes ☐ No ☐ **Are Certificates Needed?** Yes ☐ No ☐ (If "Yes", provide details on Page 4)

LIABILITY AND CARGO COVERAGES

The coverages applied for below apply to all vehicles listed on this application.

Combined Single Limit \$1,000,000 ☐ \$750,000 ☐ \$500,000 ☐ \$250,000 ☐ Other Amount _____ Per Occurrence

Split Limit Liability 250/500/250 ☐ 250/500/100 ☐ 100/300/100 ☐ Other Amount _____

Medical Payments \$5,000 ☐ \$4,000 ☐ \$3,000 ☐ \$2,000 ☐ \$1,000 ☐ \$500 ☐ Per person

Uninsured Motorists: Is Uninsured Motorist Coverage Desired? Yes ☐ No ☐ If yes, indicate limits desired on the UM Selection Form

Uninsured Motorists Single Limit Bodily Injury _____ Per Accident

Uninsured Motorist Split Limit Bodily Injury _____ Per Person/Per Accident

Uninsured Motorist Property Damage: Yes ☐ No ☐ Deductible Amount \$ _____ Per Accident

Cargo Coverage \$100,000 ☐ \$50,000 ☐ \$25,000 ☐ \$10,000 ☐ Other Amount (Max: \$100,000 Min: \$10,000) _____

Deductible \$5,000 ☐ \$2,500 ☐ \$1,000 ☐ \$500 ☐ (A minimum \$500 deductible applies on all policies)

Any additional coverage needed? _____

EQUIPMENT SCHEDULE (INCLUDE ALL TRUCKS & TRAILERS TO BE INSURED)

NOTE: Leased Equipment must be scheduled if you wish coverage.

TYPE: P = Power Unit, **T** = Trailer, **S** = Service Vehicle, **O** = Other (i.e. straight truck)

Type	Year	Make & Model	Gross Vehicle Wt.	Serial Number	Cost New	Current Value
Lienholder Name			Address		City, State, Zip	
Comprehensive or	<input type="checkbox"/>	Deductibles:	\$1,000 <input type="checkbox"/>	\$2,500 <input type="checkbox"/>	\$5,000 <input type="checkbox"/>	If Leased, Name of Lessor:
Fire, Theft & CAC	<input type="checkbox"/>	(Select one for	\$1,000 <input type="checkbox"/>	\$2,500 <input type="checkbox"/>	\$5,000 <input type="checkbox"/>	
Collision	<input type="checkbox"/>	Each Coverage)	\$1,000 <input type="checkbox"/>	\$2,500 <input type="checkbox"/>	\$5,000 <input type="checkbox"/>	

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DRIVER SCHEDULE

For ALL drivers: Regular, Occasional, Casual, Part-Time or anyone else who drives or may drive Insured Equipment.

Name (First, Middle, Last)		Driver's License State	Driver's License # / Type	Social Security #
Date of Birth	Owner <input type="checkbox"/> Employee <input type="checkbox"/> Date Hired (M/Y) _____	# Years of Truck Driving Experience		Last 3 Years # of Acc _____ # of Viol _____

Occurrence Date	Violation Type	Accident Description

Name (First, Middle, Last)		Driver's License State	Driver's License # / Type	Social Security #
Date of Birth	Owner <input type="checkbox"/> Employee <input type="checkbox"/> Date Hired (M/Y) _____	# Years of Truck Driving Experience		Last 3 Years # of Acc _____ # of Viol _____

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Occurrence Date	Violation Type	Accident Description

NOTE: MOTOR VEHICLE REPORTS WILL BE ORDERED ON ALL DRIVERS

Prior Carrier: Name of most recent insurance company	Policy Number	Term: From To
Did Applicant have any claims in the last 3 years? Yes <input type="checkbox"/> No <input type="checkbox"/> How Many? (Provide details of all claims of \$10,000 or more)		

Has any insurer declined, canceled, or non-renewed similar insurance in the past 36 months? Yes ☐ No ☐
(not applicable for Missouri applicants)

If Yes, explain _____

Will Applicant request any individual or firm to be added as an Additional Insured? Yes ☐ No ☐

If Yes, Name & Address: _____

Provide Reasons: _____

CERTIFICATE SCHEDULE

If Applicant needs Certificates of Insurance, please list below:

Name of Certificate Holder	Address	City, State, Zip
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Are you applying for insurance with Sagamore Insurance Co. for **ALL** vehicles used in your business? Yes ☐ No ☐

If "NO," explain: _____

FILINGS SCHEDULE

If Applicant needs filings for any ICC, or Intra-State Authority, please list below:

(Sagamore Must Insure All Vehicles Used by the Insured in the Insured's Business if You Wish Sagamore to Make Filings.)

Authority	Docket No.	Address	City, State, Zip
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Authority	Docket No.	Address	City, State, Zip
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REQUEST FOR ICC OR ANY STATE REGULATORY FILING

I hereby request Sagamore Insurance Company to make the ICC and/or any state regulatory filing as indicated on the Filing Schedule of this TRUCKER'S INSURANCE APPLICATION.

I represent and warrant that, if Sagamore Insurance Company accepts this application, I will maintain insurance on all vehicles used in my business with Sagamore Insurance Company. Furthermore, if Sagamore Insurance Company must, because of any federal or state law, pay for any loss, damage and/or liability caused by a vehicle used in my business which I have failed to insure with Sagamore Insurance Company, I will reimburse Sagamore Insurance Company in full for any loss, damages and/or liability they pay.

SIGN THIS SECTION ONLY IF YOU REQUEST AN ICC OR STATE REGULATORY FILING

This Agreement and my obligation has been fully explained to me by the undersigned producer and he is a witness to my signature.

X _____	_____
(Applicant's Printed Name)	(Applicant's Signature)
X _____	_____
Signature of Producer	Date

IMPORTANT! LIABILITY RESTRICTIONS ON LEASING

If Trucking Liability is purchased and you answer "NO" to the Trip Leasing question on page 1, this policy does not include coverage for contractual liability and will not protect the Applicant from obligations assumed by reason of hold harmless, indemnity or other contractual agreements found in some lease agreements used by trucking companies. If Trucking Liability is purchased and the answer is "YES", a premium is charged and included in your Liability premium. An Endorsement is then added to your policy which states that the Exclusion in your policy, for liability assumed by you under contract or agreement, does not apply to Hold Harmless or Indemnification Agreements incorporated in written trip leases entered into between you and other truckers.

If equipment is leased from another (Permanent or Trip Leasing) this policy will not cover equipment under lease to applicant unless such equipment is specifically declared and a premium paid for such coverage.

APPLICANT'S : READ CAREFULLY BEFORE SIGNING

In making this application for insurance it is understood that as part of our underwriting procedure, an investigative consumer report may be prepared whereby information is obtained through personal interviews with your neighbors, friends or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics and mode of living. If an investigation is made, you can be assured that it will be handled in the strictest confidence.

If you wish information on the nature and scope of the Customer Report which may be requested, ask your producer for the address of the Company handling your account.

The following fees are applicable in Missouri: Installment Fee \$10, Late Fee \$20, Reinstatement Fee \$50

Coverage may not be bound without authorization from **Sagamore Insurance Company**. Sagamore Insurance Company will supply a Policy Number when coverage is bound. I have read and understand this application and the attached schedules, and to the best of my knowledge they are complete and true. I understand that any quotation and/or policy issued by Sagamore Insurance Company is issued in consideration and reliance upon my representations and statements herein. I understand that I may be contacted to verify the information and representations on which this quotation and/or policy is based. This contact may be in the form of a phone interview with a representative of **Sagamore Insurance**. Changes that result can be made effective from the policy inception date. I understand the producer listed is my Agent and not the Agent of Sagamore Insurance Company, and actions taken by the Producer in securing insurance from Sagamore Insurance Company, including the above credit check, are with my authorization and consent.

Applicant's Name (Printed) _____

Applicant's Signature _____ **Date** _____

Producer's Name (Printed) _____

Producer Signature _____ **Date** _____