



## GREAT AMERICAN INSURANCE APPLICATION

Complete the information below and fax to 913-652-4738. You will be contacted by telephone by a licensed agent to discuss any questions you may have about coverage options and costs.

Financed with Transport Funding? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, term of loan ( <i>months</i> ): _____
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<b><u>CUSTOMER INFORMATION</u></b>		Social Security # or FEIN #: _____
Name: _____	DBA: _____	
Mailing Address: _____		
City: _____	County: _____	State: _____    Zip Code: _____
Garage Address: _____		
City: _____	County: _____	State: _____    Zip Code: _____
Phone number:    Home: _____	Work: _____	
Business Type: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership		Years in Business: _____
<b><u>YOUR OPERATION</u></b>		
Permanently leased to: _____		FHWA Number: _____
Address: _____	City: _____	State: _____    Zip: _____
Primary commodity hauled: _____		
Average one-way haul (miles): _____		

### **VEHICLES**

#	Year	Make	Owned or Leased	Tractor or Trailer	Trailer Type	Weight Class	VIN	Stated Amount
1								
2								
3								

### **DRIVERS**

Name	Years Exp. <sup>1</sup>	DOB	CDL Number	State	# of Moving Violations	Accidents/Losses <sup>2</sup>

<sup>1</sup> Years over-the-road driving experience in a tractor-trailer combination  
<sup>2</sup> Moving violations and accidents within the last 36 months

**LOSS PAYEE INFORMATION**

Dealership ID#: %b id%

Veh #	Name and Account Number	Address	City	State	Zip
1					
2					
3					

**COVERAGE AND LIMITS**

**DEDUCTIBLE: \$1,000**

**Physical Damage Coverage:**  Specified Perils  Collision

**“Tru XPro” Supplemental Coverage:**  Yes  No

(Covers downtime, personal effects and more)

**Non Trucking Liability:**  Yes  No **Limit:**  \$500,000  \$750,000  \$1,000,000

*If yes:*

*Limit:*

Uninsured Motorist:  Same as NTL  Minimum statutory  Reject

Underinsured Motorist:  Same as NTL  Minimum statutory  Reject

Personal Injury Protection:  Yes  No

Medical Payments:  Yes  No

*Coverage selection/rejection forms for Uninsured Motorists, Underinsured Motorists, No-Fault (PIP & Medical Payments) insurance (as required by state law) must be completed, signed by applicant and submitted with application.*

**ELIGIBILITY: (✓ YES) - ALL boxes MUST be checked for applicant to be eligible**

**YES**

- Applicant does NOT operate under his/her own authority.
- Applicant is engaged in a long-term lease with a FHWA carrier.
- Applicant does NOT carry passengers for hire.
- Applicant does NOT use and HOTSHOT or GOOSENECK trailers manufactured before 1988.
- Applicant does NOT use any vehicle that is over 15 years old.
- Applicant does NOT use any emergency vehicles or tow trucks.
- NO (zero) drivers have had any MAJOR VIOLATIONS within the past 36 months.
- Applicants does NOT own any glass-lined/unspecified trailers.
- Applicant does NOT rent or lease vehicles to others with or without operators.
- Applicant does NOT use any vehicles that are NOT listed on the Application.
- Applicant does NOT do any off road racing.
- Applicant does NOT do any off road logging.
- Applicant has NOT filed bankruptcy in the past 2 (two) years.
- Applicant does NOT trip lease.
- Applicant owns a personal auto.

***Moving violations:*** Includes speeding, traffic light violations, lane change and merging violations, unsafe passing, any other moving violations not classified as major.

***Major violations:*** DUI, DWI, hit and run, fleeing or eluding police, manslaughter, negligent homicide, felony conviction, racing, driving under a suspended license, reckless driving.

<p><b><u>SIGNATURES:</u></b></p> <p>I authorize Great American Insurance Companies to obtain a copy of my Motor Vehicle Report for rating/underwriting the insurance for which I have applied.</p> <p>I agree that the foregoing statements and answers are true and a full exposition of the all facts and circumstances with regard to the risk of the insured, and these were used as a basis and condition of the insurance. By signing below, I affirm knowledge of and adherence to current D.O.T. safety regulations, and hereby apply for insurance with respect to the coverage stated on this application.</p> <hr/> <p><b>APPLICANT'S SIGNATURE AND TITLE</b> <span style="float: right;"><b>DATE</b></span></p> <hr/> <p><b>AGENT'S SIGNATURE AND TITLE</b> <span style="float: right;"><b>DATE</b></span></p> <p><i>Agent affirms that applicant's operations, vehicles and drivers are eligible per the most recent underwriting guidelines.</i></p>	<p><b>Name, Title, and Address of individual purchasing this insurance.</b></p> <p>Name: _____</p> <p>Title: _____</p> <p>Address: _____</p> <p>City, State Zip: _____</p> <p>_____</p> <p>All policies underwritten by Great American Assurance Company except policies underwritten in Texas. All policies in Texas are underwritten by Great Texas County Mutual Insurance Company through Great American Agency of Texas, Inc.</p>
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**IMPORTANT NOTICE:**

Complying with Fair Credit Reporting Act (IP.L. 91-508) a routine inquiry may be made, which will provide applicable information as to character, general reputation, personal characteristics, mode of living, residence (verification, marital status, number of children, employment, occupation, physical condition & uses of property), drivers and any physical impairments, losses or violations they may have suffered.

- Florida:** Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony of the third degree.
- Kentucky:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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
- Michigan:** Any person who knowingly and with intent to defraud any insurer files an application or claim containing false, incomplete, or misleading information shall, upon conviction, be subject to imprisonment for up to 1 year for a misdemeanor conviction or up to 10 years for a felony conviction and payment of a fine of up to \$5,000.00
- New Jersey:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
- New York:** 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 act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
- Ohio:** 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.
- Pennsylvania:** 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 material fact thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.
- Texas:** I hereby make application of insurance to Great Texas County Mutual. I hereby appoint the President of the Company with full power of substitution to be my lawful attorney in fact, in my absence he is hereby authorized and empowered to vote for me at any membership meetings of the Insurance Company, unless I give written notice otherwise. This proxy shall continue in force for the full period of the policy and any renewal thereof, unless sooner revoke in writing, and shall be irrevocable for the full period permitted by law. I agree to be governed by the provisions of Chapter 17, Article 17, Texas Insurance Code. 1951.
- All other States:** WARNING- Any person who with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application containing a false or deceptive statement is guilty of insurance fraud.