

**MARKET FINDERS**  
*Handling the Unusual Risk...  
 Unusually Well*



**INSURERS**  
*Insurance Corp.*

An ESOP Company

P.O. Box 6549 • Louisville, Ky. 40206

502-423-1800  
 Kentucky WATS 1-800-292-1875  
 Nationwide WATS 1-800-628-6660  
 FAX # 502-428-7970  
 www.mfic.com

*Correspondent at Lloyd's*  
**Plus domestic markets!**

**SPECIFIED UNIT TRANSPORTATION APPLICATION**

1. Contact: \_\_\_\_\_ Application #: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 2. Insured Name: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_  
 3. Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 4. Garage Location: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 5. Policy Inception Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**AUTOMOBILE COVERAGES**

6. Policy Type: \_\_\_\_\_ (T) - Truckers \_\_\_\_\_ (B) - Business Auto \_\_\_\_\_ (MC) - Motor Carrier  
 \_\_\_\_\_ (P) - Physical Damage Only \_\_\_\_\_ (C) - Motor Truck Cargo Only
7. Secondary Classification (choices 3 through 9 are for a Business Auto):  
 \_\_\_\_\_ (2) - Truckers \_\_\_\_\_ (4) - Special Delivery \_\_\_\_\_ (6) - Farmers \_\_\_\_\_ (8) - Contractors  
 \_\_\_\_\_ (3) - Food Delivery \_\_\_\_\_ (5) - Waste Disposal \_\_\_\_\_ (7) - Dump and Transit Mix \_\_\_\_\_ (9) - Not Specified
8. Form of Business: \_\_\_\_\_ (Corp. - CO; Partnership - PA; Individual - IN; Other - OT)  
 Operation: \_\_\_\_\_ (Common - CM; Contract - CN; Private - PR; Exempt - EX; Lease - LS)  
 If Leased, To Whom: \_\_\_\_\_
9. Commodities Hauled: \_\_\_\_\_  
 Does Insured Haul: \_\_\_\_\_ Chemicals \_\_\_\_\_ Iron or Steel \_\_\_\_\_ Livestock  
 If so, please describe and indicate %: \_\_\_\_\_

**AUTOMOBILE LOSS EXPERIENCE**

Include Losses Paid and Reserved

	PERIOD		BODILY INJURY	PROPERTY DAMAGE	COMPREHENSIVE	COLLISION	OTHER
	FROM	TO					
10.							
11.							
12.							

13. Current Insurer: Liability: \_\_\_\_\_ Physical Damage: \_\_\_\_\_
14. Has Coverage Ever Been Written Through Company? (Y/N) \_\_\_\_\_

**DRIVER INFORMATION**

	DRIVER LAST NAME	FIRST NAME	MIDDLE NAME	SUFF	DATE OF BIRTH	SEX
1)					/ /	
2)					/ /	
3)					/ /	

  

	STATE LICENSE #	SOCIAL SECURITY #	YEARS DRIVING
1)		-	-
2)		-	-
3)		-	-

**LIENHOLDER INFORMATION**

(Lienholder Information Should Appear As On The Certificate Of Insurance)

#1 Name: \_\_\_\_\_ #2 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ St.: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ St.: \_\_\_\_\_ Zip: \_\_\_\_\_

**VEHICLE INFORMATION**

#YEAR	MAKE	*SIZE	*TYPE	*BUSINESS	RADIUS	DESCRIPTION	SECONDARY CLASS	TERR.	GARAGE
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\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SERIAL NUMBER	*OWNERSHIP	VALUE	COMP. DED.	COLL. DED.	LIEN#	COVERAGE	REG. STATE
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\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**\*OPTIONS ARE:**

\*TYPE/BUSINESS: System Enters Automatically

\*SIZE: (3) Heavy Truck (4) X-Heavy Truck (6) Tractor (7) Semitrailer (8) Trailer (9) Service Trailer (10) Deleted (11) Reefer

\*OWNERSHIP: Tractor and Trailer: (O) Owned (OP) Owner Operator

PLEASE REFER TO REQUEST FOR FILING ACTION FORM FOR MOTOR CARRIER FILINGS.

**COMMERCIAL AUTO COVERAGE PART INFORMATION**

Coverage Effective Date: \_\_\_\_\_ Metropolitan or Regional Zone: From \_\_\_\_\_ to \_\_\_\_\_ Premium Group \_\_\_\_\_  
 Primary Limit \_\_\_\_\_ UM/UIM Limit \_\_\_\_\_ UM PD (Y/N) \_\_\_\_\_  
 PIP/MED (Y/N) \_\_\_\_\_ Basic/Policy Limit \_\_\_\_\_  
 Comments: \_\_\_\_\_

**COMMERCIAL LIABILITY COVERAGES**

Occurrence Basis Only - Complete For Coverages Desired:

- Commercial Coverage Desired? (Y/N) \_\_\_\_\_
- BI and PD CSL: \_\_\_\_\_ \$500,000. \_\_\_\_\_ \$750,000. \_\_\_\_\_ \$1,000,000.
- Personal Injury/Advertising Liability: (Y/N) \_\_\_\_\_
- Medical Payments: \_\_\_\_\_ Yes (\$1,000.) \_\_\_\_\_ No Fire Legal Liability \$25,000: (Y/N) \_\_\_\_\_
- County Code Of Garage Location: \_\_\_\_\_ County Name: \_\_\_\_\_
- Does The Insured Conduct Any Other Business Other Than Trucking? (Y/N) \_\_\_\_\_ If Yes, Describe in Comments below.
- Does Applicant Own, Rent, Or Occupy Any Terminal Besides Garage Location? (Y/N) \_\_\_\_\_

**PREMISES OTHER THAN GARAGE LOCATION**

ADDRESS	CITY	STATE	ZIP	OPERATION DESCRIPTION
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7a. \_\_\_\_\_  
 7b. \_\_\_\_\_

COMMENTS AND OTHER  
PERTINENT UNDERWRITING INFORMATION

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FRAUD STATEMENT

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.

\_\_\_\_\_  
INSURED'S SIGNATURE

UNDERWRITERS AT LLOYD'S

SELECTION/REJECTION OF UNINSURED MOTORIST COVERAGE  
AND UNDERINSURED MOTORIST COVERAGE

KENTUCKY

Kentucky law requires that Uninsured Motorists Coverage must be provided unless the named Insured rejects the coverage and that Underinsured Motorists Coverage shall be made available at the request of the named insured. If both Underinsured and Uninsured Motorists Coverage are selected they must be at the same limits of liability.

To be certain that your policy is issued correctly, please indicate your choice of the options available by an "X", then sign and date this form as acknowledgement of your choice.

The undersigned insured (and each of them) make the following choice(s):

UNINSURED MOTORIST AND UNDERINSURED MOTORIST COVERAGE  
SELECTION/REJECTION

1. ( ) I choose to REJECT Uninsured Motorist Coverage.
2. ( ) I choose to REJECT Underinsured Motorist Coverage.
3. ( ) I choose to SELECT Uninsured Motorist Coverage.
4. ( ) I choose to SELECT Underinsured Motorist Coverage.

\$ \_\_\_\_\_ Bodily Injury (Each Accident)

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_  
(First Named Insured)

PLEASE NOTE:

Underinsured Motorist Coverage is available to you at your request. This is a separate coverage for which a separate premium is charged. You may select this coverage even if you reject Uninsured Motorist Coverage. This optional coverage provides insurance for the protection of persons who are legally entitled to recover damages from owners or operators of underinsured motor vehicles because of bodily injury, including death resulting therefrom.

Uninsured Motorist Coverage and Underinsured Motorists Coverage must be written at the same limit if both coverages are desired.

Policy Number: \_\_\_\_\_

Agent : \_\_\_\_\_