

# TOPPA INSURANCE COMPANY

## COMMERCIAL VEHICLE APPLICATION

This application will not be given consideration unless:  
 (1) It is fully completed and every question answered.  
 (2) Accompanied by a current MVR for ALL drivers  
 (3) Application is signed personally by the Applicant and Agent..

Agent's Name and Address	
Phone Number	Code

Applicant's full name		
D.B. A. - If any		
Mailing Address - If P.O. Box then give actual address below.		
City	State CA	Zip Code
Phone Number	Contact Person	
Place of principal garaging. If same as mailing address then write "SAME":		

Policy requested: <input type="checkbox"/> Liability and Physical Damage <input type="checkbox"/> Physical Damage Only <input type="checkbox"/> New Business <input type="checkbox"/> Renewal of Policy # :
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Is the applicant : <input type="checkbox"/> An Individual, <input type="checkbox"/> A Partnership, <input type="checkbox"/> A Corporation <input type="checkbox"/> Other - specify:
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How long has the applicant been in business?
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Describe the business operations of the applicant.
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Proposed Effective Date	Proposed Expiration Date	NOTE: Coverage cannot be bound until approved by the Company. When approved the application and payment must be postmarked within 48 hours of the effective date; otherwise coverage will be effective at 12:01 A.M. on the date following the postmark on the envelope.
At 12:01 A.M. Standard Time		

**GENERAL INFORMATION - ALL QUESTIONS MUST BE FULLY ANSWERED!**

1. Must the applicant comply with the Motor Carrier Act of 1960 (MSC-90)? <input type="checkbox"/> NO <input type="checkbox"/> YES - If yes risk is Unacceptable	6. Are all vehicles owned or operated shown on the application? <input type="checkbox"/> YES <input type="checkbox"/> NO - Where insured?
2. Does the risk EVER haul hazardous substances, flammables, explosives, chemicals or acids? <input type="checkbox"/> NO <input type="checkbox"/> YES - If Yes, risk is Unacceptable	7. Is the applicant the registered owner of all units listed, except "unidentified trailers"? <input type="checkbox"/> YES <input type="checkbox"/> NO Which units?
3. Does the applicant operate on a regular route? <input type="checkbox"/> NO <input type="checkbox"/> YES - list cities/destinations:	8. Any policy or coverage declined, cancelled or nonrenewed? <input type="checkbox"/> NO <input type="checkbox"/> YES - Explain:
4. Does the applicant rent or lease vehicle to others? <input type="checkbox"/> NO <input type="checkbox"/> YES - Unacceptable	9. Is there a vehicle maintenance program in place? <input type="checkbox"/> NO - Why Not? <input type="checkbox"/> YES - Explain:
5. Is the applicant under contract or lease to haul for a single firm? <input type="checkbox"/> NO <input type="checkbox"/> YES - To whom?	10. Does the applicant ever operate outside of California? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, the risk is unacceptable.

Type of cargo, if any, hauled and percentage. Be Specific.

FILINGS: <input type="checkbox"/> California PUC Filing - CAL-T # _____ <input type="checkbox"/> SR-22 - See Driver Information <input type="checkbox"/> Other _____
NOTE: There is a fully earned filing fee of \$25 for each filing, INCLUDING REINSTATEMENTS. We must insure ALL vehicles owned or operated by the applicant to make a regulatory filing. We will not make the PUC filing on premium financed policies or on policies written for less than one year. Additional rules may apply.

**INSURANCE HISTORY - LIST ALL CLAIMS AND INSURANCE COMPANY'S FOR THE PAST 3 YEARS**

DATE OF LOSS	TYPE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID	RESERVE

  

POLICY PERIOD FROM/TO	INSURANCE COMPANY	POLICY NUMBER	COVERAGE Lib a/o Phys Damage	DID AGENCY HANDLE ACCOUNT?
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

**COVERAGE AND LIMITS OF LIABILITY**

1. Bodily Injury/Property Damage Liability	15/30/10     25/50/10     50/100/25     100/300/50     250/500/100	PREMIUM
2. Combined Single Limit Liability	100 CSL     300 CSL     500 CSL - Same Limits on all units	Same limits on all units
3. Medical Payments	1,000     2,000     5,000 - Same limits on all units	
4. Uninsured Motorist - Bodily Injury	15/30     25/50     30/60 - Same limits on all units - can be rejected	
5. Uninsured Motorist - Property Damage	3,500 Only on units without collision - can be rejected	
6. Specified Perils	Coverage is on a per unit basis - refer to vehicle section	
7. Collision	Coverage is on a per unit basis - refer to vehicle section.	
8. Cargo		

**VEHICLE INFORMATION - COMPLETE FOR EACH VEHICLE TO BE INSURED - USE ADDITIONAL APPLICATIONS IF NECESSARY**

**UNIT 1**

How is the unit used?

# of job sites per day?

Year	Manufacturer and Model		Body Type	Complete Serial Number			STATED VALUE	ZONE		
GVW or Gallons	Body Type Symbol #	Use Class	Maximum Radius	AntiLock Breaks	Garaging ZIP CODE	Rating Territory	Spec. Perils Deductible	Collision Deductible	Personal Use	4 Wheel Drive
		H/S C S P	100 200 300 500	YES     NO					YES     NO	NO     YES

Garaging Address if different than on page 1

Loss Payee: Complete Name and Address

Additional Insured Name and Address

ADDITIONAL EQUIPMENT: List all attached equipment to be covered for physical damage (pick-up covers, custom paint, etc) and include value in the Stated Value.

CARGO: Maximum Value \$50,000.00. May only be written with Liability and/or Physical Damage coverage.

1	\$
2	\$
3	\$

Commodity:  
Value: Deductible: \$

Include: | | Theft | | Earned Freight | | Refrig. Breakdown

COVERAGE PREMIUMS	Liability \$	Med. Pay \$	UM - BI \$	UM - PD \$	Specified Perils \$	Collision \$	Cargo \$	Total Annual \$
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**UNIT 2**

How is the unit used?

# of job sites per day?

Year	Manufacturer and Model		Body Type	Complete Serial Number			STATED VALUE	ZONE		
GVW or Gallons	Body Type Symbol #	Use Class	Maximum Radius	AntiLock Breaks	Garaging ZIP CODE	Rating Territory	Spec. Perils Deductible	Collision Deductible	Personal Use	4 Wheel Drive
		H/S C S P	100 200 300 500	YES     NO					YES     NO	NO     YES

Garaging Address if different than on page 1

Loss Payee: Complete Name and Address

Additional Insured Name and Address

ADDITIONAL EQUIPMENT: List all attached equipment to be covered for physical damage (pick-up covers, custom paint, etc) and include value in the Stated Value.

CARGO: Maximum Value \$50,000.00. May only be written with Liability and/or Physical Damage coverage.

1	\$
2	\$
3	\$

Commodity:  
Value: Deductible: \$

Include: | | Theft | | Earned Freight | | Refrig. Breakdown

COVERAGE PREMIUMS	Liability \$	Med. Pay \$	UM - BI \$	UM - PD \$	Specified Perils \$	Collision \$	Cargo \$	Total Annual \$
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**UNIT 3**

How is the unit used?

# of job sites per day?

Year	Manufacturer and Model		Body Type	Complete Serial Number			STATED VALUE	ZONE		
GVW or Gallons	Body Type Symbol #	Use Class	Maximum Radius	AntiLock Breaks	Garaging ZIP CODE	Rating Territory	Spec. Perils Deductible	Collision Deductible	Personal Use	4 Wheel Drive
		H/S C S P	100 200 300 500	YES     NO					YES     NO	NO     YES

Garaging Address if different than on page 1

Loss Payee: Complete Name and Address

Additional Insured Name and Address

ADDITIONAL EQUIPMENT: List all attached equipment to be covered for physical damage (pick-up covers, custom paint, etc) and include value in the Stated Value.

CARGO: Maximum Value \$50,000.00. May only be written with Liability and/or Physical Damage coverage.

1	\$
2	\$
3	\$

Commodity:  
Value: Deductible: \$

Include: | | Theft | | Earned Freight | | Refrig. Breakdown

COVERAGE PREMIUMS	Liability \$	Med. Pay \$	UM - BI \$	UM - PD \$	Specified Perils \$	Collision \$	Cargo \$	Total Annual \$
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**UNIT 4**

How is the unit used?

<b>Year</b>	<b>Manufacturer and Model</b>	<b>Body Type</b>	<b>Complete Serial Number</b>	<b># of job sites per day?</b>	<b>STATED VALUE</b>	<b>ZONE</b>
<b>GVW or Gaffons</b>	<b>Body Type Symbol #</b>	<b>Use Class</b>	<b>Maximum Radius</b>	<b>AntiLock Breaks</b>	<b>Garaging ZIP CODE</b>	<b>Rating Territory</b>
		H/S C S P	100 200 300 500	<input type="checkbox"/> YES <input type="checkbox"/> NO		
						<b>Spec. Perils Deductible</b>
						<b>Collision Deductible</b>
						<b>Personal Use</b>
						<input type="checkbox"/> YES <input type="checkbox"/> NO
						<b>4 Wheel Drive</b>
						<input type="checkbox"/> NO <input type="checkbox"/> YES

Garaging Address if different than on page 1

Less Payee: Complete Name and Address

Additional Insured Name and Address

ADDITIONAL EQUIPMENT: List all attached equipment to be covered for physical damage (pick-up covers, custom paint, etc) and include value in the Stated Value.

1	\$
2	\$
3	\$

CARGO: Maximum Value \$50,000.00. May only be written with Liability and/or Physical Damage coverage.

Commodity:  
Value: \_\_\_\_\_ Deductible: \$  
Include:  Theft  Earned Freight  Refrig. Breakdown

<b>COVERAGE PREMIUMS</b>	<b>Liability</b> \$	<b>Med. Pay</b> \$	<b>UM - BI</b> \$	<b>UM - PD</b> \$	<b>Specified Perils</b> \$	<b>Collision</b> \$	<b>Cargo</b> \$	<b>Total Annual</b> \$
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**DRIVER INFORMATION - LIST ALL PART-TIME, FULL-TIME OR OCCASIONAL DRIVERS. ALL DRIVERS MUST BE LISTED.**

Does applicant review MVR's prior to hiring?  YES  NO  
Does applicant require current D.O.T. Physical on all drivers?  YES  NO

Driver	Full name as on Drivers License	Date of Birth	Marital Status	Years Experience	Driver's License Number	State
1						
2						
3						
4						
5						
6						

Driver Date List ALL violations, convictions and accidents for the past 3 years. Provide proof of not-at-fault accidents Accidents or Losses

1			
2			
3			
4			
5			

**PREMIUM SUMMARY**

Total Premium for All Vehicles	\$
Hired & Non-Owned Premium - if applicable	\$
Filing Fees	\$
Fully Earned Policy Fee	\$
<b>TOTAL PREMIUM DUE</b>	<b>\$</b>
AMOUNT REMITTED WITH APPLICATION <input type="checkbox"/> Check here if Premium Financed	

**PAYMENT OPTIONS - IF AVAILABLE THROUGH A GENERAL AGENT**

NOTE: Payment options are only available if Topa's General Agent offers such a program. Topa Insurance Company does not directly offer this service, handle any payment options or collect any service fees.

1. Paid-in-full - annual or 6 month term. When paid-in-full (no premium finance business) the policy premium is subject to a discount.

2. Direct Bill (Annual) - No Filings. Submit 25% down (plus fees) with app. Down pay + 8 installments - each subject to a \$5.00 service charge

3. Direct Bill (Annual) - With PUC Filing. Certified check or money order only. Submit 25% down (plus fees) . Down pay + 8 installments - each subject to a \$5.00 service charge

4. Direct Bill (6 month) - No Filings. Submit 30% down. Down pay + 3 installments - each subject to a 5.00 charge.

How long has agency controlled this account? \_\_\_\_\_ years. Does account qualify for Commercial Account Persistency Discount?  NO  YES. Applicant must have been with the same agency during the previous annual policy term and claim-fee. Submit copy of previous declarations and proof of claim-free. Discount, if granted, only applies to liability coverages. Discount is 10%

Paid-In-Full Discount - 5%. Applies to liability coverages when applicant pays the total policy premium in full at policy inception. - no premium finance. Discount will be removed if check fails to clear the bank.

Anti-lock Breaking System (ABS) Discount - 5%. Applies to liability coverages if power unit has factory installed anti-locking device.

Company Use: Received Date Policy Number Underwriter

**APPLICANT QUESTIONNAIRE - TO BE COMPLETED AND INITIALED IN THE APPLICANT'S HANDWRITING**

Have all drivers who may operate an insured vehicle on an occasional, part-time or full time basis been listed in the driver section? This includes family members who may operate a listed vehicle.	( ) YES ( ) NO - explain below Initials:
Are all owned or operated (including vehicles under a 30 day or longer lease) commercial vehicles listed in the vehicle section.	( ) YES ( ) NO - explain below Initials:
Are all vehicles listed on the application which are operated under the insured's California PUC or any other operating authority	( ) YES ( ) NO - explain below Initials:
Explanations:	< - EXPLAIN IF ANSWERED "NO"

**DRIVER EXCLUSION**

It is hereby understood and agreed that all coverage and OUR obligation to defend under this policy shall not apply nor accrue to the benefit of any INSURED or any third party claimant while any AUTO or MOBILE EQUIPMENT is being used or operated by any person designated below. YOU agree to reimburse US for any payment made by US to a loss payee because of loss arising from the use or operation of the AUTO or MOBILE EQUIPMENT by a person listed below.

This driver exclusion shall be binding upon every INSURED to whom such policy or endorsement provision apply while such policy is in force and shall continue to be binding with respect to any continuation, renewal or replacement of such policy by the Named Insured or with respect to reinstatement of such policy within 30 days of any lapse thereof.

Name of Person Excluded	Birthdate	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

The Undersigned, a named insured in the policy, and the company providing the insurance agree to the deletion of all coverage and obligation to defend while any AUTO or MOBILE EQUIPMENT is being used or operated by any person designated above.

Accepted by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of Named Insured)

TCEL-5 (12/93)

**AGREEMENT WAIVING UNINSURED/UNDERINSURED MOTORIST COVERAGE**

The California Insurance Codes requires an insurer to provide uninsured motorist bodily injury and physical damage coverage in each bodily injury liability insurance policy it issues covering liability arising out of the ownership, or use of a motor vehicle. Such sections also permits the insurer and the applicant to delete such coverage completely or, with respect to uninsured motorist bodily injury coverage, to delete such coverage when a motor vehicle is operated by a natural person or persons designated by name, or agree to provide such coverage in an amount less than that required by Subdivision (m) of Section 11580.2 of the Insurance Code, but not less than the financial law, which such person or persons are legally entitled to recover as damages for bodily injury, including any resulting sickness, disease, or death to him from the owner or operator of an uninsured motor vehicle not owned or operated by the insured or a resident of the same household. Uninsured motorist physical damage coverage provides coverage for property damage, within the uninsured motorist physical damage limits established by law, caused by the owner or operator of an uninsured motor vehicle. An uninsured motor vehicle includes any underinsured motor vehicle as defined in Subdivision (p) c Section 11580.2 of the Insurance Code. I understand that the maximum limit of Uninsured Motorist Bodily Injury Coverage required to be offered is 30,000/60,000.

I hereby reject Uninsured Motorist Bodily Injury Coverage entirely. This rejection shall be binding upon every insured to whom the policy applies while the policy is in force and shall continue to be so binding with respect to any continuation or renewal of the policy, or with respect to any policy issued to the named insured by the same insurer or with respect to reinstatement of the policy within 30 days of any lapse thereof.

Signature of Insured/Applicant \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICANT AND AGENT SIGNATURES: THIS MUST BE SIGNED OR APPLICATION WILL BE REJECTED.**

I hereby declare and warrant that to the best of my knowledge that the statements made on the application are true and complete and that these statements are made as an inducement to the Company to issue the insurance policy for which I am applying. I agree that such policy shall be null and void if my premium payment check does not clear the bank when initially presented. I acknowledge that a \$10.00 charge will apply for all checks returned due to insufficient funds.

I understand a routine investigation may be made as to my insurability, including requesting a copy of my motor vehicle record from the Department of Motor Vehicles, character, general reputation, personal characteristics, credit history, condition of vehicles and their use. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

I further declare that I have not had an accident or loss in the last 72 hours and that I am the legal and/or registered owner of all the vehicles.

APPLICANT'S SIGNATURE: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_

I warrant and certify that all information contained herein is correct to the best of my knowledge, that this form was completed and then signed by the insured/applicant, that a completed copy hereof has been given to the insured/applicant, and that I am retaining a duplicate copy hereof.

AGENT'S SIGNATURE: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_

**LOCKED TRUCK WARRANTY - CARGO COVERAGE ONLY.** If Cargo coverage is purchased on certain commodities with THEFT and/or EARNED FREIGHT coverage, the coverage does not apply if the vehicle is not locked while unattended and there is no sign of direct violent or forceful entry.