

APPLICATION FOR MODULE HAULER INSURANCE

APPLICANT: _____

RETURN TO: CHI, LTD / P O BOX 1069
HUTCHINSON, KS 67504
FAX: (620) 259-6994

ADDRESS: _____

CITY/ST/ZIP _____

TELEPHONE (____) _____ FAX (____) _____ CELL (____) _____

E MAIL ADDRESS: _____ FEIN: _____ DOT Number: _____

POL PERIOD: _____ to _____

UNDERWRITING INFORMATION

- 1) BUSINESS STRUCTURE: Do you operate as a Corporation Partnership Sole Proprietor Other
- 2) EMPLOYEES: Are your employees personally known referred H2A unknown at time of hiring?
 When hiring new employees do you require the following: application with references Yes No; MVR Yes No
 Do you provide employees with written job description/employee manual Yes No
 How many employees do you have at one time? _____ What is your business annual payroll? _____
 What percentage of your current employees were employed by you last year? _____

NAME	DRIVER'S LICENSE	ST	DATE OF BIRTH	YEARS DRIVING	YEARS W FIRM

- 3) SAFETY: Describe your employee training program and your company safety program: _____

Do you ride along with all new employees before allowing them to operate trucks and equipment alone? Yes No
 Do you have a fire extinguisher in each truck? Yes No Are employees instructed in the proper use of fire extinguishers? Yes No
 Do you have a DOT approved drug and alcohol testing program in place? Yes No
 Have you attended Safety School within the past 12 Months 24 Months

- 4) MAINTENANCE: Do you have a scheduled maintenance program for each truck? Yes No
 Do you have written specific maintenance duties for each day during the hauling season? Yes No
 What are the qualifications and experience of your mechanic? _____
 Are your trucks annually DOT inspected? Yes No

5) OPERATIONS: Please list the months of your hauling season: _____ to _____
 Are any trucks owned by a Gin? Yes No
 Are all trucks titled in the name of the applicant? Yes No

Where are vehicles stored in the off-season? _____

6) INSURANCE: **MISSOURI APPLICANTS NEED NOT REPLY.** Has your insurance been cancelled in the prior 3 years?
 Yes No If so, for what cause? Non-payment of premium Loss Ratio Claims frequency
 Underwriting criteria

Name of Current Insurance Carrier _____

Please describe all losses paid by insurance in the past four years: _____

A company loss run with a 3 year history must accompany this application. This report is available from your current agent. Coverage cannot be bound without Prior Carrier Loss Run.

POLICY TYPES REQUESTED

BUSINESS AUTO COVERAGE:

Standard Coverages:
 Liability- \$1,000,000
 Uninsured and Underinsured Motorist- State Minimum Statutory Bodily Injury Limit Only
 Pip – Maximum Statutory Level up to \$50,000 (in states where available. May be deleted by signature in TX)
 Med Pay - \$5,000 (in states where available)

Year	Make	ID Number	Cost New Value	Physical Damage	
				Yes	No

I, the undersigned, declare that the answers to all questions herein are complete and truthful. I agree that I have been offered every insurance product represented on this application and except as indicated herein they are rejected. I request the Company to issue the policy and any renewals thereof, in reliance thereon.

I, the undersigned, agree that if the information supplied on this application changes between the date of this application and the effective date of the insurance, I, the undersigned, will immediately notify the Company of such changes, and the Company may withdraw or modify any outstanding quotations, authorization or agreement to bind the insurance.

Because I, the undersigned, am applying for insurance, I am aware that in compliance with Public Law 91-508, the 1997 Federal Drivers Privacy Protection Act (DPPA) and the 1999 Gramm-Leach-Bliley Act (GLBA), (1) an investigation may be made into my insurability, including if applicable, information as to character, general reputation, personal characteristics, the Motor Vehicle Records of my employees and myself, and mode of living; and (2) additional information as to the nature and scope of any investigation requested will be furnished to me, upon my written request made a reasonable time after this notice.

Signed: _____

Agent: _____

Date: _____

License Number: _____

Title: _____
(must be signed by an authorized officer)

Address: _____
