

Ringwalt & Liesche

o BERKSHIRE HATHAWAY company

1314 Douglas Street, Suite 1400 • Omaha, NE 68102
 (402) 916-3390 • (800) 706-7448 • FAX (402) 916-3333

RL@ringwalt.com

NEXT DAY RESPONSE

Use for Commercial & Public Auto
 submissions of 5 power units or less

1. Agency Name: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Fax #: _____ Phone #: _____
3. Effective Date of Coverage: from _____ to _____
4. Nature of Operations: _____
6. Is this the applicant's primary business? Yes No
7. Do you haul for hire? Yes No
8. Is your business for profit? Yes No
9. Do you primarily transport passengers? Yes No
10. Do you operate in more than one state? Yes No
12. Largest Cities Entered: _____
13. Maximum Radius of Operation: _____
15. DOT#: _____
16. Driver's Information:

2. Insured Name: _____
 DBA: _____
 Is insured a corporation? Yes No
 Street Address: _____
 City: _____ State: _____ Zip: _____
5. Cargo Hauled: _____

Describe any Hazardous Materials Hauled: _____

11. Filings required? No MCS-90
 Single State Federal
14. If filings required, will policy cover all vehicles owned,
 operated or under lease to applicant? Yes No
17. Do you haul double trailers? Yes No

| # | Name | Date of Birth | # Yrs. Exp. | License Class | Violations & Accidents – Last 3 Yrs. – Convictions – Last 5 Yrs. |
|---|------|---------------|-------------|---------------|--|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |

18. Vehicle Information:

| # | Vin # | Yr. | Make/Model | Current Stated Value (NOT Cost New) | Physical Damage Deductible | GVW (Loaded) OR GCW (w/ Trailer) | Seating Capacity | If truck or Tractor, # of Rear Axles | Annual Mileage | Anti-Lock Brakes (A) Air Bags (B) or Lifts (C) |
|---|-------|-----|------------|---|----------------------------|---|------------------|--------------------------------------|----------------|--|
| 1 | | | | | | | | | | |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |
| 4 | | | | | | | | | | |
| 5 | | | | | | | | | | |

Liability Limit: _____ Medical Payments: _____ UM/UIM: _____
 Cargo Limit: _____ Cargo Deductible: _____ Cargo Commodities: _____

19. Prior Coverage Information (last 3 years):

| Carrier | Term | # of Units | Claims | Losses |
|---------|------|------------|--------|--------|
| | | | | |
| | | | | |
| | | | | |

- Additional Insured:** _____
 Additional Insured/Lessor: _____ **Vehicle #(s):** _____

SPECIALTY CLASS QUESTIONS

- Dumping:** Number of end dump/side dump vehicles: _____ Number of hopper/belly dump vehicles: _____
- Limousines:** Are the limousines stretched? Yes No If yes, length stretched: _____
- Tow Trucks:** Are towing vehicles associated with a service station repair shop full-time towing business?
- All Public:** Are you transporting physically disabled persons? Yes No If yes, what % of time?: _____
- Is a fee or fare charged for transporting passengers? Yes No Equipped with wheelchair lift? Yes No
- Driver Training:** Do vehicles have dual controls? Yes No Does insured give classroom instruction? Yes No