

Ringwalt & Liesche

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NEXT DAY RESPONSE

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

11C

- Agency Name _____
 Street Address _____
 City/State _____
 Contact Person _____
 Fax # _____ Phone # _____
 E-mail _____
- Effective Date of Coverage _____
- Nature of Operations _____
- Is this the applicant's primary business? Yes No
 If no, explain _____
- Do you haul for hire? Yes No
- Is your business for profit? Yes No
- Is the transportation of people your primary business? Yes No
- Do you operate in more than one state? Yes No
- Largest Cities Entered _____
- Driver's Information:

- Insured _____
 DBA _____
 Is insured a corporation? Yes No
 Street Address _____
 City/State _____
 Zip _____ County _____
- Cargo Hauled _____
 Describe Any Hazardous Materials Hauled _____
- Filing required? No Single State
 Multi-State ICC
 If filing required, will policy cover all vehicles owned,
 operated or under lease to applicant? Yes No
- Do you haul double trailers? Yes No

Name	Date of Birth	# Yrs. Exp.	License Class	Violations & Accidents - Last 3 Yrs. Convictions - Last 5 Yrs.

15. Vehicle Information:

Body Type	Year	Make	Current Stated Value (Not Cost New)	Radius	GVW (Loaded) OR GCW/with Trailer OR Seating Capacity	If Truck or Tractor, # of Rear Axles	Annual Mileage	Anti-Lock Brakes (A) Air Bags (B) or Lifts (C)

16. Prior Carrier (Last 3 Years) & Claims Paid: _____

INSURANCE NEEDS - Complete for desired coverages by indicating limits of insurance.							
LIABILITY				Medical Payments	UM/UIM		
Combined Single Limit BI & PD	Split Limits				CSL	SPLIT	
	Bodily Injury	Property Damage				BI	
	Each Person	Each Accident	Each Accident		Person	Accident	

DEDUCTIBLES - Complete for desired coverages.		
<input type="checkbox"/> Specified Perils	<input type="checkbox"/> Comprehensive	Collision

<input type="checkbox"/> CARGO	<input type="checkbox"/> IN-TOW	<input type="checkbox"/> Cargo Named Peril or <input type="checkbox"/> Cargo Broad Form <input type="checkbox"/> Exclude Theft
Value	Deductible (500 or 1000)	

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 so, length stretched _____
- Tow Trucks:** Are towing vehicles associated with a service station repair shop full-time towing business?
 Other, explain _____
- Equipped with tilt bed? Yes No Repossess autos? Yes No If so, what % of time? _____
- All Public:** Are you transporting physically disabled persons? Yes No If so, 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
- Bobtail/Contingent:** Equipment is under permanent/long term lease to _____ What % of time? _____