



REGENCY INSURANCE
BROKERAGE SERVICES

NON-TRUCKING LIABILITY APPLICATION

Insured's Name:

Date:

Address:

City:

State:

Zip:

Policy #:

Insured's phone #:

Name of company or companies where Insured's equipment is leased:

Address:

City:

State:

Zip:

Phone #:

DOT #:

Term of Lease: from

to

LIMITS

Non-Trucking Liability Limit: \$

Other Coverages & Limits:

Uninsured Motorists (UM) Limit: \$

\$

Underinsured Motorists (UIM) Limit: \$

\$

Personal Injury (PIP) Limit: \$

Are non-employees ever allowed to ride in insured vehicles?: yes no

How long have you owned equipment listed below? :

Usual radius of operation: 0-300 miles

300-600 miles

600+ miles

Do you haul hazardous materials? : yes no

COMMODITIES HAULED

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DRIVER INFORMATION

Name	DOB	License#	State	YOE	Date of Hire	Violations last 3 yrs

NON-TRUCKING LIABILITY PREVIOUS CARRIER & LOSS INFORMATION

Policy Dates	Company Name	Policy Number	Premium Amount	# of Claims	Total Paid & Reserved
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$

EQUIPMENT

Unit #	Year	Make	VIN	Value

IMPORTANT – READ BEFORE SIGNING

In making this application for insurance, it is understood that an investigation report may be made whereby information is obtained through personal interview with third parties such as family members, business associates, financial sources, friends, neighbors or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics and mode of living whichever may be applicable. You have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation. This notice is given in compliance with the Fair Credit Reporting Act of 1971.

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

I the undersigned represent that information stated in this application is true and correct and understand that the insurance policy will be issued subject to review as to insurability.

PRINT APPLICANT'S NAME: _____

APPLICANT'S TITLE: _____

APPLICANT'S SIGNATURE: _____

DATE: _____

PRINT AGENT'S NAME: _____

AGENT'S SIGNATURE: _____

DATE: _____

AGENCY NAME: _____

STATEMENT OF FRAUD

ALL STATES AND COVERAGES NOT SPECIFIED BELOW: Any person, who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

ARIZONA: For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

ARKANSAS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provide false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance with the Department of Regulatory Agencies.

KENTUCKY: 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.

NEW MEXICO: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

OHIO: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

OREGON: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

PENNSYLVANIA: Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim 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 and subjects such person to criminal and civil penalties.

TENNESSEE: Commercial Insurance Other Than Worker's Compensation. It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

WASHINGTON: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

I have received the Statement of Fraud which applies to my state. I understand that this document becomes a part of my application for insurance.

Applicant's Signature

Print Applicant's Name

Date