

Agency: _____ Producer: _____

In order to provide you with an accurate and timely quote indication, please make sure the following information is included with your submission:

1. Current MVRs for all drivers.
2. Company loss runs valued within 90 days of the effective date for all requested coverages for the current year and the immediate four prior years (including explanations for losses greater than \$25,000).
3. Four most recent quarters of IFTAS.
4. This application completed in its entirety.

GENERAL

Applicant Name: _____

Owner Name: _____ Owner DOB (If operating 1-10 power units): _____

FEIN: _____ DOT #: _____

PHMSA Registration Number: _____ Proposed Effective Date: _____

Physical Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____

Mailing Address (If different from Physical): _____ City: _____

State: _____ Zip Code: _____

Website Address: _____ Years in business: _____

Business Type: ☐ Proprietorship ☐ Partnership ☐ Corporation ☐ LLC

Carrier Type: ☐ Common ☐ Contract ☐ Private ☐ Exempt Hauler ☐ Other: _____

Does the applicant have any subsidiary or sister companies? ☐ Yes ☐ No

If yes, does the applicant interchange any equipment with the subsidiary or sister companies? ☐ Yes ☐ No

Name of all subsidiary or sister companies: _____

Additional Named Insured	Description of Operations	Relation to Applicant	DOT #

OPERATIONS

List and provide percentage by operation type and percentage of specific commodities. PLEASE NOTE THAT BOTH OPERATION TYPE AND COMMODITY LISTING MUST BE COMPLETED AND TOTAL 100% IN ORDER TO PROCEED WITH THE QUOTE PROCESS. If placarded commodities are noted, please include UN numbers for each.

Operation Type	%	Operation Type	%	Commodity	%
Auto Hauling		Refrigerated			
Dry Bulk		Specialized/Overweight			
Dry Van (Truckload)		Tanker (Fuel, Oil, Petroleum)			

Dry Van- LTL		Grain Hauling			
Intermodal		Other (Please specify)			
Flatbed					

If other, please specify: _____

Are any vehicles used for dumping, logging, transit mix, or waste disposal? ☐ Yes ☐ No

If yes, please explain the nature of their use: _____

Provide % of tractor miles and straight truck miles driven within each mileage radius band listed below.

- Zone 1:** AK, CT, DE, DC, FL, LA, ME, MD, MA, MS, NH, NJ, NY, RI, VT, WV, CA
Counties: Alameda, Los Angeles, Orange, San Diego, San Francisco, San Mateo, Riverside; TX Cities: Austin, Beaumont, Corpus Christi, Dallas, El Paso, Fort Worth, Galveston, Houston, San Antonio
- Zone 2:** AL, AR, AZ, CA (remainder), GA, IL, IN, MI, MO, OH, PA, TX (remainder), VA, WA
- Zone 3:** CO, KY, MN, NV, NC, OK, OR, SC, TN, WI
- Zone 4:** ID, IA, KS, MT, NE, NM, ND, SD, UT, WY

Mileage Radius		Percentage of Tractor Miles
0 – 75		
75 – 150		
150 – 300		
300 – 500		
Zone 1		
Miles over 500	Zone 2	
	Zone 3	
	Zone 4	
Total		100%

1. Does the applicant haul any hazardous materials? ☐ Yes ☐ No

If yes, complete the following:

- Is applicant registered to haul hazardous materials? ☐ Yes ☐ No
- Does the applicant have a written emergency spill plan for drivers? ☐ Yes ☐ No
- Does the applicant deliver products to rail yards, marinas, or airports? ☐ Yes ☐ No
 - If yes, does applicant load from or unload directly onto the trains, watercraft, or aircraft? ☐ Yes ☐ No
- Does the applicant provide all DOT hazardous materials training plus any refresher training courses?
☐ Yes ☐ No
- Are any special filings required? ☐ Yes ☐ No
 - If so, provide specifics: _____
- Are drivers trained to assure liquids are unloaded into the proper tank? ☐ Yes ☐ No

2. Do you transport high-value equipment or oversized/overweight loads? ☐ Yes ☐ No

- If yes, are escort or pilot vehicles required? ☐ Yes ☐ No
- Explain commodities and handling: _____

3. Has insurance coverage lapsed, been canceled, or non-renewed in the last three years? ☐ Yes ☐ No

a. If so, explain: _____

4. Have there been any changes in the ownership, management or name of the operation in the past five years? ☐ Yes ☐ No

a. If yes, explain: _____

5. Do you act as a freight forwarder, freight broker or arrange loads for others? ☐ Yes ☐ No

a. If yes, what is % of revenue? _____

6. Do you lease to others? ☐ Yes ☐ No
a. If yes, explain: _____
7. Do you haul double or triple trailers? ☐ Yes ☐ No
a. If yes, what is % of mileage? _____
8. Do you allow guest passengers? ☐ Yes ☐ No
a. If yes, please attach copy of passenger policy.
9. Are any vehicles used to transport employees? ☐ Yes ☐ No
10. Do you hire owner/operators on a trip lease basis? ☐ Yes ☐ No
11. Do you lend, lease, or rent trucks, tractors, or trailers to others without drivers? ☐ Yes ☐ No
a. If yes, explain: _____
12. Number of company drivers: _____ Owner/Operators: _____ Sub-contractors: _____
13. Do you have a safety manager? ☐ Yes ☐ No
a. If yes, is this position full-time? ☐ Yes ☐ No
Name: _____ Title: _____
14. What percentage of their time is devoted to safety? _____ Years of safety management experience: _____
15. Do you have team drivers? ☐ Yes ☐ No
a. If yes, how many? _____
16. Do you slip-seat? ☐ Yes ☐ No
a. If yes, what percentage of units do you slip-seat? _____
17. Do you ever leave loaded trailers unattended or detached from power units? ☐ Yes ☐ No
18. Do you engage in any residential delivery operations? ☐ Yes ☐ No
a. If yes, please provide percentage: _____

EQUIPMENT

For each vehicle class, please indicate the number of vehicles operated for each policy term.

Vehicle Class	Projected	Current Policy Period	1st Prior Year	2nd Prior Year	3rd Prior Year	4th Prior Year
Tractors						
Straight Trucks						
Light Truck/Service						
Private Passenger						
Dry Vans						
Refrigerated Vans						
Box Trailers						
Flatbed Trailers						
Dump Trailers						
Tanker Trailers						
Small Vans						
Other						
TOTAL						

If other, please specify: _____

Indicate which of the following applicant utilizes and provide % of fleet equipped:

Adaptive cruise control _____% Lane change departure system _____%
Speed governors _____% On-board video monitoring system _____%
Telematics (describe below) _____% Other active safety controls (describe below) _____%

MILEAGE & REVENUE

	PROJECTED	CURRENT POLICY PERIOD	1ST PRIOR YEAR	2ND PRIOR YEAR	3RD PRIOR YEAR	4TH PRIOR YEAR
Number of Revenue Units						
Gross Receipts						
Mileage						

GENERAL LIABILITY

- Does the applicant have on-premises fuel storage? ☐ Yes ☐ No
a. If yes, is storage below ground? ☐ Yes ☐ No
- Do you provide warehousing services? ☐ Yes ☐ No
a. If yes, payroll: _____ b. Describe: _____
- Do you provide third-party logistics services? ☐ Yes ☐ No
a. If yes, payroll: _____ b. Describe: _____
- Do you have any operations other than trucking? ☐ Yes ☐ No
a. If so, please provide operations, percentage of operations, and related revenues.

Please list your terminals, drop yards, warehouses and other facilities, along with the number of units and employees at that facility.

Occupancy Type	Address	# Of Units	# Of Employees	Fenced	Lighted	Security Guard	Public Access	Security Camera	**Non-trucking Payroll
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

****MUST BE PROVIDED FOR GL COVERAGE TO BE OFFERED**

Do you operate from a residence? ☐ Yes ☐ No

If yes, provide a copy of the current homeowner's policy for any residential locations.

COVERAGES DESIRED

☐ Auto Liability ☐ Auto Physical Damage ☐ Motor Truck Cargo ☐ Truckers General Liability

AUTO LIABILITY COVERAGE SELECTION

Deductible Desired: ☐ \$0 ☐ \$1,000 ☐ \$2,500 ☐ \$5,000 ☐ \$10,000

Combined Single Limit (each accident): \$ _____

Are Excess or Umbrella limits needed or requested? ☐ Yes ☐ No

If so, please provide the additional limits needed and an Acord 131.

Desired covered auto symbol(s):

☐ Symbol 67 – Specifically described autos

☐ Symbol 68 – Hired auto only

☐ Symbol 71 – Non-owned autos only

If applying for hired auto coverage, please enter the annual estimated cost of hire: \$ _____

If non-owned coverage is desired, please enter the number of employees: _____

AUTO PHYSICAL DAMAGE COVERAGE SELECTION (COLLISION AND COMPREHENSIVE)

Deductible Desired: ☐ \$500 ☐ \$1,000 ☐ \$2,500 ☐ \$5,000

Additional Auto Physical Damage Coverages Desired

☐ Trailer Interchange Limit: \$ _____ Minus \$1,000 Deductible (UIIA container haulers)

% of loads hauled that utilize a non-owned trailer (enter 100% if no trailers are owned)**: _____

Average value of trailers used**: _____

****REQUIRED IN ORDER TO QUOTE TRAILER INTERCHANGE COVERAGE**

☐ Hired Auto Physical Damage Coverage *11-25 POWER UNITS ONLY*

Limit: ☐ \$25,000 ☐ \$50,000 ☐ \$100,000

Hired Autos per Month: _____ Average Length of Hire (in months) _____ Annual Cost of Hire: \$ _____

☐ Single Physical Damage Deductible – *AVAILABLE FOR 1-25 POWER UNIT*

☐ Towing, Wrecker & Storage

Limit Desired: ☐ \$1,000 ☐ \$2,500 ☐ \$5,000 ☐ \$10,000 ☐ \$25,000 ☐ Reasonable & customary

MOTOR TRUCK CARGO COVERAGE SELECTION – Limit desired per vehicle: \$ _____

Deductible Desired: ☐ \$500 ☐ \$1,000 ☐ \$2,500 ☐ \$5,000 ☐ \$10,000

If a limit greater than \$150,000 is requested, provide a copy of the contract or current policy confirming limit.

Additional Cargo Coverages or Endorsements Desired

☐ Refrigeration Breakdown – \$2,500 Minimum Deductible

☐ Enhanced Reefer Breakdown *11-25 POWER UNITS ONLY*

a. Are all units requiring this coverage company-owned? ☐ Yes ☐ No

☐ Cargo Extension Endorsement *11-25 POWER UNITS ONLY*

BASKET DEDUCTIBLE – 11-25 POWER UNITS ONLY

Deductible Desired: ☐ \$2,500 ☐ \$5,000

TRUCKERS GENERAL LIABILITY COVERAGE SELECTION

Desired Limit (General Aggregate) ☐ \$1,000,000 ☐ \$2,000,000 (\$1,000,000 Occurrence Limit included)

Sub Limits: Fire Legal: \$100,000; Medical Payments: \$5,000. Excludes products/completed operation.

Uninsured/Underinsured Motorist & Personal Injury Coverage Selections

UM & UIM			PIP		
Garage State	# of Units	Limit	Garage State	# of Units	Limit

UM - If higher than state minimum limits are requested, provide a copy of the current policy.

(Continued on next page)

ALABAMA: “ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION, FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF.”

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 PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FOR INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.”

DISTRICT OF COLUMBIA: “WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.”

FLORIDA: “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.”

HAWAII: “FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.”

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.”

LOUISIANA: “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.”

MAINE: “IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR DENIAL OF INSURANCE BENEFITS.”

MARYLAND: “ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.”

NEW JERSEY: “ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.”

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 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, WITH THE INTENT TO KNOWINGLY DEFRAUD AN INSURER, MAKES A WILLFUL OR INTENTIONAL MISSTATEMENT, MISREPRESENTATION, OMISSION OR CONCEALMENT OF INFORMATION THAT IS MATERIAL TO THE RISK INSURED MAY BE GUILTY OF INSURANCE FRAUD. MISSTATEMENTS, MISREPRESENTATIONS, OMISSIONS OR CONCEALMENTS MUST EITHER BE FRAUDULENT OR MATERIAL TO THE INTERESTS OF THE INSURER IN ORDER FOR THE INSURER TO ASSERT A RIGHT TO REMEDY."

PENNSYLVANIA: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE OR DEFRAUD ANY INSURER FILES AN APPLICATION OR CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION SHALL, UPON CONVICTION, BE SUBJECT TO IMPRISONMENT FOR UP TO SEVEN YEARS AND PAYMENT OF A FINE OF UP TO \$15,000."

RHODE ISLAND: "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."

TENNESSEE: "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."

VIRGINIA: "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."

WEST VIRGINIA: "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."

ALL OTHER STATES: "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD."

NEW YORK: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO, IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR VEHICLES OR AN INSURANCE COMPANY COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION."

The applicant hereby applies to the company for a policy of insurance as set forth in this application on the basis of statements contained herein. Applicant agrees that such policy shall be null and void if such information is materially false or misleading so that the company would have rejected the risk, prior to inception. Applicant understands that an inquiry may be made which will provide applicable information concerning character, general reputation, financial stability (including personal credit reports) and other pertinent financial data, personal characteristics, mode of living or other background information the company deems necessary in order to determine whether the company will accept or reject applicant for coverage. Upon written request, additional information as to the nature and scope of the inquiry, if one is made, will be provided. The applicant understands this application is a request for quotation and no information provided herein shall be construed by either party as creating a binding contract for insurance.

Producer signature

Named insured signature

Print name of producer

Print name of insured

Title

Title

Date

Date

Federal tax ID#

Are you the incumbent producer? ☐ Yes ☐ No

Is this business sub-produced? ☐ Yes ☐ No

If yes, sub producer name: _____

Sub producer address: _____

Tel: _____ Fax: _____ Email address: _____

IF ELECTRONICALLY SENDING THIS APPLICATION, THE FOLLOWING APPLIES:

AN "ELECTRONIC SIGNATURE" MEANS AN ELECTRONIC SOUND, SYMBOL, OR PROCESS ATTACHED TO OR LOGICALLY ASSOCIATED WITH A RECORD EXECUTED OR ADOPTED BY A PERSON WITH INTENT TO SIGN THE RECORD.

BY SENDING THIS APPLICATION ELECTRONICALLY, YOU ARE ACKNOWLEDGING YOUR SIGNATURE TO THIS APPLICATION FOR INSURANCE.