

# CDL SCHOOL DIRECT APPLICATION FOR COVERAGE

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Company Name: \_\_\_\_\_ DBA: \_\_\_\_\_

Company Type:  Individual  Corporation  Partnership  Limited Liability Company (LLC)

FEIN # \_\_\_\_\_ (Federal Employee Identification Number)

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
P.O. Box Street

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

Years in Business: \_\_\_\_\_

Provide the name(s) of any commercial automobile entity (ies) not covered under this application in which the Named Insured or any of its officers, directors, partners or stockholders have a direct or indirect ownership interest:

\_\_\_\_\_  
\_\_\_\_\_

Do your tractors/vehicles transport any kind of goods/cargo?  Yes  No

Please list USDOT &/or ICC number. DOT # \_\_\_\_\_ ICC # \_\_\_\_\_

Number of Tractors: \_\_\_\_\_ Number of Trailers: \_\_\_\_\_

Other vehicles (light trucks) \_\_\_\_\_ or (private passenger) \_\_\_\_\_

Do you provide personal auto training in those private passenger vehicles?  Yes  No

If Yes, provide percentage of: Truck training \_\_\_\_\_% vs. Personal Auto training \_\_\_\_\_%

Do all tractors have dual control brakes?  Yes  No.

If No, how many tractors have dual control brakes? \_\_\_\_\_.

Are any vehicle(s) used for training purposes operated STRICTLY in your yard and not used on public roads?

Yes  No. If yes, how many? \_\_\_\_\_

If Yes, are these vehicles registered with the State - i.e. do they have valid license plates/tags on them?  Yes  No

Describe any significant changes in your operations during the past four (4) years and any anticipated changes in your operations during the proposed policy period.

\_\_\_\_\_  
\_\_\_\_\_

Are Motor Vehicle Records acquired on a student before he/she operates one of your vehicles?  Yes  No

Would you decline a student based on his or her Motor Vehicle Record?  Yes  No

Current total number of driver trainers: \_\_\_\_\_.

During the last 12 months, how many drivers have you: Replaced? \_\_\_\_\_ Added? \_\_\_\_\_

Do you provide Workers' Compensation insurance for ALL drivers?  Yes  No.

If Yes, please specify Insurance carrier: \_\_\_\_\_

Do your driver selection procedures include?

	<u>Yes</u>	<u>No</u>
Written application	___	___
Written test	___	___
Road test	___	___
Physical exam	___	___
Drug testing	___	___

Are Motor Vehicle Records and background checks conducted on your driver trainers?  Yes  No

Within the last three years has your insurance ever been cancelled or non-renewed?  Yes  No.

If Yes, why? \_\_\_\_\_

**Coverage Information - Please Check the Coverages & Limits Requested**

**LIABILITY COVERAGES**

Liability Limit \_\_\_\_\_ \$500,000 CSL\* \_\_\_\_\_ \$750,000 CSL\* \_\_\_\_\_ \$1,000,000 CSL\*

Basic Personal Injury Protection (if applicable): \_\_\_\_\_

Property Protection Insurance (Michigan only): \_\_\_\_\_

Basic split limit Uninsured Motorists (UM): \_\_\_\_\_ Higher limits &/or UIM (Underinsured Motorists) coverage (when not included in

UM) quoted upon request.

Hired Auto Liability:  Yes  No

Employer's Non-Ownership Liability:  Yes  No

**PHYSICAL DAMAGE COVERAGES**

Specified Perils: \_\_\_\_\_ \$1,000 deductible \_\_\_\_\_ \$2,500 deductible \_\_\_\_\_ \$5,000 deductible

Collision: \_\_\_\_\_ \$1,000 deductible \_\_\_\_\_ \$2,500 deductible \_\_\_\_\_ \$5,000 deductible

**GENERAL LIABILITY COVERAGES**

\_\_\_\_\_ \$500,000 CSL\* \_\_\_\_\_ \$750,000 CSL\* \_\_\_\_\_ \$1,000,000 CSL\*

\*Combined Single Limit

Please Indicate Square Footage For:

No.	Location	Owned (O) Or Leased (L)	Office Area	Parking	Vacant Land
1.					
2.					
3.					

Location Information (cont'd):

No.	Fenced	Security Guards	Firearms Carried	Lighted	Guard Dog(s)
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**OTHER GENERAL LIABILITY EXPOSURES**

Describe and Provide Basis of Rating

A. Are there any Underground Storage Tanks on the Premises?  Yes  No

If Yes, please identify the type and location: \_\_\_\_\_

B. Are there any Above Ground Storage Tanks on the Premises?  Yes  No

If Yes, how many gallons capacity are these tank(s) and what is stored in them? \_\_\_\_\_

\_\_\_\_\_

C. What were your gross receipts this past year? \_\_\_\_\_

D. How many students did you train this past year? \_\_\_\_\_

E. Do you have any mobile equipment?  Yes  No

If Yes, please list. \_\_\_\_\_

\_\_\_\_\_

Please list all General Liability losses by year for current and past three (3) Years. *(Please Attach Loss Runs.)*

Current Year: \_\_\_\_\_

\_\_ / \_\_ - \_\_ / \_\_ : \_\_\_\_\_

\_\_ / \_\_ - \_\_ / \_\_ : \_\_\_\_\_

**Please Submit the following with the Application:**

- Currently valued loss runs (3+ years valued within 60 days)
- The attached driver schedule
- The attached equipment schedule

**Please read the following statement carefully before you sign this application.**

I hereby apply for the insurance indicated and represent that:

- I have read this application.
- The statements hereon are correct.
- The limits and coverages requested were selected by me.

**I also understand and agree that:**

- The completion of this application creates no express or implied obligation on the part of Lancer Insurance Company, its subsidiaries or affiliates to offer a quotation or provide insurance as requested in this application.
- Lancer Insurance Company is authorized to investigate the driving records of me and all other drivers of my van.
- Lancer Insurance Company may request a consumer report in connection with this application and that, upon my request, I will be informed if a consumer report was requested and, if such a report was requested, I will be informed of the name and address of the consumer reporting agency that furnished the report.

**MANDATORY STATE FRAUD WARNINGS**

**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 FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.”

**FLORIDA:** “ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OF 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.”

**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.”

**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.”

**MAINE, TENNESSEE, DISTRICT of COLUMBIA, & 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.”

**ARKANSAS and 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.”

**OHIO and OKLAHOMA:** “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, A CRIME.”

**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 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 STATE CLAIM FOR EACH VIOLATION.”

I certify that the information contained on this application is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature of Officer of Named Insured \*

\_\_\_\_\_  
Print Name of Officer of Named Insured

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\* BY SIGNING THIS APPLICATION, YOU GIVE US THE RIGHT TO EXAMINE OR INSPECT FILES, RECORDS, DOCUMENTS AND EQUIPMENT IN ORDER TO DETERMINE THE ACCURACY OF THE INFORMATION STATED HEREIN.





## EQUIPMENT SCHEDULE

Unit #	Year	Make	VIN / Serial #	Leased/ Owned	Gross Veh. Weight (GVW)	Garage Location City & State	Actual Cash Value (ACV)
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

**Loss Payee (if any)**

Unit #	Loss Payee (if any)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	