



TIP National, LLC
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TRANSPORTATION APPLICATION

Date: ___/___/___

A. AGENT & POLICY INFORMATION SECTION

AGENT: _____

ADDRESS: _____ CITY, STATE, ZIP: _____

PRODUCER: _____ PHONE: _____

EMAIL: _____

Requested Policy Term: Effective _____ To: _____

New Renewal Need Quote By: _____

Policy Type: **Auto Liability** **Inland Marine**
 Auto Physical Damage **Excess Limits**
 Trailer Interchange (must complete page 8 of 15)
 General Liability (Attach GL ACORD Application)
 Workers' Comp (Attach Workers' Comp ACORD Application)

Terms of Payment: Annual: Paid-in-full OR Reporting
 Method of Reporting: Mileage Gross Receipts Stated Values
 Power Units

How long has your agency written this applicant? _____

B. APPLICANT INFORMATION SECTION

1. Name of Proposed Insured: include the names of all subsidiaries and/or related operating entities to be insured. Explain the relationship and operations performed by each:

2. Identify the motor carrier authority (MC#), freight forwarding authority (FF#) or broker authority for each operating entity listed above. _____

2A. FEIN # _____ MC # _____ DOT # _____

3. Website Address: _____

4. Mailing Address: _____

Principal Garaging Address (if different): _____

Street, Address, City, State, Zip, County

5. Locations other than Garage Location Description: Terminal (T), Repair/Maintenance (R/M), Drop Location (DL), Office (O), Warehouse (W), Other (Oth).

LOCATION OR TERMINAL EXPOSURE

Location, Description, Name, Address, State, Zip, County	# of Power Units	Controlled Entrance?	24 Hour Guard?	Fenced?	Lighted?	Dock Values		Average # of Units at Lot	Average Cargo Values at Lot
						Average	Maximum		

6. Owner Name: _____ Phone #: _____

6a. Owner's title: _____

6b. Percentage of ownership: _____

6c. Email Address: _____

7. Safety Director Name: _____ Phone #: _____

7a. Email Address: _____

8. Business Form: Individual Partnership Corporation
 LLC Other _____ (Describe)

9. Operation Type: Common Contract Private Exempt
 Leased To: _____

10. If more than one Named Insured provide details and operations of each. Attach separate sheet if necessary: _____

C. OPERATIONAL INFORMATION SECTION

1. Number of Years Named Insured in Trucking Business? _____

2. Does applicant haul hazardous materials? Yes No
 1 2
If yes, submit RS-1 and Hazardous Supplemental Questionnaire
Key: 1=Nonhazardous, 2=Hazardous per 49 CFR 172.101
If yes, % of Gross Receipts: _____%

3. Does applicant transport cargo over \$100,000, such as stereos, TVs, computer hardware, software or chips, pharmaceuticals, liquor, meat, seafood, metal such as copper, tobacco, etc.? Yes No
 (High value includes commodities valued over \$100,000 and any high theft targets)
If yes, please describe commodity _____

SAFETY

4. Full Time Safety Director? Yes No
If yes, Experience of Safety Director (attach resume)

5. Is there a written/formal safety program in use? Yes No
If yes, give details or attach copy of index page from the manual

Are safety meeting held? Yes No
If yes, how many times a year? _____

DRIVER: Number of Drivers _____ Driver Turnover Ratio _____

6. Driver Qualification Requirements:
 a. Hiring Policy:
 Minimum Age: _____ Minimum Yrs Experience: _____
 Maximum # Violations: _____ # of Accidents: _____
 b. Any Driver Trainees used? Yes No
 How many? _____
 (**If yes**, underwriting approval is required)

7. How many units operate as a team? _____ Yes No

8. Driver Orientation? Yes No
If yes, furnish details: _____

9. Driver Incentives? Yes No
If yes, please describe: _____

10. Are road tests required for new drivers? Yes No
If yes, please provide documentation

C. OPERATIONAL INFORMATION SECTION, CONTINUED

VEHICLE

11. Vehicle Maintenance:

- a. Have written scheduled maintenance? Yes No
- b. Do you service your own vehicles? Yes No

If yes, list the type of service and repairs performed:

of full time mechanics: _____

Do you provide outside service work for others? Yes No

c. Does applicant have a tow truck(s)? Yes No

Tow vehicles of others? Yes No

d. Repair shop? Yes No

e. Inspections? Yes No

Frequency _____

12. Complete and Attach Vehicle Schedule: (If trailer count exceeds 110% of tractors, please explain) _____

TYPE	COMPANY OWNED	EQUIPMENT LEASE	OWNER OPERATOR
Tractors			
Trucks			
Service Units			
Semitrailers			
Refrigerated Trailers			
Tank Trailers			
Open Deck Trailers			
Other Trailers			
Private Passengers			

- NOTE -

TIP National, LLC prefers Private Passenger autos be placed elsewhere unless utilized 100% in applicant's business and there are no youthful drivers.

13. Are passengers allowed to ride in vehicles? Yes No

If yes, does applicant have separate passenger liability coverage? Yes No

If yes, attach copy of policy.

If no, risk is unacceptable.

14. Does the insured pull doubles or triples? Yes No

If yes, explain how frequently (per week/month) _____

If yes, are these trailers owned by you or leased. If leased, see Trailer Interchange portion below.

15. Do vehicles have any special equipment? Yes No

If yes, explain: _____

16. Workers Compensation Coverage? Yes No

A. **If yes**, provide WC carrier, policy number and policy period

B. Owner Operators covered by Occupational Accident? Yes No

-NOTE-

All employee drivers must be covered by Workers Compensation. Owner Operators must be included in Worker Compensation or covered by Occupational Accident.

D. BROKERAGE/LEASING OPERATIONS SECTION

1. Does the insured operate as a broker? Yes No

If yes, what is the revenue generated by that operation? _____

If yes, under what name/MC# does it operate under? _____

2. Does the broker maintain Truck Broker Contingent Liability Coverage? Yes No

If yes, identify the Name and Policy Number of insurance carrier providing Truck Broker Contingent Liability Coverage: _____
(furnish copy of Dec Page. If coverage is written we will require 30 day certificate to be issued to TIP National, LLC)

3. Leased and Hired Power Units

a. Do you trip lease to other carriers? Yes No

b. Do other motor carriers trip lease to you? Yes No

c. Do you require them to maintain automobile liability coverage? Yes No

If yes, do you require them to provide you with an additional insured endorsement and/or certificate of insurance? Yes No

d. Do you require them to maintain cargo liability coverage? Yes No

If yes, do you require them to provide you with an additional insured endorsement and/or certificate of insurance? Yes No

4. Do you rent or lease power units to others with or without operators? Yes No

If yes, please explain: _____

5. Are you a sub hauler for another entity? (Sub haul includes accepting brokered or other designed work to load, transport or offload designated materials.) Yes No

Do you allow others to subhaul under you? Yes No

(Note: the insured should not be "brokering" loads to other motor carriers without brokerage authority).

E. FINANCIAL INFORMATION SECTION

1. In the last three years, how many years have been profitable? _____

Note: Most current full year balance sheet and income statements, plus one year prior must be provided.

2. Have any business debts ever been turned over to a collection agency, are there any outstanding Judgments against the business, or has the owner ever been involved in bankruptcy proceedings? Yes No

3. Answer (except for Missouri based risks):

In the last three years, has risk been refused, canceled, or non-renewed for insurance coverage? Yes No

If yes, explain: _____

F. LOSS INFORMATION SECTION

This section must be completed; submit current and prior five year company issued loss runs.

Indicate number/loss amounts by line. (Loss runs must be currently valued)

Liability:

Coverage Year:	Carrier	Loss Reserves	Total Incurred (w/expense)	Deductible	# of Accidents	# of Insured Units	Frequency	Valuation Date	Prior Premium
		\$	\$	\$					
		\$	\$	\$					
		\$	\$	\$					
		\$	\$	\$					
		\$	\$	\$					

Physical Damage:

Coverage Year:	Carrier	Loss Reserves	Total Incurred (w/expense)	Deductible	# of Accidents	# of Insured Units	Frequency	Valuation Date	Prior Premium
		\$	\$	\$					
		\$	\$	\$					
		\$	\$	\$					
		\$	\$	\$					
		\$	\$	\$					

Cargo:

Coverage Year:	Carrier	Loss Reserves	Total Incurred (w/expense)	Deductible	# of Accidents	# of Insured Units	Frequency	Valuation Date	Prior Premium
		\$	\$	\$					
		\$	\$	\$					
		\$	\$	\$					
		\$	\$	\$					
		\$	\$	\$					

Losses over \$50,000 – Must be provided for all lines along with current status (attach separate sheet if necessary)

Date of Loss	Amount Paid	Reserve	Description & Current Status
	\$	\$	
	\$	\$	
	\$	\$	

G. AUTOMOBILE COVERAGE SECTION

Liability Coverage	Primary Limits	Group Non-Trucking Liability	Excess Limits
Bodily Injury/Property Damage	\$ CSL	\$ CSL	\$ CSL
BI / PD Deductible**	\$ Per Occ.	\$	
Uninsured Motorist*	\$ CSL	\$ CSL	
Underinsured Motorist*	\$ CSL	\$ CSL	
PIP – No Fault*	\$	\$	
Medical Payments*	\$	\$	

*These coverages may have statutory options. Please indicate coverage option based on state requirement.

**Indicate Desired Deductible \$5,000 \$10,000 \$25,000 \$50,000
\$100,000 \$250,000 Other \$ _____

- Note -

Historical Mileage, Revenue and Power Unit count by policy periods must be provided

Primary Liability				
	Gross Receipts	Mileage	# of Power Units	# of Owner Operators
Est. Coming Year				
1 st Prior Year				
2 nd Prior Year				
3 rd Prior Year				
4 th Prior Year				
5 th Prior Year				

All policies are subject to an audit

ADDITIONAL COVERAGE OPTIONS:

- Note -

Hired and Non-ownership coverage is automatically quoted in the monthly reporting policies. Please complete if desired for scheduled auto policies.

- 1. Do you want hired auto coverage? Yes No
 - 2. Do you want Non-ownership coverage? Yes No
- Estimated number of employees _____

RATING BASIS:

A. Show % of Trips: Determine the radius for all autos under this policy from the location where the auto(s) is principally garaged to the farthest point of regular operations.

0 to 50 _____% 51-200 _____% 201 to 500 _____% 501 and over _____%

Average length of haul _____

B. Zone Rated Operations:

Show percent of operations in and through:

- | | | | |
|--------------------|-------------------|-------------------|--------------------|
| ___ Atlanta | ___ Dal/Ft. Worth | ___ Los Angeles | ___ Omaha |
| ___ Balt/Wash | ___ Denver | ___ Louisville | ___ Phoenix |
| ___ Beaumont | ___ Detroit | ___ McAllen | ___ Philadelphia |
| ___ Boston | ___ El Paso | ___ Memphis | ___ Pittsburgh |
| ___ Brownsville | ___ Hartford | ___ Miami | ___ Portland |
| ___ Buffalo | ___ Houston | ___ Milwaukee | ___ Richmond |
| ___ Charlotte | ___ Indianapolis | ___ Minn/St. Paul | ___ St. Louis |
| ___ Chicago | ___ Jacksonville | ___ Nashville | ___ Salt Lake City |
| ___ Cincinnati | ___ Kansas City | ___ New Orleans | ___ San Antonio |
| ___ Cleveland | ___ South Texas | ___ New York City | ___ San Francisco |
| ___ Corpus Christi | ___ Little Rock | ___ Oklahoma City | ___ Tulsa |

C. Local/Intermediate Operations:

Garaging location determines the state territory and the group to be used to calculate premium. See applicant information section B., 5 for garaging location.

H. PHYSICAL DAMAGE COVERAGE SECTION

Physical Damage policies are written on a reported value basis only. Attach Schedule of Vehicles with OCN and Stated Values. **17 digit VIN numbers must be included.**

****If there is more than 1 location- schedule should include garage location of each vehicle.**

COMPREHENSIVE/COLLISION:

- Deductible: \$1,000 \$2,500 \$5,000 \$10,000
 \$25,000 \$50,000 \$100,000

Total Values: _____

Maximum value per terminal exposure: _____

Minimum value per terminal exposure: _____

Highest value tractor: _____

Highest value trailer: _____

Highest value Combined Unit: _____

TRAILER INTERCHANGE: Limit/Deductible \$ _____ / \$ _____

In the event of a loss, written trailer interchange agreements are required. If there is not an executed written trailer interchange agreement, there is no coverage.

1. Trailer Interchange Agreement

- a. Is there a written trailer interchange agreement? Yes No
b. Does the agreement set forth the specific points of interchange? Yes No
c. Does the agreement set forth how the equipment is to be used? Yes No

If yes, please explain: _____

Note: Are there several interchange agreements with the applicant? If so, each agreement must be furnished for review to determine the extent of the equipment leases between the several companies.

of trailers: _____ # trailer days per year: _____

Explain Any Coastal Exposures / Garaging: _____

TOWING COVERAGE: Yes No Limit/Deductible \$ _____ / \$ _____

I. INLAND MARINE SECTION

MOTOR TRUCK CARGO

All Risk Cargo Coverage Form Basic Cargo Coverage Form

Rating Information

1. Business Description: Trucker (T) Owner (O) Both (B)

2. Limit Per Power Unit: _____
 Per Combined: _____
 Per Terminal: _____

Mechanical Breakdown of Refrigeration or Heating Units:
 Limit: _____ Deductible: _____

3. Special Limits by Commodity or Designated Shipper:
 Special Limit: _____
 Who is Designated Shipper: _____
 What Commodity is being hauled: _____

4. Provide copies of shipper agreements for all contract carriers.

5. Any contracts currently in place that increase liability above current value of merchandise? If so, please attach copy.

Shipper Name and Address	Coverage Limit Needed	Annual Receipts	Description of Commodity	Average Value Per Load	Average Number of Loads per month

6. Deductible: \$1,000 \$2,500 \$5,000 \$10,000 \$25,000

7. Commodity description and load values:

Commodity Description	% of Haul	Avg. Load Value	Max. Load Value	Principal Shipper
	%	\$	\$	
	%	\$	\$	
	%	\$	\$	
	%	\$	\$	
	%	\$	\$	
	%	\$	\$	
TOTAL	100 %			

Must equal 100%

MOTOR TRUCK CARGO CONT.

- 1. Are any of your garaging/terminal locations within fifty miles of coastal waters Yes No
- 2. Are trailers left loaded and unattended in terminals or otherwise? Yes No
 - During the day? Yes No
 - Overnight? Yes No

If yes to either, give details of any security precautions taken to secure the vehicle and cargo: _____
 Number of trailers sitting and loaded at any one time: _____
- 3. Are loaded trailers that the insured is liable for under their Bill of Lading ever left unattended? Yes No

If yes, how many and how often? _____
- 4. Do you spot trailers for loading at terminals and/or shipper locations? Yes No

If yes, how many trailers? _____ How many locations? _____
- 5. Does the insured:
 - Have Security Systems (alarm, load tracking, etc.) on Tractor/Trailer? Yes No
 - Use Temperature controlled equipment? Yes No
 - Operate 24/7? Yes No
- 6. Released BOL? Yes No

If yes, must attach copy.

J. GENERAL LIABILITY SECTION –

Note: ((Must Attach ACORD Application when General Liability is requested.))

“Coverage is limited to Trucking Operations only.”

General Questions/Underwriting Information:

Does the insured have any operations other than trucking, such as:

- 1. Storage of goods of other (warehousing)? Yes No
- 2. Storage of vehicles of others? Yes No
- 3. Space leased to others? Yes No
- 4. Sale or storage of fuels, chemicals, or other products? Yes No
- 5. Freight forwarding or consolidation for others? Yes No
- 6. Any other nontrucking operations? Yes No

If yes, please provide details? _____
- 7. Mobile Equipment; i.e. snowplows, forklifts, cranes, cherry pickers, yard goats, etc.? Yes No

If yes, please provide details: _____
- 8. Does applicant sponsor or participate in racing events? Yes No
- 9. Does applicant work on equipment for others? Yes No

Occurrence Basis Only – Complete for Coverage Desired Limits:

§ B I and PD CSL* (Per Occurrence): \$500,000 \$750,000 \$1,000,000

§ Deductibles \$5,000 \$10,000 \$25,000 \$50,000 \$100,000 or higher _____

- 1. Personal Injury/Advertising Liability (same as BI & PD limit): Yes No
- 2. Medical Payments (\$5,000 any one person): Yes No
- 3. Fire Legal Liability (\$100,000 any one premises): Yes No

County Code of Garage Location: _____ County Name: _____
Payroll – 99793 (exclude drivers & clerical) _____

K. ADDITIONAL INTERESTS/CERTIFICATE HOLDERS

1. Waivers Required? Yes No
2. Additional Insured's Required? Yes No

If yes, furnish details of whom and why required:

DESCRIBE ANY MAJOR CHANGES (CONTRACTS, OPERATING TERRITORIES, MANAGEMENT, ETC.) IN APPLICANT'S OPERATIONS DURING THE LAST 5 YEARS

DESCRIBE ANY MATERIAL CHANGES ANTICIPATED IN OPERATIONS DURING THE NEXT 12 MONTHS

ADDITIONAL NOTES/COMMENTS:

L. REGULATORY FILING INFORMATION SECTION – COMPLETE IN DETAIL

ALL owned autos MUST be insured on this policy to have any filings, certificates, or endorsements on the policy. *No filing will be done unless all trucks, tractors, and trailers owned, operated, or used by you are insured with this company.*

Are **ALL OWNED AUTOS** insured under this policy? Yes No

Does **name and address match EXACTLY** that of your authority? Yes No
If “No”, please provide the exact name and address:

*NOTE: We will issue an MCS-90 endorsement and BMC 91X filing with a limit of \$750,000 unless requested otherwise and verification is submitted. The insured can verify the financial responsibility limit needed by submitting a copy of their RS-1-Uniform Application for Single State Registration for Motor Carriers Operating Under Authority Issued by the Federal Motor Carrier Administration.

LIABILITY LIMITS: \$750,000 \$1,000,000

CARGO LIMIT: _____

FOR FMCSA FILINGS: Liability MC # _____ Cargo MC # _____

BASE STATE: _____

Does the applicant require?

- Oversize/Overweight Certificates: _____
- CA MCP65# _____
- TX - \$100 Texas Department of Transportation*
*TX fee needed only if previous filing allowed to lapse.
- NM – New Mexico Public Regulation Commission
- BC - \$30 Insurance Corp. of British Columbia

****Note: if Coverage is bound, a fully completed TIP National filing work order must be submitted.***



KEY: X = Home Office
● = Terminals
- = Outline Total Radius of Operation

FRAUD WARNINGS

THE FOLLOWING STATEMENT APPLIES IN ALL STATES EXCEPT THOSE NOTED BELOW:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

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

California Fraud Warning For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado Fraud Warning: 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.

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 Fraud Warning: 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.

Kansas Fraud Warning: Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer or insurance agent or broker, any written statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Kentucky Fraud Warning: 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 Fraud Warning: 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 Fraud Warning: 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 a denial of insurance benefits.

Maryland Fraud Warning: 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 Fraud Warning: 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 Fraud Warning: 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.

New York Fraud Warning: 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 shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

Ohio Fraud Warning: 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 Fraud Warning: 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 Fraud Warning: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison. In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments of your part, we must show that: **A.** The misinformation is material to the content of the policy; **B.** We relied upon the misinformation; and **C.** The information was either: **1.** Material to the risk assumed by us; or **2.** Provided fraudulently. For remedies other than the denial of a claim, misstatements, misrepresentations, omissions, or concealments on your part must either be fraudulent or material to our interests. Misstatements, misrepresentations, omissions or concealments on your part of not fraudulent unless they are made with the intent to knowingly defraud.

Pennsylvania Fraud Warning: 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.

Rhode Island Fraud Warning: 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 Fraud Warning: 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 Fraud Warning: 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. **READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.**

Washington Fraud Warning: 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.

ALL APPLICANTS: By my signature below, I attest that:

1. I am an authorized representative of the applicant;
2. I have reviewed this form;
3. The information provided is true and accurate;
4. I have not willfully concealed or misrepresented any material fact or circumstance concerning this form, and;
5. I have read the applicable items above and agree to all terms or conditions stated therein.

APPLICANT SIGNATURE _____
DATE

APPLICANT'S TITLE

LICENSED AGENT SIGNATURE _____
DATE

AGENT LICENSE ID (FLORIDA ONLY): _____

INSURED AGREEMENT AND SIGNATURE BLOCK

I authorize TIP National, LLC to obtain copies of motor vehicle reports if necessary for underwriting the insurance that I have applied for. I also understand that a routine inspection will be done regarding my operations. I agree to promptly report and furnish the name, driver license number, and date of birth for all drivers I hire and employ after completion of this application. I understand all accidents are to be reported promptly regardless of severity or fault. I also understand that I have no coverage until such time the Company accepts this application or authorizes coverage to be bound.

Applicant Signature & Title _____
Date

I hereby certify that the signature of the applicant is correct to the best of my knowledge and belief, and further warrant that the answer, statements, and information reflected heron was given by the applicant together with information from my records, if any.

Agent Signature _____
Date