



Applicant Name:

Mailing Address:

Location Address:

Contact: Contact Email:

Contact Phone: Website:

General Information

1. Years in business: years Years of experience in the industry: years

2. States where the applicant operates:

3. Does the applicant currently have auto insurance? ☐ Yes ☐ No

If yes, please list carrier:

Current premium: \$

4. Has the applicant had any losses in the last five years? ☐ Yes ☐ No *Please include loss runs*

5. Does the applicant currently own or operate any other business? ☐ Yes ☐ No

If yes, please list carrier:

Maintenance Information

1. Does the applicant use a documented (written or electronic) vehicle maintenance inspection and maintenance program? ☐ Yes ☐ No

If yes, attach a copy or describe:

2. Does the applicant have a maintenance log? ☐ Yes ☐ No

3. Does the applicant operate a repair facility? ☐ Yes ☐ No

If no, who maintains the equipment:

4. Does the applicant perform any vehicle repair or work for others? ☐ Yes ☐ No

5. Describe the applicant's vehicle replacement policy:

Safety Controls

1. Is there a fleet safety program in place? ☐ Yes ☐ No *If yes, attach a copy*

2. Does the applicant have a Vehicle Accident Report maintained for three years? ☐ Yes ☐ No *If yes, attach a copy*

3. Does the applicant have a Post-Accident Corrective Action Procedure to evaluate driver performance in relation to the driver's training after an accident? ☐ Yes ☐ No

4. How often are driver's motor vehicle records reviewed:
5. Does the applicant utilize a documented driving hiring, selection, and training program? ☐ Yes ☐ No
If yes, attach a copy or describe:
6. Are all vehicles equipped with back up alarms? ☐ Yes ☐ No
7. Does the applicant have regular (monthly) meetings to discuss Defensive Driving habits? ☐ Yes ☐ No
8. Does the applicant use Vehicle Technology Systems (AssetTrac, EZTrac HW, Dash Cams, etc)? ☐ Yes ☐ No
9. What are the applicant's hours of operations:
10. What is the applicant's radius of operations: ☐ 0-50 miles ☐ 51-200 miles ☐ 200+ miles
11. Does the applicant operate any special equipment vehicles (lift, crane, school bus, handicap accessible vehicles, etc)?
☐ Yes ☐ No
If yes, are experienced operators/drivers used? ☐ Yes ☐ No
If yes, does the applicant provide routine training? ☐ Yes ☐ No
12. Are any vehicles used for personal use? ☐ Yes ☐ No
If yes, please provide details with information on specific drivers:
13. Does the applicant use Traffic Control Safety measures when working on jobsites (cones, barricades, flaggers, etc)?
☐ Yes ☐ No
14. Does the applicant monitor weather to avoid work during strong winds, heavy rain, storms? ☐ Yes ☐ No
15. Does the applicant have Traffic and Road Reports to select the safest routes? ☐ Yes ☐ No
16. **TREE CARE RISKS:**
Does the applicant utilize verbal command and response exchanges such as "stand clear" from the workers aloft and "all clear" response from persons below, before cutting and dropping limbs? ☐ Yes ☐ No
17. **IF TRANSPORTING CHILDREN:**
Does the applicant have procedures in place to ensure a child does not get left in a vehicle? ☐ Yes ☐ No

Security

1. How many locations does the applicant own or operate:
2. Describe property/vehicle security when parked (for all locations):
3. List any anti-theft or other security devices installed:
4. Where and how are keys stored when vehicles are not in use:

5. Are employees or volunteers allowed to take vehicles home overnight? ☐ Yes ☐ No

If yes, explain:

I DECLARE THAT THE STATEMENTS MADE IN THIS SUPPLEMENTAL ARE COMPLETE AND TRUE

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits a supplemental or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to criminal and civil penalties. Any changes in your operation must be reported to your agent.

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.

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.

Indiana: Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Kansas: 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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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.

Minnesota: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

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.

Oregon: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

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.

Insured's Signature:

Date:

Agents's Signature:

Date:

PRINT

Please submit completed application to your Independent Insurance Agent in electronic or printed format.

Western National Insurance Group

Central Region

4700 West 77th Street, Edina, MN, 55435

Western Region

9706 4th Ave NE, Suite 200 Seattle, WA 98115

www.wnins.com

Umialik Insurance Company

725 E. Firewood Lane, Ste. 500

Anchorage AK 99503

www.umialik.com

Michigan Millers Insurance

2425 E. Grand River Avenue, Lansing, MI 48912

Specialty Insurance Solutions

1600 Aspen Commons Ste 520, Middleton, WI 53562

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