



Non-Trucking Application

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Entire application must be completed and signed

If Fax, # of pages _____

GENERAL INFORMATION	<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Other
Name _____	Phone # () - _____	Fax # () - _____		
Mailing Address _____	City _____	State _____	Zip _____	
Contact Person _____	E-Mail Address _____			
DOT #: _____	# of Years Operating in Your Name: _____	Policy Effective Date: _____		
Garaging Location(s) if different: Street _____	City _____	State _____	Zip _____	
Name of Motor Carrier You Are Leased To: _____				

DESCRIPTION OF OPERATIONS				
Radius of Operations: 0-100 miles: ___%	101-300 miles: ___%	301-500 miles: ___%	500 + miles: ___%	
Commodities Transported: _____				
Shipper requirements, if any: _____				
YES NO OPERATIONS:				
<input type="checkbox"/>	<input type="checkbox"/>	1. Do you lease to others? If Yes, who must provide primary insurance? <input type="checkbox"/> You <input type="checkbox"/> Other		
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you or any owner, shareholder, officer or director now, or have you and or your company, ever operated under another name and/or Docket#? If Yes, Name: _____ Docket #: _____		
<input type="checkbox"/>	<input type="checkbox"/>	3. Do you or any owner, shareholder, officer or director engage in, or have you ever engaged in, any other business unrelated to transportation? If Yes, please describe: _____		
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you allow passengers? If Yes, explain: _____		
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you agree to report all drivers?		
	a.	Minimum Age of Driver Hired _____	Minimum Years of Experience Required _____	
	b.	Maximum # of moving violations allowed _____ (last 3 years)	Maximum # of accidents allowed _____ (last 3 years)	
Has any insurance company canceled or non-renewed your policy, or the policy of any owner, director, officer or shareholder, in the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No (Do Not answer this question if you reside in the State of Missouri.)				

COVERAGES AND LIMITS				
Auto Liability for Non-Truck Use (Bobtail Liability)			Additional Coverages	
<input type="checkbox"/>	Combined Single Limits (BI/PD)	\$ _____	CSL	<input type="checkbox"/> Deluxe Coverage
<input type="checkbox"/>	Uninsured Motorist (BI)	\$ _____	Limit	<input type="checkbox"/> Motor Carrier <input type="checkbox"/> \$4500 <input type="checkbox"/> \$6000 <input type="checkbox"/> \$7500
<input type="checkbox"/>	Uninsured Motorist (PD)	\$ _____	Limit	Deductible Buyback <input type="checkbox"/> \$9000 <input type="checkbox"/> \$15,000
<input type="checkbox"/>	Underinsured Motorist (BI)	\$ _____	Limit	
<input type="checkbox"/>	Underinsured Motorist (PD)	\$ _____	Limit	
<input type="checkbox"/>	Medical Payments	\$ _____	Limit	
<input type="checkbox"/>	Personal Injury Protection	\$ _____	Limit	
Physical Damage		Deductible		Combined Deductible
<input type="checkbox"/>	Comprehensive or	\$ _____		<input type="checkbox"/> Physical Damage Only
<input type="checkbox"/>	Specified Perils	\$ _____		
<input type="checkbox"/>	Collision	\$ _____		

COVERAGE SELECTION/REJECTION FORM(S) FOR UNINSURED MOTORIST, UNDERINSURED MOTORIST, NO-FAULT AND MEDICAL PAYMENTS INSURANCE (AS REQUIRED BY STATE LAW) MUST BE COMPLETED, SIGNED AND SUBMITTED TOGETHER WITH THIS APPLICATION FOR INSURANCE COVERAGE.

FINANCED VALUE COVERAGE: The Stated Value of each auto must be equal to or greater than the outstanding financial obligation for that auto in order for the Financed Value Coverage to apply.

SCHEDULE OF AUTOS TO BE INSURED *** (All units you own or lease MUST be scheduled)										
No	Model / Year	Trade Name	*Body Type	Trailer Alarmed?		VIN	GVW / GCW	Stated Value	Max Radius	Reg. State
				Yes	No					
1.				<input type="checkbox"/>	<input type="checkbox"/>					
2.				<input type="checkbox"/>	<input type="checkbox"/>					
3.				<input type="checkbox"/>	<input type="checkbox"/>					
4.				<input type="checkbox"/>	<input type="checkbox"/>					
5.				<input type="checkbox"/>	<input type="checkbox"/>					

* TT=Tractor, TK=Truck, TLF=Flatbed, TLV=Dryvan, TLT=Tank, TLR=Refrigerated, TLD=Dump, TLO=Other

If number of trailers is greater than number of tractors, an explanation must accompany this application.

LIENHOLDER/ADDITIONAL INSURED INFORMATION							
Unit #	LP	AI	Name	Street Address	City	State	Zip Code

POLICY AND LOSS HISTORY							
Policy Term(s)				Liability Claims		Physical Damage Claims	
From	To	Carrier	Policy #	# of Losses	Loss Amt	# of Losses	Loss Amt

DRIVER INFORMATION															
No.	Driver Name	DOB	License No.	ST	# of Years Exp With Similar Equip	Violations In The Past Year			Violations In The Prior 3 Years			Losses Past Year		Losses Prior 3 Years	
						# Major	# Minor	Non-Moving	# Major	# Minor	Non-Moving	# of Acc	Loss Amount	# of Acc	Loss Amount
1.													\$		\$
2.													\$		\$
3.													\$		\$

I AUTHORIZE LANCER MANAGEMENT COMPANY INC. TO OBTAIN COPIES OF MOTOR VEHICLE REPORTS FOR UNDERWRITING THE INSURANCE THAT I HAVE APPLIED FOR. I ALSO UNDERSTAND THAT A ROUTINE INSPECTION MAY BE DONE REGARDING MY OPERATIONS. I AGREE TO PROMPTLY FURNISH THE NAME, SOCIAL SECURITY NUMBER, DRIVER'S LICENSE NUMBER AND DATE OF BIRTH FOR ANY DRIVERS I HIRE AFTER THE COMPLETION OF THE APPLICATION. I UNDERSTAND ALL LOSSES ARE TO BE REPORTED PROMPTLY REGARDLESS OF THE SEVERITY OR FAULT.

PLEASE READ THE FOLLOWING CAREFULLY BEFORE YOU SIGN THIS APPLICATION

I hereby apply for the insurance indicated above and represent that:

- 1) I have read this application.
- 2) The limits and coverages requested were selected by me.
- 3) All statements herein are true and accurate, to the best of my knowledge, and no material facts have been suppressed or misstated. I understand that misrepresentation or omission of material facts will be cause for cancellation and may void coverage.
- 4) By signing this application, I authorize the insurer to obtain copies of motor vehicle reports for underwriting the indicated insurance, as well as the right to examine or inspect files, records, documents and equipment in order to determine the accuracy of the information stated herein.

The completion of this application creates no express or implied obligation on the part of the insurer or its manager to offer a quotation or provide insurance as requested in this application and survey. If the insurance is provided, the policy will only cover the vehicles listed on the attached schedule for the coverages agreed. You must immediately notify the insurer in writing if there is any change in your equipment or operations, and all accidents must be reported promptly regardless of severity or fault.

MANDATORY STATE FRAUD WARNINGS

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 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: "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."

Producer Signature

Print Name of Producer

Title

Date

Are you the incumbent producer? Yes No

Is this business sub-produced? Yes No If Yes, Sub Producer Name: _____

Sub Producer Address: _____

Tel: _____ Fax: _____ E-Mail Address: _____

Named Insured Signature

Print Name of Insured

Title

Date

Federal Tax ID#

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.