

# 5Star Submission Checklist- NON-TRUCKING PROGRAM

\*Please include this coversheet with each submission



Fax to: <b>5Star Non-Trucking Submission</b>	Email (Preferred): <b>nontrucking@5starsp.com</b>
	Fax Number: <b>321-757-6147</b>
Submission for:	Agency Name:
Producer/Contact Name:	Agency Phone Number:
Comments:	

Before sending your submission, please use this checklist to ensure you have included all required documentation. For faster service, please include a copy of this completed form.



### **Documentation Required**

- \_\_\_\_\_ Non-Trucking Liability/Physical Damage Program application
- \_\_\_\_\_ Fla. Commercial Auto Supplement-NTL Coverage- *Florida only*
- \_\_\_\_\_ ACORD 137 (State specific)
- \_\_\_\_\_ Current MVR's (no more than 90 days old)
- \_\_\_\_\_ MC- Motor Carrier number and full address
  
- \_\_\_\_\_ Your Producer email address: \_\_\_\_\_
- \_\_\_\_\_ Insured's complete mailing address: \_\_\_\_\_  
\_\_\_\_\_
- \_\_\_\_\_ Insured's email address: \_\_\_\_\_

Failure to include copies of all requested information will result in delay of processing and/or immediate rejection of this submission. Please contact 1-800-444-8474 with any questions.

### **REFERAL SOURCE:** (For this submission, please indicate how you heard about our program)

- \_\_\_\_\_ ASPN (Agency Specialty Program Network)
- \_\_\_\_\_ Advertisement
- \_\_\_\_\_ 5StarSP.com
- \_\_\_\_\_ Trade show
  
- \_\_\_\_\_ Web search (google, yahoo)
- \_\_\_\_\_ Industry Directory (Programbusiness.com, Insurance Journal)
- \_\_\_\_\_ Referral/Word of Mouth
- \_\_\_\_\_ Other

**IMPORTANT:**  
Insured's FEIN must be on all applications.

Please send submissions at least 2 weeks prior to policy effective date to allow for quote processing.

5Star Non-Trucking Liability Program  
A division of Crump Insurance Services  
158 N. Harbor City Blvd.  
Melbourne, FL 32935

Agent Name: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**5Star Specialty Programs - Melbourne**  
**Non-Trucking Liability/Physical Damage Auto Application**  
 No Permanent Lease, No Liability Coverage, No Exceptions!  
Physical Damage without Liability Coverage can be considered without a permanent lease.  
**Fax: 321.757.6145    Email: nontrucking@5starsp.com**

**Section I**

Name of Owner: \_\_\_\_\_ (Phone #: \_\_\_\_\_)

Address: \_\_\_\_\_  
 \_\_\_\_\_ City State Zip Code

Years of driving experience with type of equipment being used: \_\_\_\_\_ [ Minimum 2 Years ]

**Section II – Description of Operations – Individual Owner/Operators**

Permanently Leased to: \_\_\_\_\_ (Phone #: \_\_\_\_\_)

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

MC #: \_\_\_\_\_ US Docket #: \_\_\_\_\_ Copy of lease agreement on file with agent? \_\_\_ Yes \_\_\_ No

**Vehicle Description:**

**If Physical Damage Desired:**

	Year	Make	Complete VIN Number	Cargo Hauled	Value	Max. Gross Wt. Of Vehicle (lbs)
1.						
2.						
3.						

**Loss Payee:**

1.
2.
3.

**Driver Information:**

Owner/Operator /Driver	Birth Date	State and License Number	Date Employed	# of Years Comm. Driving	List Violations & Accidents for Last 3 Years
1.					
2.					
3.					

**Loss Experience: Any Accidents in the last 3 years, Commercial or Personal**

Show Policy Periods for Past Three years	Insurance Carrier	Policy #	Number of Accidents	Total Amount Liability Claims Paid	Total Amount Physical Damage Claims Paid

**Section III – Non-Trucking Liability Limits Requested:**

\$500,000     \$750,000     \$1,000,000 (This limit is *required* for all risks with physical damage)

Statutory UM Requested?  Yes  No.    Statutory PIP Requested?  Yes  No    **RATE Quoted** \_\_\_\_\_

**Appropriate form must be signed and returned.**

**Physical Damage Deductible** [Collision/Specified Perils (same for each)]:    **RATE Quoted** \_\_\_\_\_

1,000     2,500

**Billing Method:**    Monthly     Annual

Date Bound _____	I agree that if my down payment or full payment check is returned by the bank because of insufficient funds, coverage will be null and void from inception
Producer Signature _____	Insured's Signature _____ Date _____

**Any person who knowingly and with intent to defraud any insurance company or another person files and 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 (NY: substantial) civil penalties. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME TN and VA, insurance benefits may also be denied)**

**Important:** An Endorsement must be issued each time an Insured changes carriers.