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.			asdfa			
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.