

COMMERCIAL AUTOMOBILE APPLICATION FILINGS SUPPLEMENT

**KENTUCKY AUTOMOBILE INSURANCE PLAN
P.O. Box 6530 Providence, RI 02940-6530**

THIS SUPPLEMENTAL APPLICATION MUST BE COMPLETED AND ATTACHED TO THE COMMERCIAL AUTOMOBILE APPLICATION WHEN A FILING WITH STATE OR FEDERAL AUTHORITY IS REQUESTED.

Producer:		Telephone ()		Producer Lic. No.		Producer's IRS or SS No.	
Street Address				City		State	Zip Code
Applicant				Street Address			
City		State	Zip Code	Telephone No. ()		Business Telephone No. ()	

1. Are any vehicles leased, hired, rented, or borrowed? Yes No
2. Does the applicant subcontract any hauling to others? Yes No
3. Are payments made to any other trucking operation(s)? Yes No
4. Does the applicant pass through any hauling fees to other trucking operations? Yes No
5. Does the applicant dispatch or arrange for the transportation of products or commodities to be hauled for others?
 Yes No
6. Do any other vehicles not owned by the applicant operate under the applicants filing or authority? Yes No
7. Does the applicant do any truck brokerage? Yes No

Please explain any "Yes" answers in the remarks section below. If any of the above questions (1-7) have been answered "Yes," each of the following questions must be answered:

1. Are both the applicant and any vehicles that are hired, leased, rented or borrowed DOT regulated? Yes No
2. Does the applicant require any vehicles that are subcontracted, leased, hired or borrowed to carry insurance? Yes No
 - a. Are Certificates of Insurance required? Yes No
 - b. Are the limits of liability required to be at least equal to the limits requested on this application or as required by public authority having jurisdiction? Yes No
3. Is there a written lease? Yes No
4. Is there a hold-harmless agreement in place to the benefit of the applicant? Yes No

REMARKS

This Policy is subject to Audit.

APPLICANT STATEMENT**IMPORTANT – READ BEFORE SIGNING**

The Applicant declares and certifies that:

1. It has duly authorized the undersigned to execute this application on its behalf if the Applicant is not a natural person.
2. The Applicant has tried without success to obtain automobile insurance in this state within the preceding 60 days.
3. To the best of the Applicant's knowledge and belief that all statements contained in this application are true and that these statements are offered as an inducement to issue the policy for which the Applicant is applying.
4. The Applicant realizes that any misleading information or failure to disclose required information will be considered lack of good faith on the Applicant's part and may void the application or cause cancellation of the Applicant's coverage.
5. The Applicant agrees that no coverage will be in effect if the premium remittance which accompanies this application, is justifiably dishonored by any financial institution.
6. The Applicant understands that the premium shown on this application is an estimated premium. The carrier reserves the right to adjust the premium either prior to or after the issuance of the policy, whenever applicable.
7. The Applicant will pay all premiums when due.
8. The Applicant designates as Producer of Record of this insurance the Producer or firm named in this application. A substitute Producer may be designated by the Applicant at any time and, upon designation, shall be the Producer of Record. The Applicant understands that any designated Producer cannot act as an agent of the Automobile Insurance Plan or any carrier for the purpose of this insurance and that the Producer has no authority to establish, alter or amend terms or conditions of coverage.
9. The Applicant hereby certifies that it does not owe any insurance company for automobile insurance premiums.

The Applicant hereby authorized any insurer that may previously have provided coverage to the Applicant or to additional named insureds to provide records, data or information concerning prior coverage to the Plan or any carrier designated by the Plan. The Applicant agrees that a reproduction of this authorization shall be considered as effective and valid as the original.

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.

(PERSON AUTHORIZED TO SIGN FOR APPLICANT)

(TITLE)

(DATE (MONTH DAY YEAR HOUR (AM/PM)))

If additional named insureds are to be covered under a policy issued to the Applicant, authorized signatures for each such additional named insured shall be provided below. Such additional named insureds agree to be bound by the statement made by the Applicant in this form.

(PERSON AUTHORIZED TO SIGN FOR ADDITIONAL NAMED INSURED)

(TITLE)

(DATE (MONTH DAY YEAR HOUR (AM/PM)))

Fair Credit Reporting Act Notice:

In addition to routine verification of information pertinent to the insurance applied for, if the application is by an individual for insurance primarily for personal or family purposes, the insurer to which it is assigned may have an investigative consumer report made including information bearing on character, general reputation, personal characteristics or mode of living and, upon the individual's written request, will disclose in writing the nature and scope of the investigation requested, if such report is procured.

PRODUCER STATEMENT

I hereby certify that I am a licensed agent/broker of the state to which this application applies and have read the Automobile Insurance Plan and have explained the provisions to the applicant. I acknowledge that I am acting on behalf of the Applicant in submitting this application and have no authority to establish or revise the terms or conditions of coverage. This application includes all required information given to me by the Applicant. In the event of cancellation or a change to the policy resulting in the reduction of premium, I agree to return any unearned premium to the insured (net of any minimum premium due the carrier) and also to return to the carrier unearned compensation for this insurance received by me as required by the Plan. My signature hereon represents certification of the statement of the producer of record of this application and I certify this application is submitted pursuant to the effective date provisions contained in the Automobile Insurance Plan of this state.

BY (PRODUCERS SIGNATURE)

(DATE (MONTH DAY YEAR HOUR (AM/PM)))