

SERFF Tracking Number: UNCA-125502317 State: Arkansas
Filing Company: Universal Casualty Company State Tracking Number: #28992 \$50
Company Tracking Number: AR-IM-0157
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
Product Name: Commercial Inland Marine
Project Name/Number: Revised application/AR-IM-0157

Filing at a Glance

Company: Universal Casualty Company
Product Name: Commercial Inland Marine SERFF Tr Num: UNCA-125502317 State: Arkansas
TOI: 09.0 Inland Marine SERFF Status: Closed State Tr Num: #28992 \$50
Sub-TOI: 09.0005 Other Commercial Inland Marine Co Tr Num: AR-IM-0157 State Status: Fees verified and received
Marine
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
Author: Larry Wilk Disposition Date: 03/14/2008
Date Submitted: 03/10/2008 Disposition Status: Approved
Effective Date Requested (New): On Approval Effective Date (New): 03/14/2008
Effective Date Requested (Renewal): On Approval Effective Date (Renewal): 03/14/2008

State Filing Description:

General Information

Project Name: Revised application Status of Filing in Domicile: Pending
Project Number: AR-IM-0157 Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 03/14/2008
State Status Changed: 03/13/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:

We are filing a revised application to be used with our Motor Truck Cargo policy.

Company and Contact

Filing Contact Information

Larry Wilk, Compliance Manager lwilk@univcas.com

SERFF Tracking Number: UNCA-125502317 State: Arkansas
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150 Northwest Point Blvd. 2nd Floor (847) 700-9163 [Phone]
Elk Grove Village, IL 60007 (847) 228-4104[FAX]

Filing Company Information

Universal Casualty Company CoCode: 42862 State of Domicile: Illinois
150 Northwest Point Blvd. 2nd Floor Group Code: 1326 Company Type:
Elk Grove Village, IL 60007 Group Name: State ID Number:
(847) 700-9163 ext. [Phone] FEIN Number: 36-2126444

SERFF Tracking Number: UNCA-125502317 State: Arkansas
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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

| CHECK NUMBER | CHECK AMOUNT | CHECK DATE |
|--------------|--------------|------------|
| 28992 | \$50.00 | 02/26/2008 |

SERFF Tracking Number: UNCA-125502317

State: Arkansas

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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|----------|------------------|------------|----------------|
| Approved | Llyweyia Rawlins | 03/14/2008 | 03/14/2008 |

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Disposition

Disposition Date: 03/14/2008

Effective Date (New): 03/14/2008

Effective Date (Renewal): 03/14/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: UNCA-125502317 State: Arkansas
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| Item Type | Item Name | Item Status | Public Access |
|---------------------|--|-------------|---------------|
| Supporting Document | Uniform Transmittal Document-Property & Casualty | Approved | Yes |
| Supporting Document | Explanation of Changes and Mark up copy | Approved | Yes |
| Form | Application | Approved | Yes |

SERFF Tracking Number: UNCA-125502317 State: Arkansas
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 Company Tracking Number: AR-IM-0157
 TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
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Form Schedule

| Review Status | Form Name | Form # | Edition Date | Form Type Action | Action Specific Data | Readability | Attachment |
|---------------|-------------|---------|--------------|---|---|-------------|-------------------|
| Approved | Application | UCC APP | 02 08 | Application/ Replaced Binder/Enrollment | Replaced Form #:0.00 UCC APP 09 06 Previous Filing #: | | UCC APP 02 08.pdf |



Universal Casualty Company

COMMERCIAL INSURANCE APPLICATION

| GENERAL INFORMATION | | | | | | | |
|--|----------|------|-------------------------------|-----------------------------------|---------|---------------------------------------|------|
| Name: _____ | | | Federal ID or S.S. No.: _____ | | | U.S. DOT No.: _____ | |
| Dates Coverage Desired: FROM: _____ TO: _____ | | | | Years in Trucking Industry: _____ | | Years in Business: _____ | |
| Location | Address: | City | State | Zip | Country | Contact Info | Type |
| | | | | | | | |
| | | | | | | | |
| M = Mailing / G = Garage | | | | | | TYPE: P=Phone, F=Fax, E=Email, C=Cell | |

| DESCRIPTION OF OPERATIONS | | | | | | | |
|---|--|---|---|---|--|------|---|
| <input type="checkbox"/> For Hire <input type="checkbox"/> Private <input type="checkbox"/> Non-Trucking <input type="checkbox"/> Other (explain) | | | | | | | |
| Range of Transport | Radius | % | | City | % | City | % |
| <input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate | 0 - 100 | % | | | % | | % |
| | 101 - 300 | % | | | % | | % |
| | 301 - over | % | | | % | | % |
| | | | | | | | |
| OPERATIONS LESS THAN 300 MILE RADIUS - list city destinations: | | | | | | | |
| San Fran, Chicago | | | | | | | |
| OPERATIONS BEYOND 300 MILE RADIUS - identify cities traveled through or into: | | | | | | | |
| <input type="checkbox"/> ZONE 1 | <input type="checkbox"/> Buffalo, NY | <input type="checkbox"/> Hartford, CT | <input type="checkbox"/> Memphis, TN | <input type="checkbox"/> Omaha, NE | <input type="checkbox"/> San Diego, CA | | |
| <input type="checkbox"/> ZONE 2 | <input type="checkbox"/> Charlotte, NC | <input type="checkbox"/> Houston, TX | <input type="checkbox"/> Miami, FL | <input type="checkbox"/> Philadelphia, PA | <input type="checkbox"/> San Francisco, CA | | |
| <input type="checkbox"/> ZONE 3 | <input type="checkbox"/> Chicago, IL | <input type="checkbox"/> Indianapolis, IN | <input type="checkbox"/> Milwaukee, WI | <input type="checkbox"/> Phoenix, AZ | <input type="checkbox"/> Seattle, WA | | |
| <input type="checkbox"/> ZONE 4 | <input type="checkbox"/> Cincinnati, OH | <input type="checkbox"/> Jacksonville, FL | <input type="checkbox"/> Minneapolis/St. Paul, MN | <input type="checkbox"/> Pittsburgh, PA | <input type="checkbox"/> Other: _____ | | |
| | <input type="checkbox"/> Cleveland, OH | <input type="checkbox"/> Kansas City, KS | <input type="checkbox"/> Nashville, TN | <input type="checkbox"/> Portland, OR | <input type="checkbox"/> Other: _____ | | |
| <input type="checkbox"/> Atlanta, GA | <input type="checkbox"/> Dallas/Fort Worth, TX | <input type="checkbox"/> Little Rock, AR | <input type="checkbox"/> New Orleans, LA | <input type="checkbox"/> Richmond, VA | <input type="checkbox"/> Other: _____ | | |
| <input type="checkbox"/> Baltimore, MD | <input type="checkbox"/> Denver, CO | <input type="checkbox"/> Los Angeles, CA | <input type="checkbox"/> New York City, NY | <input type="checkbox"/> St. Louis, MO | <input type="checkbox"/> Other: _____ | | |
| <input type="checkbox"/> Boston, MASS | <input type="checkbox"/> Detroit, MI | <input type="checkbox"/> Louisville, KY | <input type="checkbox"/> Oklahoma City, OK | <input type="checkbox"/> Salt Lake City, UT | <input type="checkbox"/> Other: _____ | | |

| COMMODITIES TRANSPORTED | | | List shipper requirements, if any: | | |
|---|------------------|--|------------------------------------|------------------|-------|
| <input type="checkbox"/> Refuse/Waste/Garbage | | <input type="checkbox"/> Hazardous Substances requiring \$1,000,000 liability limits or less | | | |
| <input type="checkbox"/> Property (non-hazardous) | | <input type="checkbox"/> Hazardous Substances requiring liability limits in excess of \$1,000,000 (please explain) | | | |
| Commodity | Percent of Loads | Value | Commodity | Percent of Loads | Value |
| | % | | | % | |
| | % | | | % | |
| | % | | | % | |

| | | | | | |
|----------------------------|----------------------------|---|-----------|--------------|------------|
| Y <input type="checkbox"/> | N <input type="checkbox"/> | 1. Are fillings required? | Docket #: | MCP #: | Other: |
| Y <input type="checkbox"/> | N <input type="checkbox"/> | 2. Do you act as a freight-broker or freight-forwarder or arrange loads for others? | | | |
| | | If yes, provide Brokerage Name: | | | Docket #: |
| | | Annual Brokerage Revenue: | | | |
| Y <input type="checkbox"/> | N <input type="checkbox"/> | 3. Is all equipment operated under the applicant's authority scheduled on the application? If no, attach explanation. | | | |
| Y <input type="checkbox"/> | N <input type="checkbox"/> | 4. Is all owned equipment scheduled on this application? If no, attach explanation. | | | |
| Y <input type="checkbox"/> | N <input type="checkbox"/> | 5. Is all scheduled equipment owned by you? If no, attach explanation. | | | |
| Y <input type="checkbox"/> | N <input type="checkbox"/> | 6. Do you sub-haul, lease or hire equipment from others? If yes, is it: | | | |
| | | a. If permanently leased, is it scheduled on this application? | | | |
| | | b. If permanently leased, are autos hired with drivers? | | | |
| | | c. If trip leased, provide the annual estimated cost of hire | | Current Year | Prior Year |
| Y <input type="checkbox"/> | N <input type="checkbox"/> | 7. Do you lease to others? If yes, who must provide primary insurance? | | | |
| | | If you provide insurance, is coverage desired for: | | | |
| | | If Named Lessee(s), attach a list of Name and Addresses for each lessee. | | | |
| Y <input type="checkbox"/> | N <input type="checkbox"/> | 8. Do you pull doubles? | | | |
| Y <input type="checkbox"/> | N <input type="checkbox"/> | a. Do you pull triples? | | | |
| Y <input type="checkbox"/> | N <input type="checkbox"/> | 9. Do you haul containers or containerized freight? | | | |
| Y <input type="checkbox"/> | N <input type="checkbox"/> | 10. Do you haul oversize / overweight loads? | | | |

| DRIVER INFORMATION | | Must Be Completed For All Drivers If needed, additional space provided on pg 4 | | | | |
|--------------------|---------------|---|-------|-----------------------------------|--------------|-------|
| Driver | Date of Birth | License Number | State | # Years Driving Similar Equipment | Date of Hire | Notes |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| DRIVER VIOLATIONS | | Must be provided for all drivers, and provide three years of information. | | | |
|-------------------|------|---|------------|-------------------|--|
| Driver | Date | # of Major | # of Minor | Describe/Comments | |
| | | | | | |
| | | | | | |
| | | | | | |

| DRIVER EMPLOYMENT HISTORY | | If you have not had insurance for the past two years in your name, provide three years Employment history for each driver. (Do not indicate 'self-employed' unless you have had insurance in your name.) | | | |
|---------------------------|----------------|--|---------------------|--------------|--|
| Driver | Prior Employer | Full address | Dates of Employment | Type of Unit | |
| | | | to | | |
| | | | to | | |
| | | | to | | |

| UNIT REVENUE AND MILEAGE | | Actual & Estimated | | | |
|--------------------------|---------|--------------------|-------|---------|---------|
| Projected | Current | Period | Units | Revenue | Mileage |
| | | | | | |
| | | | | | |

| INSURANCE HISTORY & LOSS EXPERIENCE | | Years Prior Insurance Under Business Name | | | | | | |
|--|-------------------|---|---------------|--------------------|---|------------------|-----------|--------------------------|
| HAS ANY INSURANCE COMPANY CANCELLED OR NONRENEWED YOUR POLICY IN THE LAST THREE YEARS? If yes, please explain _____ | | | | | | | | EXEMPT IN MISSOURI |
| Policy Term | Insurance Company | Type: | Policy Number | # of Units Insured | Any losses over the policy term | If Yes, How Many | \$ Amount | Drivers Involved In Loss |
| FROM | TO | | | | Y <input type="checkbox"/> N <input type="checkbox"/> | | | |
| | | | | | Y <input type="checkbox"/> N <input type="checkbox"/> | | | |
| | | | | | Y <input type="checkbox"/> N <input type="checkbox"/> | | | |

TYPE OPTIONS: P = Physical Damage; C=Cargo, L=Primary Liability; N=Non-Trucking Liability

| ACCIDENT DESCRIPTION | | |
|----------------------|---------|-------------|
| Policy | Company | Description |
| | | |
| | | |

| SCHEDULE OF AUTOS TO BE INSURED | | All units you own or are leased to you must be scheduled and insured if fillings are to be made If needed, additional space provided on pg 5 | | | | | | |
|---------------------------------|------------|---|---|------------|---------|--------------|------------|--------------|
| Model Year | Trade Name | Type (Trctr/Trlr) | Trailer Type D=Dump F=Flat R=Reefer V=Van | VIN Number | GVW/GCW | Stated Value | Max Radius | Owner's Name |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| LIENHOLDER INFORMATION | | | | | |
|------------------------|------|---------|------|-------|----------|
| VIN Number | Name | Address | City | State | Zip Code |
| | | | | | |
| | | | | | |

| | |
|--------------------------------|--|
| 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. |
|--------------------------------|--|

| COVERAGES | | | | |
|--------------------------|-----------------------------|-------|------------|------------------|
| | Coverages | Limit | Deductible | Special Comments |
| <input type="checkbox"/> | Primary Liability | | | |
| <input type="checkbox"/> | Uninsured Motorists* | | | |
| <input type="checkbox"/> | Underinsured Motorists* | | | |
| <input type="checkbox"/> | Hired Autos | | | |
| <input type="checkbox"/> | Non-owned Autos | | | |
| <input type="checkbox"/> | Physical Damage | | | |
| <input type="checkbox"/> | Trailer Interchange | | | |
| <input type="checkbox"/> | Cargo/Inland Marine | | | |
| <input type="checkbox"/> | Truckers General Liability | | | |
| <input type="checkbox"/> | Medical Payment* | | | |
| <input type="checkbox"/> | Personal Injury Protection* | | | |
| <input type="checkbox"/> | Combined Deductible | | | |

* Coverage selection/rejection forms(s) for Uninsured Motorists, Underinsured Motorists, Medical Payments, and Personal Injury Protection (as required by state laws) must be completed and submitted together with this application for insurance coverage.

| SCHEDULE OF ADDITIONAL INSURED(S) (SHIPPER) | | |
|---|---------------------------|-------|
| No. | Additional Insured's Name | Notes |
| | | |
| | | |
| | | |

Attention all applicants in the states of AL, AR, AZ, CA, CO, DE, FL, IN, KY, MN, NH, NJ, NY, OH, PA, TN, UT
 – For your protection, the preceding states' laws require the following to appear on this forms: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false, incomplete, or misleading information, or conceals information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime punishable by incarceration, and shall also be subject to civil penalties.
 For risks located in New York, Pennsylvania, and California: Any personal who knowingly makes or assists, abets, solicits or conspires with another to make a false or misleading report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, a state department of motor vehicles, or an insurance company, commits perjury or a fraudulent insurance act, which are crimes punishable by incarceration, and shall also be subject to a civil penalty.

| SIGNATURES | | |
|--|-------------|-----------------------|
| <p>I authorize, Universal Casualty to obtain a copy of my Motor Vehicle Report for rating/underwriting the insurance for which I have applied. I also understand that a routine inquiry may be made providing information concerning my character, general reputation, personal characteristics and mode of living, as well as any pertinent financial data deemed necessary. Upon written request, information as to the nature and scope of the report will be provided to me.</p> <p>I hereby certify that the foregoing statements and answers are a just, full and true exposition of all the facts and circumstances with regard to the risk to be insured, insofar as the same are known to me, and the same are hereby made as the basis and condition of the insurance.</p> <p>Any person who, with the intent to defraud or knowing that he or she 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. By signing below, I affirm full knowledge of and adherence to current D.O.T. Safety Regulations, and hereby apply for insurance with respect to the coverages stated herein.</p> <p>It is through the inducement of the provided information that Universal Casualty Company shall issue a policy. It is a stipulation of the policy that the policy shall become null and void, and no benefit or effect whatsoever as to any claim arising, in the event that any of the accurate admittance of the application are found false or fraudulent in nature.</p> <p>The vehicles to be insured are owned or leased by the Applicant/Name Insured and the drivers on record with Universal Casualty Company will be the only drivers of the insured vehicles during the policy period and all subsequent renewals unless additional drivers are reported to and approved by Universal Casualty Company prior to the operation or use of any vehicle shown in the policy.</p> | | |
| APPLICANTS NAME | DATE | APPLICANT'S SIGNATURE |
| PRODUCER NAME | PHONE / FAX | PRODUCER'S SIGNATURE |

SERFF Tracking Number: UNCA-125502317

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TOI: 09.0 Inland Marine

Sub-TOI: 09.0005 Other Commercial Inland Marine

Product Name: Commercial Inland Marine

Project Name/Number: Revised application/AR-IM-0157

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: UNCA-125502317

State: Arkansas

Filing Company: Universal Casualty Company

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status:

Approved

03/14/2008

Comments:

Attachment:

NAIC Transmittal.pdf

Satisfied -Name: Explanation of Changes and Mark
up copy

Review Status:

Approved

03/14/2008

Comments:

Attachments:

Application Revisions.pdf

Mark up copy.pdf

Property & Casualty Transmittal Document

| | | | | | | | | | | | | | | | | | | | | | |
|---|---|---------------------------------|--|-------------|--|-----------------|--|---------------------------------------|--|------------------------------|--|--------------|--|------------------|--|--------------------|--|--------------------|--|------------------|--|
| 1. Reserved for Insurance Dept. Use Only | 2. Insurance Department Use only <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2">a. Date the filing is received:</td></tr> <tr><td colspan="2">b. Analyst:</td></tr> <tr><td colspan="2">c. Disposition:</td></tr> <tr><td colspan="2">d. Date of disposition of the filing:</td></tr> <tr><td colspan="2">e. Effective date of filing:</td></tr> <tr> <td style="width: 50%; text-align: center;">New Business</td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: center;">Renewal Business</td> <td></td> </tr> <tr><td colspan="2">f. State Filing #:</td></tr> <tr><td colspan="2">g. SERFF Filing #:</td></tr> <tr> <td>h. Subject Codes</td> <td></td> </tr> </table> | a. Date the filing is received: | | b. Analyst: | | c. Disposition: | | d. Date of disposition of the filing: | | e. Effective date of filing: | | New Business | | Renewal Business | | f. State Filing #: | | g. SERFF Filing #: | | h. Subject Codes | |
| a. Date the filing is received: | | | | | | | | | | | | | | | | | | | | | |
| b. Analyst: | | | | | | | | | | | | | | | | | | | | | |
| c. Disposition: | | | | | | | | | | | | | | | | | | | | | |
| d. Date of disposition of the filing: | | | | | | | | | | | | | | | | | | | | | |
| e. Effective date of filing: | | | | | | | | | | | | | | | | | | | | | |
| New Business | | | | | | | | | | | | | | | | | | | | | |
| Renewal Business | | | | | | | | | | | | | | | | | | | | | |
| f. State Filing #: | | | | | | | | | | | | | | | | | | | | | |
| g. SERFF Filing #: | | | | | | | | | | | | | | | | | | | | | |
| h. Subject Codes | | | | | | | | | | | | | | | | | | | | | |

| | |
|----------------------|---------------------|
| 3. Group Name | Group NAIC # |
| Kingsway America | 1326 |

| 4. Company Name(s) | Domicile | NAIC # | FEIN # | State # |
|----------------------------|----------|--------|------------|---------|
| Universal Casualty Company | IL | 42862 | 36-2126444 | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| | |
|-----------------------------------|-------------------|
| 5. Company Tracking Number | AR-IM-0157 |
|-----------------------------------|-------------------|

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

| 6. | Name and address | Title | Telephone #s | FAX # | e-mail |
|-----------|--|--------------------|------------------------------|--------------|-------------------|
| | Larry Wilk | Compliance Manager | 847-700-9163 800-232-0631 | 847-228-4104 | lwilk@univcas.com |
| | 150 Northwest Point Blvd., Suite 200, Elk Grove Village IL 60007 | | | | |
| 7. | Signature of authorized filer | | <i>Larry Wilk</i> | | |
| 8. | Please print name of authorized filer | | Larry Wilk | | |

Filing information (see General Instructions for descriptions of these fields)

| | |
|--|--|
| 9. Type of Insurance (TOI) | 9.0000 |
| 10. Sub-Type of Insurance (Sub-TOI) | 9.0005 |
| 11. State Specific Product code(s) (if applicable)[See State Specific Requirements] | |
| 12. Company Program Title (Marketing title) | Regional Trucking program |
| 13. Filing Type | <input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description) |
| 14. Effective Date(s) Requested | New: Upon Approval Renewal: Upon Approval |
| 15. Reference Filing? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 16. Reference Organization (if applicable) | |

| | |
|---|---|
| 17. Reference Organization # & Title | |
| 18. Company's Date of Filing | 3/10/08 |
| 19. Status of filing in domicile | <input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved |

Property & Casualty Transmittal Document—

| | |
|--|---------------------------|
| 20. This filing transmittal is part of Company Tracking # | LG-UCC-AR-IM-001-F |
|--|---------------------------|

| |
|--|
| 21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text] |
|--|

We are filing a revised application form for use with our Motor Truck Cargo coverage form.

| |
|---|
| 22. Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below] |
|---|

Check #: 28921

Amount: \$50

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

Application Revisions

(Comparison between Sept. '06 Filed Application and most current; Feb. '08 Application)

General Operations

- Added numerical response question 'Years in Business' next to 'Years in Trucking Industry' as although similar, the answers to the two questions can and are most often different.

Description of Operations

- Changed request for Maximum Radius to a percentage breakdown between the following options – 0-100 miles, 101-300 miles, 301-over miles.
- Added open ended response question requesting city destinations if transporting in less than 300 miles.
- Added selection boxes for zones/cities traveled to/through if transporting 300 miles or more.

Commodities Transported

- Added boxed options for selecting severity of cargo exposure (i.e. hazardous/non-hazardous) - Refuse/Waste/Garbage; Property (non-hazardous); Hazardous Substance requiring up to \$1,000,000 in liability limits; Hazardous Substance requiring more than \$1,000,000 in liability limits
- Combined 'Maximum Commodity Value' & 'Average Commodity Value' into one generic request for total value of each commodity.

Operation Information

- Renumbered questions as we designated the question, 'Do you pull Triples? Y/N' its own numbered question.
- Added 'Do you haul oversized/overweight? Y/N' question.

Driver Information & Driver Violations

- Added numbered option to both sections as same driver may be referenced in each.
- Combined open ended response questions 'Violation Description' and 'Notes' into one open ended response request for 'Description/Comments'
- Added numerical request for '# of Major' & '# of Minor' accidents to be listed for each driver added to the Driver Violation Section.

Driver Employment History

- Added entire section

Unit Revenue & Mileage

- Added entire section

Insurance History & Loss Experience

- Added the qualifier “EXEMPT IN MISSOURI” to the question, ‘Has any insurance company cancelled or non-renewed your policy in the last three years?’
- Reformatted ‘Policy Term’ & ‘Type’ boxes (no change info to info on the form, information simply relocated)
- Added limits to the ‘Any losses over the policy term’ question to YES or NO.
- Changed request for ‘#’ of losses to more specified question, ‘If Yes, how many?’

Accident Description

- No changes to section (simply expanded)

Schedule of Autos to Be Insured

- No changes to section (simply expanded)

Lien Holder Information

- No changes to section (simply expanded)

Coverages

- Expanded section to include Hired Autos, Non-owned Autos, Trailer Interchange, Truckers General Liability, Medical Payments, Personal Injury Protection; Combined Deductible as additional coverage options.
- Added asterisks qualifier ‘Coverage selection/rejection form(s) for Uninsured Motorists, Underinsured Motorists, Medical Payments, and Personal Injury Protection (as required by state laws) must be completed and submitted together with this application for insurance coverage.’ in reference to the coverages mentioned.

Schedule of Additional Insured(s)/Shippers

- No changes to section (simply expanded)

→ Added box with the following text:

Attention all applicants in the states of AL, AR, AZ, CA, CO, DE, FL, IN, KY, MN, NH, NJ, NY, OH, PA, TN, UT – For your protection, the preceding states’ laws require the following to appear on this form: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false, incomplete, or misleading information, or conceals information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime punishable by incarceration, and shall also be subject to civil penalties.

For risks located in New York, Pennsylvania, and California: Any person who knowingly makes or assists, abets, solicits or conspires with another to make a false or misleading report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, a state department of motor vehicles, or an insurance company, commits perjury or a fraudulent insurance act, which are crimes punishable by incarceration, and shall also be subject to a civil penalty.

Signatures

- Added the following text:
 - ... “as well as any pertinent financial data deemed necessary.” is added to the end of the second sentence of the first paragraph.
 - “It is through the inducement of the provided information that Universal Casualty Company shall issue a policy. It is a stipulation of the policy that

the policy shall become null and void, and no benefit or effect whatsoever as to any claim arising, in the event that any of the accurate admittance of the application are found false or fraudulent in nature.” is added as a third paragraph.

- “The vehicles to be insured are owned or leased by the Applicant/Named Insured and the drivers on record with Universal Casualty Company will be the only drivers of the insured vehicles during the policy period and all subsequent renewals unless additional drivers are reported to and approved by Universal Casualty Company prior to the operation or use of any vehicle shown in the policy.” is added as a fourth paragraph.



Universal Casualty Company

COMMERCIAL INSURANCE APPLICATION

| GENERAL INFORMATION | | | | | | | |
|--|----------|------|-------------------------------|---------------------------------------|---------|--------------------------|------|
| Name: _____ | | | Federal ID or S.S. No.: _____ | | | U.S. DOT No.: _____ | |
| Dates Coverage Desired: FROM: _____ TO: _____ | | | | Years in Trucking Industry: _____ | | Years in Business: _____ | |
| Location | Address: | City | State | Zip | Country | Contact Info | Type |
| | | | | | | | |
| M = Mailing / G = Garage | | | | TYPE: P=Phone, F=Fax, E=Email, C=Cell | | | |

← NEW

| DESCRIPTION OF OPERATIONS | | | | | | |
|---|--|---|---|---|--|------|
| <input type="checkbox"/> For Hire <input type="checkbox"/> Private <input type="checkbox"/> Non-Trucking <input type="checkbox"/> Other (explain) | | | | | | |
| Range of Transport | Radius | % | | City | % | City |
| <input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate | 0 - 100 | % | | | % | |
| | 101 - 300 | % | | | % | |
| | 301 - over | % | | | % | |
| OPERATIONS LESS THAN 300 MILE RADIUS - list city destinations: | | | | | | |
| San Fran, Chicago | | | | | | |
| OPERATIONS BEYOND 300 MILE RADIUS - identify cities traveled through or into: | | | | | | |
| <input type="checkbox"/> ZONE 1 | <input type="checkbox"/> Buffalo, NY | <input type="checkbox"/> Hartford, CT | <input type="checkbox"/> Memphis, TN | <input type="checkbox"/> Omaha, NE | <input type="checkbox"/> San Diego, CA | |
| <input type="checkbox"/> ZONE 2 | <input type="checkbox"/> Charlotte, NC | <input type="checkbox"/> Houston, TX | <input type="checkbox"/> Miami, FL | <input type="checkbox"/> Philadelphia, PA | <input type="checkbox"/> San Francisco, CA | |
| <input type="checkbox"/> ZONE 3 | <input type="checkbox"/> Chicago, IL | <input type="checkbox"/> Indianapolis, IN | <input type="checkbox"/> Milwaukee, WI | <input type="checkbox"/> Phoenix, AZ | <input type="checkbox"/> Seattle, WA | |
| <input type="checkbox"/> ZONE 4 | <input type="checkbox"/> Cincinnati, OH | <input type="checkbox"/> Jacksonville, FL | <input type="checkbox"/> Minneapolis/St. Paul, MN | <input type="checkbox"/> Pittsburgh, PA | <input type="checkbox"/> Other: _____ | |
| | <input type="checkbox"/> Cleveland, OH | <input type="checkbox"/> Kansas City, KS | <input type="checkbox"/> Nashville, TN | <input type="checkbox"/> Portland, OR | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Atlanta, GA | <input type="checkbox"/> Dallas/Fort Worth, TX | <input type="checkbox"/> Little Rock, AR | <input type="checkbox"/> New Orleans, LA | <input type="checkbox"/> Richmond, VA | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Baltimore, MD | <input type="checkbox"/> Denver, CO | <input type="checkbox"/> Los Angeles, CA | <input type="checkbox"/> New York City, NY | <input type="checkbox"/> St. Louis, MO | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Boston, MASS | <input type="checkbox"/> Detroit, MI | <input type="checkbox"/> Louisville, KY | <input type="checkbox"/> Oklahoma City, OK | <input type="checkbox"/> Salt Lake City, UT | <input type="checkbox"/> Other: _____ | |

NEW

| COMMODITIES TRANSPORTED | | | List shipper requirements, if any: | | |
|---|------------------|--|------------------------------------|------------------|-------|
| <input type="checkbox"/> Refuse/Waste/Garbage | | <input type="checkbox"/> Hazardous Substances requiring \$1,000,000 liability limits or less | | | |
| <input type="checkbox"/> Property (non-hazardous) | | <input type="checkbox"/> Hazardous Substances requiring liability limits in excess of \$1,000,000 (please explain) | | | |
| Commodity | Percent of Loads | Value | Commodity | Percent of Loads | Value |
| | % | | | % | |
| | % | | | % | |
| | % | | | % | |

NEW

| | | | | | |
|--|----------------------------|---|--------------|-----------------|--|
| Y <input type="checkbox"/> | N <input type="checkbox"/> | 1. Are filings required? Docket #: _____ | MCP #: _____ | Other: _____ | |
| Y <input type="checkbox"/> | N <input type="checkbox"/> | 2. Do you act as a freight-broker or freight-forwarder or arrange loads for others? | | | |
| | | If yes, provide Brokerage Name: _____ | | Docket #: _____ | |
| Annual Brokerage Revenue: _____ | | | | | |
| Y <input type="checkbox"/> | N <input type="checkbox"/> | 3. Is all equipment operated under the applicant's authority scheduled on the application? If no, attach explanation. | | | |
| Y <input type="checkbox"/> | N <input type="checkbox"/> | 4. Is all owned equipment scheduled on this application? If no, attach explanation. | | | |
| Y <input type="checkbox"/> | N <input type="checkbox"/> | 5. Is all scheduled equipment owned by you? If no, attach explanation. | | | |
| Y <input type="checkbox"/> | N <input type="checkbox"/> | 6. Do you sub-haul, lease or hire equipment from others? If yes, is it: | | | |
| | | a. If permanently leased, is it scheduled on this application? | | | |
| | | b. If permanently leased, are autos hired with drivers? | | | |
| | | c. If trip leased, provide the annual estimated cost of hire | Current Year | Prior Year | |
| Y <input type="checkbox"/> | N <input type="checkbox"/> | 7. Do you lease to others? If yes, who must provide primary insurance? | | | |
| If you provide insurance, is coverage desired for: | | | | | |
| If Named Lessee(s), attach a list of Name and Addresses for each lessee. | | | | | |
| Y <input type="checkbox"/> | N <input type="checkbox"/> | 8. Do you pull doubles? | | | |
| Y <input type="checkbox"/> | N <input type="checkbox"/> | a. Do you pull triples? | | | |
| Y <input type="checkbox"/> | N <input type="checkbox"/> | 9. Do you haul containers or containerized freight? | | | |
| Y <input type="checkbox"/> | N <input type="checkbox"/> | 10. Do you haul oversize / overweight loads? → NEW | | | |

| DRIVER INFORMATION | | Must Be Completed For All Drivers If needed, additional space provided on pg 4 | | | | |
|--------------------|---------------|---|-------|-----------------------------------|--------------|-------|
| Driver | Date of Birth | License Number | State | # Years Driving Similar Equipment | Date of Hire | Notes |
| | | | | | | |
| | | | | | | |

| DRIVER VIOLATIONS | | Must be provided for all drivers, and provide three years of information. | | | |
|-------------------|------|---|------------|-------------------|--|
| Driver | Date | # of Major | # of Minor | Describe/Comments | |
| | | | | | |
| | | | | | |

NEW

| DRIVER EMPLOYMENT HISTORY | | If you have not had insurance for the past two years in your name, provide three years Employment history for each driver. (Do not indicate 'self-employed' unless you have had insurance in your name.) | | | |
|---------------------------|----------------|--|---------------------|--------------|--|
| Driver | Prior Employer | Full address | Dates of Employment | Type of Unit | |
| | | | to | | |
| | | | to | | |
| | | | to | | |

| UNIT REVENUE AND MILEAGE | | Actual & Estimated | | | |
|--------------------------|---------|--------------------|-------|---------|---------|
| Projected | Current | Period | Units | Revenue | Mileage |
| | | | | | |
| | | | | | |

| INSURANCE HISTORY & LOSS EXPERIENCE | | Years Prior Insurance Under Business Name | | | | | | |
|--|-------------------|---|---------------|--------------------|---|------------------|-----------|--------------------------|
| HAS ANY INSURANCE COMPANY CANCELLED OR NONRENEWED YOUR POLICY IN THE LAST THREE YEARS? If yes, please explain _____ | | | | | | | | EXEMPT IN MISSOURI |
| Policy Term | Insurance Company | Type: | Policy Number | # of Units Insured | Any losses over the policy term | If Yes, How Many | \$ Amount | Drivers Involved In Loss |
| FROM TO | | | | | Y <input type="checkbox"/> N <input type="checkbox"/> | | | |
| | | | | | Y <input type="checkbox"/> N <input type="checkbox"/> | | | |
| | | | | | Y <input type="checkbox"/> N <input type="checkbox"/> | | | |

NEW

TYPE OPTIONS: P = Physical Damage; C=Cargo, L=Primary Liability; N=Non-Trucking Liability

| ACCIDENT DESCRIPTION | | |
|----------------------|---------|-------------|
| Policy | Company | Description |
| | | |
| | | |

| SCHEDULE OF AUTOS TO BE INSURED | | All units you own or are leased to you must be scheduled and insured if fillings are to be made If needed, additional space provided on pg 5 | | | | | | |
|---------------------------------|------------|---|---|------------|---------|--------------|------------|--------------|
| Model Year | Trade Name | Type (Trctr/Trlr) | Trailer Type D=Dump F=Flat R=Reefer V=Van | VIN Number | GVW/GCW | Stated Value | Max Radius | Owner's Name |
| | | | | | | | | |
| | | | | | | | | |

NEW

| LIENHOLDER INFORMATION | | | | | |
|------------------------|------|---------|------|-------|----------|
| VIN Number | Name | Address | City | State | Zip Code |
| | | | | | |
| | | | | | |

