

Applicant Information

Insured Name		Agency Name	
DBA			
Mailing Address	Telephone #		
City, State, Zip Code			
Physical Address	Inspector Contact		

Individual
 Partnership
 Joint Venture
 Corporation
 Other _____

Policy Effective Date _____ Expiration Date _____

Type of Business/Occupation _____ Years Experience _____

List Types of CARGO Hauled _____

Define Normal area of Operation _____ Maximum Radius of Operation _____

Do you rent or lease your equipment to others? Yes No
 Do you hire any equipment? Yes No

If yes, what is the estimated cost of hire? _____

List Largest City Entered: (1) _____ % of the time
 (2) _____ % of the time

Number of vehicles owned or leased:
 Pickups _____
 Trucks _____
 Tractors _____
 Trailers _____

Are any vehicles hired with operators? Yes No
 If yes, explain _____

List all States entered: _____

State Filings Required:
 TXDOT Permit # _____
 ICC Docket # _____

Common Carrier
 Contract Hauler
 For Whom _____

Business Use: Service
 Retail
 Commercial
 Gross Receipts Last Year\$ _____

Has your insurance for this type of operations ever been cancelled, declined or non-renewed?
 Yes No
 If Yes, explain _____

Policy Period	Previous Carrier	Premium	Number of Autos	Number of Accidents*		Amount of incurred loss		Period of Loss	Amount of Incurred Loss
				BI	PD	BI	PD		

*If there is more than one accident or loss in any one coverage during one policy year, list, or attach list, of each individual claim (date, driver, coverage description and amount)

DRIVER INFORMATION

Driver's Name	Date of Birth	License Number and State

SCHEDULE OF VEHICLES

Unit No	Year	Make	Model	FULL 17 DIGIT Serial Number	GVW/GCW	Garage Location	Maximum Radius	Rate Ter	Rate Class	Stated Amount
1										
2										
3										
4										
5										

Lienholder Information:

Requested Coverage

- Bodily Injury/Property Damage / Combined Single Limit \$ _____
- Uninsured/Underinsured Motorist Coverage \$ _____ Bodily Injury ONLY \$ _____
- Personal Injury Protection \$ _____
- FT&CAC/Collision \$ _____ Deductible: 500 1,000 2,500

Premium Quoted

- Liability Premium \$ _____
- PIP/UM \$ _____
- Phy Damage \$ _____
- Anti Theft/Pol Fee \$ _____
- Total Premium \$ _____**

Rejection of Personal Injury Protection

I hereby reject Personal Injury Protection coverage in accordance with the right of rejection provided in Article 5.06.3 of the Texas Insurance Code on this policy. It is understood that I have the right to request that this coverage be added to my policy at any time at the applicable premium charge in effect at that time.

Insured's Signature

Date

Uninsured/Underinsured Motorists Coverage Election/Rejection Form (MUST BE SIGNED)

It is hereby understood and agreed that in accordance with the provisions of Article 5.06-1, Texas Insurance Code, as amended, I have been given the opportunity to purchase Uninsured/Underinsured Motorists Coverage in amount up to the automobile liability coverage limits I have on this policy, and I have also been given the right to reject Uninsured/Underinsured Motorists Coverage and have made the following choice(s):

1. _____ I hereby reject Uninsured/Underinsured Motorists Coverage in its entirety, or
2. _____ I hereby reject Uninsured/Underinsured Motorists Coverage as respects to property damage liability coverage in its entirety and accept bodily injury limits as indicated on this application.
3. _____ I hereby request t Uninsured/Underinsured Motorist Coverage at the financial responsibility limits unless higher limits are requested as follows: \$ _____ BI \$ _____ PD or \$ _____ CSL

Insured's Signature

Date

FUTURE RENEWALS:

The rejection(s) indicated above shall apply on this policy and on all future renewals of such policy and all future policies issued to me by this Company because of change of vehicle or coverage, or because of an interruption of coverage, until I notify the Company in writing that thereafter Uninsured/Underinsured Motorists Coverage is desired.

NOTICE: THE FOLLOWING PERTAINS TO THE FAIR CREDIT REPORTING ACT: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon request, additional information as to the nature and scope of the report, if one is made, will be provided.

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.

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and warranty on the part of the insured.

Signature of Applicant

Date

Time

Signature of Agent

Date

Time

Insured Name: _____

DISCLOSURE TO INSURED

Because you have made application for insurance with HOME STATE COUNTY MUTUAL INSURANCE COMPANY, a company which has not appointed your agent, with respect to this application for insurance, your agent is not authorized to bind coverage or to execute or issue a policy for the subject risk. Brecht & Associates is the appointed agent for HOME STATE COUNTY MUTUAL INSURANCE COMPANY. Brecht & Associates is the managing general agent for HOME STATE COUNTY MUTUAL INSURANCE COMPANY and we have placed your insurance coverage through them.

Applicant's Signature (Must be Signed)

PROXY STATEMENT

I hereby appoint the president and secretary of Home State County Mutual Insurance Company, or either of them, or their successor in office, with full power in either to appoint or substitute, to be the undersigned's lawful proxy and attorney in fact, and said attorney is hereby authorized and empowered to attend any policyholder meeting, or any adjournment or adjournments thereof, and to represent, vote and otherwise act for the undersigned in the manner and with the same effect as if the undersigned were personally present. This proxy shall continue in force for the full period of the policy and any renewal thereof, unless sooner revoked in writing and shall be irrevocable for the full period permitted by law. I agree to be governed by the provisions of Chapter 17, Article 17, Texas Insurance Code of 1951.

Must be signed – Applicant's signature _____

Date _____ **Time** _____ **AM/PM**