

International Transportation & Marine Agency, Inc.

GENERAL INFORMATION SECTION
 Attach cargo and/or physical damage sections

ITMA, Inc. use only

REF# _____

C# _____

Applicant _____
 Address _____
 Terminal Address If Different _____
 Effective Date _____ Expiration Date _____
 Years in business: _____ Any Prior Coverage Canceled or refused: _____

VEHICLE SCHEDULE (list loss payees on physical damage section)					
YEAR	MAKE	TYPE	VIN	CARGO LIMIT	VALUE

APPLICANT'S STATEMENT: I hereby authorize the insuring companies and/or its agents to obtain from the department of public safety a copy of my motor vehicle report for use in rating and/or underwriting the insurance for which I do hereby apply, and any renewal thereof. I understand that in obtaining a motor vehicle report a consumer reporting agency may be used by the insurer(s) and I do hereby authorize such use. I hereby certify that the named drivers listed on this application have authorized me to consent on their/his/her behalf for the insurer to obtain motor vehicle report(s) for rating and/or underwriting.

DECLARATION: I/We declare that the statements given on this form are true to the best of my/our knowledge and belief and that/We agree that if a policy is issued, this form shall be the basis of the contract and that any change of my/our trade or trade practices shall be advised to underwriters who may at their discretion vary the terms and conditions of the contract. All statements on this application will become warranties to the policy.

I understand that the hiring of acceptable drivers and the reporting of all drivers to ITMA, Inc. is a requirement of this insurance. Failure to do so is a significant change in risk for your business that is anticipated by underwriters. This significant change in risk may result in cancellation of any policy issued.

Applicant's Signature _____ Dated _____

Agency PACIFIC WESTERN INSURANCE AGENCY INC

Address 6523 24TH AVENUE NW BLDG C
STREET ADDRESS
SEATTLE WA 98117
CITY STATE ZIP

Phone 206-783-1624 Fax 206-783-1625

COMMERCIAL VEHICLE PHYSICAL DAMAGE SUPPLEMENTAL FORM

Use with General Information Section

1. Applicant Name: _____ Phone No. _____
2. Types of Cargo: _____ Radius: _____
3. Details of driver hire investigations and guidelines observed: _____
4. Will any of your scheduled equipment ever be loaned, rented or leased to any third party? Yes No
 If yes, who will be responsible for loss and/or damage to such loaned, rented, or leased equipment while in the care custody and control of third parties. _____
5. Do you own or use trucks and/or trailers other than those specified in this schedule? Yes No
 If yes, specify such vehicles and state reasons why insurance is not required: _____
6. Is all specified equipment regularly inspected and serviced? Yes No
 Give brief details: _____

1. **Paid and outstanding loss information:** Losses sustained by applicant during last 5 years showing details for each year separately and whether claims are from ground up or net of any deductible. Please specify amount of deductibles:

Drivers Name	DOB	License No. & State	Yrs. Exp.	Violations	Accidents

Unit	Loss Payees

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Address 6523 24TH AVENUE NW BLDG C
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Phone 206-783-1624 **Fax** 206-783-1625

Insured's Statement of Losses and Compliance:

Cancellation will be issued if this statement is NOT received within 30 (thirty) days of effective date of policy. This is considered as part of your application for Insurance and requires your signature.

1. I hereby certify that my company is a trucking operation and is in good financial condition. _____
2. I hereby certify that I am complying with Department of Transportation Safety laws and maintenance laws and I review all safety laws on a quarterly basis, as well as maintain my truck(s) on a quarterly basis. _____
3. I hereby certify that I have had NO LOSSES in the past three years. _____

NO Motor Truck Cargo Losses: _____ (initial here)

NO Physical Damage Losses: _____ (initial here)

4. I hereby certify that my losses during the past three years were as follows:

Current Year	First Prior Year	Second Prior Year
Carrier:	Carrier:	Carrier:

Insured:
Company Name:
Signature:
Printed Name:
Policy Number:
Policy Period:
Date:

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act, as amended: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2014, the date on which the TRIA Program is scheduled to terminate or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 85% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

<input type="checkbox"/>	I hereby elect to purchase coverage for acts of terrorism for a prospective premium of \$.50+TX
<input type="checkbox"/>	I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.

_____ Policyholder/Applicant Signature	_____ Certain Underwriters at Lloyd's, London Insurance Company
_____ Print Name	_____ Policy Number
_____ Date	_____ Named Insured:

21/12/07
LMA9011
Form approved by Lloyd's Market Association