



McFall General Agency

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 253-857-1054

Website www.mcfallgeneral.com

- Colony Insurance Company
- Colony Specialty Insurance Company

Answer all questions; attach separate sheet if necessary. If any questions are not applicable, please indicate.

General Information									
Applicant Name _____									
Street or P.O. Box _____								Apt. _____	
City _____				State _____			Zip _____		
Home Phone # _____					Work Phone # _____				
Applicant is		a. <input type="checkbox"/> Common Carrier			b. <input type="checkbox"/> Contract Carrier				
		c. <input type="checkbox"/> Owner of Property			d. <input type="checkbox"/> Other _____				
If Applicant is a. or b., give gross receipts for the past 12 months: \$ _____									
Policy Term: From _____ to _____					Years in Business _____				
Radius _____ miles.					Average length of haul _____ miles.				
What major cities will be traveled? From _____ to _____. List any other major cities.									
Gross Receipts Reporting Form desired? <input type="checkbox"/> Yes <input type="checkbox"/> No									
Principal commodities carried and % of each:									
Are any of the following hauled? Check if so.									
<input type="checkbox"/> Eggs	<input type="checkbox"/> Meat, Fish, Poultry	<input type="checkbox"/> Alcoholic Beverages	<input type="checkbox"/> Drugs						
<input type="checkbox"/> Tobacco	<input type="checkbox"/> Rubber Tires, Tubes	<input type="checkbox"/> Explosives	<input type="checkbox"/> Red Label Cargo						
<input type="checkbox"/> Furs	<input type="checkbox"/> Petroleum Products	<input type="checkbox"/> Textiles or Clothing	<input type="checkbox"/> Refrigerated Goods						
<input type="checkbox"/> Livestock	<input type="checkbox"/> Fragile Articles	<input type="checkbox"/> Target Merchandise	<input type="checkbox"/> TVs Stereos						
<input type="checkbox"/> Guns	<input type="checkbox"/> Perishables								
Previous Carrier _____					Annual Premium \$ _____				
Policy No. _____					Term: _____ to _____				
Did Company cancel or refuse to renew? <input type="checkbox"/> Yes <input type="checkbox"/> No									
If yes, give reason.									
Does Interstate Insurance Group write any coverage for this Insured? Is so, list policy numbers.									
Financial status: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Marginal <input type="checkbox"/> Not analyzed (for gross receipts coverage, an up-to-date Financial Statement is required).									
Type of Coverage and Limits									
Coverage: <input type="checkbox"/> Named Perils <input type="checkbox"/> All Risk <input type="checkbox"/> Theft <input type="checkbox"/> Refrigeration Breakdown <input type="checkbox"/> Other _____									
Maximum limit per vehicle \$ _____					Limit any one catastrophe \$ _____				
Deductible per vehicle \$ _____					Average value of load \$ _____				
Description of Vehicles and Amounts of Insurance									
Unit No.	Model Year	Trade Name	Truck, Tractor, Semi-Trailer, Full Trailer	Cargo Hauled	Model Series & Complete VIN Number	Max. Gross Wt. Of Vehicle (lbs.)	Max. Load Cap. In lbs., gals., liquids	Locks, Alarms	Amount of Insurance
1					Mod #: VIN #:				
2					Mod #: VIN #:				

3					Mod #:				
					VIN #:				
4					Mod #:				
					VIN #:				
5					Mod #:				
					VIN #:				

Motor Carrier Filings

Filings required ICC State; Specifically name each state in which applicant operates.

ICC Docket Number

Drivers (M.V.R.s are required for all drivers)

First	Middle	Last Name	Date of Birth	Address	Drivers Lic. #	No Yrs. Commercial Driving	No. Yrs. Employed

Loss History (last 3 years)

Date of Claim	Amount Paid and/or Reserved	Status-Open/Closed	Description of Loss
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		

Signatures

I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the insurance company.

Completion of this form does not bind coverage. Applicant's acceptance of Company's quotation is required prior to binding coverage and policy issuance.

*Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of a claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Signature of Applicant _____
Date

Agent:
Are you personally familiar with the applicant's premises and operations? Yes No
Did you office control this risk in the past year? Yes No

Signature of Agent, Broker or Solicitor _____
Date

Address
City State Zip Code