

South Carolina Commercial Automobile Insurance Plan Application

Unless otherwise provided by law, cancellation of policies written under this Plan shall be governed by Article 9 of Chapter 75 of Title 38 of the 1976 Code of Laws of South Carolina, as amended.

SECTION 1. PRODUCER OF RECORD				
Producer Last Name/Agency Name		Producer First Name		MI
Mailing Address		Ste./Apt. #	City	State Zip Code
Tax ID or Social Security No.	Producer License #	Telephone # (inc. area code)	Fax # (inc. area code)	
SC CAIP Member Company				
SECTION 2. APPLICANT				
Last Name		First Name		MI
DBA				Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Telephone # (inc. area code)	Business Telephone # (inc. area code)	Tax ID #		
Street Address		Ste./Apt. #	City	State Zip Code
Headquarters Street Address (if different from above)		Ste./Apt. #	City	State Zip Code
Business of Applicant/Nature of Operation				
SECTION 3. OWNERSHIP AND CONTROL OF APPLICANT'S ORGANIZATION				
Named insured is a: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other _____		State of Incorporation	Date of Incorporation	Date Actual Operations Commenced
Location Is: <input type="checkbox"/> Inside City Limits <input type="checkbox"/> Outside City Limits		Legal Owner of Business:		
Total number of vehicles owned and/or operated by Applicant _____ Taxis _____ Tractors _____ Buses _____ Semitrailers _____ Dump _____ Priv. Passenger/ L. Trucks _____ Pulpwood _____ _____ Trucks _____ Mobile Home/ Flat Bed _____ Tow Trucks _____ Other (include off-road equipment)		Is Equipment leased or rented to/or from others? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, give unit numbers and details.		
If trucking business, type of cargo hauled. If bus, number of round trips per day. (be specific)	Approx. Value Per Load	Is vehicle used to haul explosives? <input type="checkbox"/> Yes <input type="checkbox"/> No Is vehicle used to transport employees? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does Applicant have any other commercial liability insurance in force? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, list company, number of units covered, limits, and details.				

Staple check here:



Send original, signed application, printed in ink or typed; with cashier's check, or premium finance company check and required attachments to:

South Carolina Commercial Automobile Insurance Plan
 PO Box 6530
 Providence, RI 02940-6530

SECTION 7. COMMODITIES TRANSPORTED

Identify any hazardous materials, waste, or substances being hauled.

Identify if the following are being hauled: Single Trailers Double Trailers Flat Bed Trailers Mobile Homes

Identify radius of operations.

Identify routes—fixed and occasional (both outgoing and return).

Identify routes—fixed and occasional (both outgoing and return).

Trips From Place of Origin to Place of Destination	% of Revenues	No. Per Month	Principal Cities Entered	Commodities Carried

SECTION 8. FILINGS OR CERTIFICATES

Is filing or specific limit(s) of liability needed? Yes No If "Yes" to comply with:

Motor Carrier Act of 1980 Type: 1 2 3 4 Bus Regulatory Act of 1982 ICC Regulation—Docket No. _____

State Regulation U. S. DOT No. _____ Other _____

If block(s) is checked, list state(s) requiring filings or limits of liability required by state or federal law.

Is Applicant required to file evidence of financial responsibility? Yes No If "Yes", complete the following.

Last Name _____ First Name _____ MI _____ Tax ID # _____

Type of Filing Owner's (operation of owned vehicles) Operator's (operation of nonowned vehicles) Both

State(s) Where Filing Required _____ Case or File No. _____ Reason for Filing _____

SECTION 9. PREVIOUS AUTOMOBILE INSURANCE CARRIER

Information for the past three years. (If a fleet, information for the past five years required.) Attach loss statements from previous carrier.

Name of Latest Carrier _____ Policy No. _____ Termination Date _____

Was coverage through Plan? Yes No If "Yes", give reason terminated.

Complete the following for carriers of property and passengers.

Year	Policy No.	Policy Period		Name of Insurance Company
		From	To	
1st Prior				
2nd Prior				
3rd Prior				
4th Prior				

Name of insurance agent and/or insurer who has rejected the Applicant for commercial automobile insurance: _____

SECTION 10.a. HIRED AUTO LIABILITY COVERAGE

(Mandatory for risks requiring state or federal filings)

Check here if desired Estimated Annual Rates Per \$100

Cost of Hire _____ (CSL Only) _____ Estimated Premium \$ _____

SECTION 10.b. NONOWED AUTO LIABILITY COVERAGE

(Mandatory for risks requiring state or federal filings)

Check here if desired Total Number of Employees _____

What percentage of the Applicant's employees operate their vehicle in the insured's business? _____ Estimated Premium \$ _____

SECTION 11. VEHICLE INFORMATION AND USE										TOTAL VEHICLES	
Veh. No.	Year	Vehicle Identification No.	Load Capacity	Type of Registration		Gross Vehicle Weight (GVW) Trucks only		Spec. Industry (T-FD-SD-WD-F-D-C-O)	Seating Capacity	Loss Payee Name	
	Trade Name/ Model No.	Garage Location (Town/State)	State of Registration	Rating Classification		Gross Comb. Weight (GCW) Truck-Tractors only		For Size Bus. Rad. (L-I-LD)	Tank Capacity	Loss Payee Address	
	Type (1)	Name of Registered Owner of Vehicle	Rating Territory (2)	Orig Cost New (3)	Comp Sym	Coll Sym	Size (L-M-H-EH)	Final Rating	How veh is licensed	Loss Payee City, State, Zip Code	
	Where vehicle is permitted to operate.				For public and long distance, list all cities through and in which vehicles operate.						
Veh. 1											
Veh. 2											
Veh. 3											
Veh. 4											
Veh. 5											

- (1) Type—Truck=T, Truck-Tractor=TT, Trailer=TR, Semitrailer=ST, Public Auto=PA
(2) For public automobiles, use the highest rated territory where the vehicles pick up or discharge passengers.
(3) Chassis and body including special equipment.

SECTION 12. COVERAGES AND PREMIUMS					
All vehicles written under the same Policy shall have the same limits of liability. Check appropriate boxes to indicate limits.					Vehicle 1 Est. Prem.
Combined Single Limits of Liability <input type="checkbox"/> \$75,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$110,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$310,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$750,000 (available only for risks requiring state or federal filings)					Vehicle 2 Est. Prem.
<input type="checkbox"/> _____ Plan will provide excess coverage if facultative or other reinsurance can be obtained at a cost acceptable to the applicant.					Vehicle 3 Est. Prem.
Hired Auto Coverage (Complete Section 10.a if requested)					Vehicle 4 Est. Prem.
Nonowned Auto Liability Coverage (Complete Section 10.b if requested)					Vehicle 5 Est. Prem.
The laws of South Carolina require that you carry at least \$ 75,000 uninsured motorist protection. You may elect to increase this limit up to an amount equal to the liability limit. You may also purchase underinsured motorist coverage in amounts equal to the uninsured motorist limits. The limit selected determines any additional premium required. Please indicate your selection.					The Additional Optional Uninsured Motorist Coverage and Optional Underinsured Motorist Coverage Forms are attached and must be submitted with each application.
Uninsured Motorist (UM) Coverage <input type="checkbox"/> \$75,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$110,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$310,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$750,000 (available only for risks requiring state or federal filings) Applicant Initial					
Estimated Total Premium Per Vehicle					\$
Total Estimated Premium for Vehicles 1–5					\$
Total Estimated Premium for Supplemental Vehicles					\$

Total Estimated Premium for all Vehicles	\$	
SECTION 13. PAYMENT PLANS		
<input type="checkbox"/> Option 1—Full Annual Premium <input type="checkbox"/> Option 2—40% Installment Premium Payments With Single Bill Balance Due Within 30 Days* <input type="checkbox"/> Premium to be Financed—Name of Premium Finance Company**	Payment by: <input type="checkbox"/> Cashier's Check <input type="checkbox"/> Premium Finance Co. Check	Check No.
	Total Estimated Premium	\$
	Amount Submitted with Application	\$
* Not Available on Premium Financed Policies. ** Attach a copy of Premium Finance Agreement.		

SECTION 14. EVIDENCE OF INSURANCE AND REQUESTED EFFECTIVE DATE OF COVERAGE			
This application shall be evidence of temporary insurance subject to the following conditions:			
1. The application must be fully completed and duly executed. 2. Coverage under this Evidence of Insurance and Requested Effective Date of Coverage Section is to be effective for a period not to exceed 30 days from the effective date and time stated herein. Within such 30 day period, coverages under this evidence of automobile insurance will terminate immediately upon: (a) the issuance of the policy applied for, or (b) the issuance of any policy affording similar insurance, or (c) the cancellation of the insurance coverages afforded hereunder in accordance with the rules of the South Carolina Commercial Automobile Insurance Plan. 3. A premium charge will be made for these coverages if the policy, when and as issued, is not accepted by the insured. 4. The insurance afforded hereunder shall be subject to all the items and conditions of the policy form prescribed for use in accordance with the rules of the South Carolina Commercial Automobile Insurance Plan. 5. The Producer of Record must forward this application to the Plan Office in accordance with the Plan rules.			
This Application having been completed and duly executed shall be, from the effective date and time shown below, evidence of insurance in the limits and coverages specified subject to the Plan rules.			
The effective date shall be determined as specified in the provisions of Section 6.A of the South Carolina Commercial Automobile Insurance Plan.			
Requested Effective Date of Policy		<input type="checkbox"/> AM <input type="checkbox"/> PM	
Month	Day	Year	Hour
IN NO EVENT SHALL COVERAGE BE EFFECTIVE PRIOR TO THE DATE AND HOUR OF COMPLETION OF THIS APPLICATION.			

SECTION 15. PRODUCER OF RECORD			
STATEMENT OF THE PRODUCER OF RECORD			
I do hereby certify that I am licensed agent of a SC CAIP Member Co. I have explained the Plan provisions to the Applicant and have included in this application all required information given to me by the Applicant. In the event the Policy is cancelled or a change is made resulting in a return premium to the insured, I agree to return the unearned commission portion of such return premium.			
Producer Must Submit Gross Premium and Not Withhold Commission.			
PRODUCER CANNOT BIND COVERAGE			
My signature hereon represents certification of the Producer of Record Statement AND I certify this application is submitted pursuant to the effective date provisions contained in the South Carolina Commercial Automobile Insurance Plan.			
_____		Date: _____ Hour: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	
(Print Producer's Name)			

(Producer's Signature)			

SECTION 16. APPLICANT'S STATEMENT			
I hereby certify that (1) I have tried and failed to obtain commercial automobile liability insurance from a member company of the South Carolina CAIP within the last 60 days. I applied to _____ Insurance Company through _____ Insurance Agency and (2) the information above is true and agrees that a misrepresentation of any of the facts by me will constitute reason for the SC CAIP to void or cancel any policy issued on the basis of this application, and I will hold the SC CAIP harmless for the action taken. (3) I hereby certify that I am in full compliance with the eligibility requirements of the SC CAIP Manual and that I do not owe any insurance company for auto premiums due or contracted during the immediately preceding 12 months. (4) I also agree that if a policy is issued pursuant to this application, the application and any elections or rejections, which are included on this application and signed by me, shall be become a part of the Policy.			
Signature of Applicant _____		Date: _____ Hour: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	

NOTICE TO APPLICANT AND PRODUCER	
In the event acknowledgement of coverage is not received within 30 days, notify the Plan toll free at (800) 301-6477.	

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.	

SOUTH CAROLINA COMMERCIAL AUTOMOBILE PLAN APPLICATION

ADDITIONAL OPTIONAL UNINSURED MOTORIST COVERAGE AND OPTIONAL UNDERINSURED MOTORIST COVERAGE

I. EXPLANATION OF SERVICES

The State of South Carolina's automobile insurance laws now allow any insurance company to refuse to underwrite your automobile liability insurance coverage. That refusal may be based upon a number of reasons. Automobile liability coverage pays other motor vehicle drivers and their passengers whom you damage for the damages, which you cause and for which you are legally responsible. There are two types of automobile liability insurance coverage: bodily injury and property damage. Bodily injury coverage is a coverage, which pays people upon whom your motor vehicle inflicts bodily injury. Property damage coverage is a coverage which pays people for damages, which your automobile causes, to their motor vehicle or property.

Once the business decision to underwrite your automobile liability insurance coverage has been made, you will be provided at least \$75,000 combined single limits. You may have seen these limits described as \$75,000 CSL. These limits are commonly known as minimum limits. If you purchase automobile liability insurance, then in order to drive your automobile upon the roads of this State, you must have at least the minimum limits.

There is no requirement under the laws of this State that an insurance company which underwrites your minimum limits of \$75,000 combined single limits must also agree to underwrite higher than those minimum limits of automobile liability insurance coverage for you. If your insurance company does agree to offer to you more than the minimum limits, then you will be required to pay an increased automobile insurance premium for those increased limits of protection.

In addition, under this State's insurance laws, once an insurance company agrees to underwrite your automobile liability insurance coverage, you must be offered, at your option, two additional automobile insurance coverages which will protect you in the event you are damaged in an automobile accident by an at-fault automobile driver who either has no automobile insurance or whose automobile insurance liability limits are less than the damages which you suffer in that accident. These coverages are legally termed additional uninsured motorist coverage and underinsured motorist coverage. You may see them referred to within your automobile insurance policy as UM and UIM. If you decide to purchase either of these two optional coverages, then you will be required to pay an additional automobile insurance premium for each of these additional coverages.

Uninsured motorist coverage compensates you, or other persons insured under your automobile insurance policy, for amounts which you may be legally entitled to collect as damages from an owner or operator of an at-fault uninsured motor vehicle. An uninsured motor vehicle is a motor vehicle, which either has no liability insurance coverage or is operated by a hit-and-run driver. Under the South Carolina Commercial Automobile Insurance Plan, your automobile insurance policy automatically provides uninsured motorist coverage of \$75,000 combined single limits. All uninsured motorist coverages provide for a \$200 deductible for property damage claims.

You also have the right to buy additional uninsured motorist coverage, in various limits, up to the limits of the liability coverage, which you will carry under your automobile insurance policy. Some of the more commonly sold limits of additional uninsured motorist coverage, together with the additional premiums, which you will be charged, have been printed by your insurance company upon this Form. If there are other limits in which you're interested, but which are not shown upon this Form, then fill in those limits in the blanks provided. If your insurance company is allowed to market those limits within this State, then your insurance agent will fill in the amounts of increased premium.

Underinsured motorist coverage compensates you, or other persons insured under your automobile insurance policy, for amounts, which you may legally be entitled to collect as damages from an owner or operator of an at-fault underinsured motor vehicle. An underinsured motor vehicle is a motor vehicle, which is covered by some form of liability insurance, but that liability insurance coverage is not sufficient to fully compensate you for your damages.

Your automobile insurance policy does not automatically provide any underinsured motorist coverage. However, you have the right to buy underinsured motorist coverage in limits up to the limits of liability coverage, which you will carry under your automobile insurance policy. Some of the more commonly sold limits of underinsured motorist coverage, together with the additional premiums, which you will be charged, have been printed by your insurance company upon this Form. If there are other limits in which you are interested, but which are not shown upon this Form, then fill in those limits in the blanks provided. If your insurance company is allowed to market those limits in this State, then your insurance agent will fill in the amounts of increased premium.

It is important that you understand that, if you reject either one of these coverages upon this Form and if you are involved in an automobile accident, then this form may be used by your insurance company as evidence against you if it denies your claim for additional uninsured motorist coverage or underinsured motorist coverage.

If you do not complete this Form and return it to your insurance company or to your insurance agent within 30 days from your receipt of this Form, then the law requires that additional uninsured motorist coverage and underinsured motorist coverage, in the same limits as the automobile liability insurance which you purchase, must be automatically added on to your automobile insurance policy. You will be required to pay an additional premium for each of these two coverages. If you do not pay that additional premium, then your automobile insurance policy may be cancelled.

In the future, if you wish to increase or decrease your limits either of additional uninsured motorist coverage or of underinsured motorist coverage, then you must contact either your insurance agent or your insurance company. You will not be presented with another copy of this Form by your insurance agent or by your insurance company upon the renewal of your automobile liability

insurance policy. You will not be presented with another copy of this Form by your insurance agent or by your current insurance company when you extend, change, supersede, or replace your automobile liability insurance policy.

Please read this Form carefully. Your insurance agent or your insurance company must answer any questions, which you have. If you have any further questions, then you should contact the State of South Carolina Department of Insurance. Its address and telephone numbers are:

Office of Consumer Services
State of South Carolina Department of Insurance
1201 Main Street, Suite 1000 (ZIP 29201)
Post Office Box 100105
Columbia, South Carolina 29202-3105

(803) 737-6180

(800) 768-3467

www.doi.sc.gov/641/contact

II. OFFER OF ADDITIONAL UNINSURED MOTORIST COVERAGE

Limits of Coverage Amounts of Increased Premium

\$75,000 Combined Single Minimum liability limits of uninsured motorist coverage are automatically provided by your insurance policy.

Combined Single Limit of Coverage (000s)	Rate Per Auto
\$ 75*	\$134
100	142
110	145
300	175
310	176
500	189
750**	198

* Minimum limits of uninsured motorist coverage that are required to be purchased.

** This limit available only if required by state or federal law.

Your Policy's Liability Coverage Limits Are: _____

Do you wish to purchase additional uninsured motorist coverage?

Yes—If your answer is “yes”, then specify the limits which you desire _____

(These limits cannot exceed your automobile insurance liability limits).

No—If your answer is “no”, then you must sign here:

SIGNATURE

DATE

III. OFFER OF UNDERINSURED MOTORIST COVERAGE

Limits of Coverage Amounts of Increased Premium

Combined Single Limit of Coverage (000s)	Rate Per Auto
\$ 75*	\$111
100	130
110	137
300	216
310	219
500	258
750**	289

* Minimum limits of underinsured motorist coverage that are required to be purchased.

** This limit available only if required by state or federal law.

Your Policy's Liability Coverage Limits Are: _____

Do you wish to purchase additional underinsured motorist coverage?

Yes—If your answer is “yes”, then specify the limits which you desire _____
(These limits cannot exceed your automobile insurance liability limits).

No—If your answer is “no”, then you must sign here:

SIGNATURE

DATE

IV. APPLICANT'S ACKNOWLEDGEMENT

By my signature, I acknowledge that I have read, or have had read to me, the above explanations, and offers of additional uninsured motorist coverage and underinsured motorist coverage. I have indicated whether or not I wish to purchase each coverage in the spaces provided. I further understand that the above explanations of these coverages are intended only to be brief descriptions of additional uninsured motorist coverage and underinsured motorist coverage, and that payments of benefits under either of these coverages is subject both to the terms and conditions of my automobile insurance policy and to the State of South Carolina's law.

Type or Print Your Name: _____ **Your Signature:** _____

Your Address: _____ **Today's Date:** _____

