



Trucker's Deductible Buy Down Application for Insurance

APPLICANT INFORMATION

Legal Name and dba if applicable:			
Registered Driver: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.		Carrier:	
Mailing Address:	City:	Prov.:	Postal Code:
Language Preference: <input type="checkbox"/> EN <input type="checkbox"/> FR	Home Phone:	Cell Phone:	
Email:			

STANDARD COVERAGE

Section A (Standard Coverage): All Perils – At Fault Losses, Section B (Direct Compensation), Section C (Third Party Damage)	
<input type="checkbox"/> \$5,000 to \$1,000 - \$1,080 annual premium per driver	
<input type="checkbox"/> \$7,500 to \$1,000 - \$1,200 annual premium per driver	
<input type="checkbox"/> \$10,000 to \$2,500 - \$1,200 annual premium per driver	
<input type="checkbox"/> \$15,000 to \$2,500 - \$1,680 annual premium per driver	
<input type="checkbox"/> \$20,000 to \$5,000 - \$2,400 annual premium per driver	
<input type="checkbox"/> \$25,000 to \$5,000 - \$3,195 annual premium per driver	
Policy Fee	\$100
Total Annual Premium at Binding	\$

PRIMARY INSURER AND POLICY INFORMATION

Primary Insurance Company:	Policy Number:	Renewal Date:
Max per Occurrence Deductible: \$		

TRUCK INFORMATION (IF MORE THAN 1 PLEASE ATTACH A DETAILED LIST)

Year :	Make:	Unit Number:	VIN # (17 digits):
Existing Vehicle Damage - Please describe, if none, state "none", as section cannot be left blank.			

DRIVER INFORMATION

Driver/Owner-Operator - All drivers must be pre-approved for coverage		
First Name:	Last Name:	Driver's License #:
License Class:	Years Licensed:	Date of Birth (mm/dd/yyyy):
Previous Insurance Claims - Provide dates and details of all claims arising from the ownership or operation of any commercial unit by the applicant during the last 3 years. If none, state "none", as section cannot be left blank.		
History of Convictions - Provide dates and details of all convictions of the registered driver arising from the operation of any commercial unit in the last 3 years. If none, state "none", as section cannot be left blank.		

IMPORTANT – Claims Reporting Requirement – Late Claim Reporting Coinsurance Clause

To be eligible for full coverage under this Deductible Buy Down Insurance Policy, the Insured must immediately report the loss to National Claims Solutions Inc. Failing to report the loss to National Claims Solutions Inc. within 90 days of the date of loss will result in the Insured receiving indemnification for only 50% of the loss otherwise payable by the Insurer. The Insured will be responsible for the remaining 50% of the loss otherwise payable under this policy. National Claims Solutions Inc. will, on behalf of the Insurer, provide immediate written notice to the Insured of its intention to exercise this Coinsurance Clause.

Initial: _____ Date (mm/dd/yyyy): _____

Underwritten by Industrial Alliance Insurance & Financial Services, administered by National Truck League Insurance Brokers Inc.

I represent that the above information is true and complete. I understand that my application for insurance is subject to approval. The coverage, limits and premiums are determined by the information given above. No coverage is in force until application is approved by underwriting.

I understand that Aurora Underwriting Solutions and its agents receive commissions in connection with the initial sale of the policy and any renewals that may occur and some policies are subject to approval by the underwriting insurance company. I have read, understand and agree with the application terms and provisions.

Date (mm/dd/yyyy): _____ Signature of Applicant: _____ Signature of Rep: _____

INTERNAL USE ONLY

Client Code:	Approved by:	Effective Date:
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Underwriting Qualifications

If an application is submitted and underwriting determines the applicant does not qualify for the deductible buy down policy, the applicant will be declined insurance. If one or more of the statements below is not correct. Do not submit the application as coverage will be denied

Check the boxes below confirming the applicant qualifies for underwriting:

- The applicant is at least 25 years old, with a minimum of 3 years of commercial driving experience validated by MVR (required to be submitted with application).
- The applicant does not have four or more minor type convictions or citations alone in the past three years.
- The applicant does not have one or more major type of convictions in the past three years.
- The applicant does not have two or more serious type convictions or citations alone in the past three years.
- The applicant does not have one or more serious type convictions or citations combined with two or more minor type convictions or citations in the past three years.
- The applicant does not have one or more at fault accident in the past three years.

Terms and Provisions: For complete details, please refer to your Policy and Summary of Insurance Letter

Effective Date of Coverage

Is the date the application is received by National Truck League, subject to underwriting approval.

Minimum Non-Refundable Premium - \$250.00 plus Aurora Policy Fee.

Change of Information

It is the responsibility of the Policy Owner to notify National Truck League Head Office at the address listed below in the event of a change of address, vehicle, trailer, driver and/or carrier information. Failure to notify National Truck League of any changes will cause delays in the processing or denial of a claim.

Committed to Protecting Your Privacy

At National Truck League and Aurora Underwriting Solutions we are committed to protecting your privacy. Information you provide is used for underwriting and administering your insurance policies, to provide claims adjuster's information necessary to administer claims, and to provide you with product and company information. We do not give, rent or sell lists to any organization. For complete details, see our privacy commitment at www.nationaltruckleague.com