

## AUTOMOBILE ADDENDUM

PLEASE ANSWER ALL QUESTIONS COMPLETELY

NOTICE: For certain policies and coverage parts issued, the limit of liability available to pay judgments for settlements shall be reduced by amounts incurred for legal defense. Further note that amounts incurred for legal defense shall be applied against the deductible or retention amount.

### A. APPLICANT INFORMATION

Applicant:		Date:	
Inspection Contact:		Phone:	
Address:			
		State:	Zip Code:
Company Website:		D&B No.:	
Company is an:    Individual    Partnership    Corporation    Joint Venture    Other:			
(please describe)			

### B. AUTOMOBILE INFORMATION

(Check all that apply)

1.    Safety Program
  - Written Safety Program Place
  - Periodic Safety Meetings
  - Review Accidents with Drivers
  - Established MVR Criteria
  - Full Time Safety Director
  - Distribute Safety Literature
  - Defensive Driver Training
  - Other:
  - No Safety Program



**2. Driver Turnover During Past Year**

15% or less

16 to 25%

26 to 35%

36 to 50%

**3. Driver Selection**

Pre-hire/Annual MVR Check

Established Policy for Drivers With DUI/OWI Convictions

Describe: \_\_\_\_\_

Background/Reference Check

Drug Test. If checked, list frequency and percent of driver participation

Describe: \_\_\_\_\_

Written/Road Test

Physician Physical Required in all cases If not required in all cases,

Describe: \_\_\_\_\_

Other:

**4. Hours of Operation**

Use Only Daylight Hours (6am to 6pm)

Less than 25% Night Driving

25 to 50% Night Driving

More than 50% Night Driving

**5. Vehicle Maintenance**

Program in place based on Mileage

Program in place based on Time Period

Other:

No Program in Place

**6. Non-Business Use**

Written policy restricting driver to business use only

Written policy restricting non-business use to assigned driver only

Informal Policy

Other:

**7. Non-owned Exposures**

(Refers to any employees who use their personal vehicles for company business one or more times per week):

No Known Exposure

Known Exposure but Certificates of Insurance obtained with minimum \$100,000 Liability Limit

Known Exposure with no controls in place

**8. Additional Information/Comments/Explanations:**

**FRAUD WARNINGS:**

**Notice to Arkansas and West Virginia Applicants:** Any person who knowingly presents, a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Notice to Colorado Applicants:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Notice to District of Columbia Applicants:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Notice to Florida Applicants:** Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Notice to Hawaii Applicants:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment or both.



**Notice to Kentucky Applicants:** 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 thereto commits a fraudulent insurance act, which is a crime.

**Notice to Maine Applicants:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

**Notice to Maryland Applicants:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Notice to New Jersey Applicants:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Notice to New Mexico Applicants:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**Notice to New York Applicants:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Notice to Ohio Applicants:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Notice to Oklahoma Applicants:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Notice to Oregon Applicants:** Any person who, with intent to defraud or knowing that he or she is facilitating a fraud an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

**Notice to Pennsylvania Applicants:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 and subjects such person to criminal and civil penalties.

**Notice to Tennessee, Virginia and Washington Applicants:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Notice to Vermont Applicants:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**Notice to Applicants of all other states:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 and subjects the person to criminal and civil penalties.

## WARRANTY STATEMENT



**Berkley**  
**Specialty Excess**

| a Berkley Company

The undersigned authorized officer of the Applicant declares that the Statements set forth herein are true. The undersigned authorized officer agrees that if the information supplied on the Application changes between the date of the Application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Signing of this Application does not bind the Applicant to the insurer to complete the insurance.

I warrant that the information contained in this application is true, it becomes part of my insurance application, and is subject to the same warranties and conditions. This statement will form the basis of and may be incorporated into the final policy, if issued.

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Signature of Applicant

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Title

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Name of Applicant

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Date