

# WESTERN NATIONAL INSURANCE GROUP

Western National Mutual Insurance  
Pioneer Specialty Insurance

Western National Assurance  
Umialik Insurance Company

## Commercial Auto Supplement

1. How many years have you been in business? \_\_\_\_\_ Describe your business operations? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Do you utilize a documented driver hiring, selection and training program?  Yes  No  
Please provide copy or describe: \_\_\_\_\_
3. How often do you review drivers' motor vehicle records? \_\_\_\_\_
4. Do you utilize a documented vehicle inspection and maintenance program?  Yes  No  
Please provide copy or describe: \_\_\_\_\_
5. Do you operate a repair facility?  Yes  No If no, who maintains your equipment? \_\_\_\_\_
6. Do you perform any repair/service work for others?  Yes  No
7. Are all vehicles equipped with back-up alarms?  Yes  No
8. What are your hours of operation? \_\_\_\_\_
9. Are there any 24-hour operations?  Yes  No
10. How many office/garaging locations do you own/operate? \_\_\_\_\_
11. Describe property/vehicle security when parked? (For all locations) \_\_\_\_\_  
\_\_\_\_\_
12. Describe your vehicle replacement policy: \_\_\_\_\_  
\_\_\_\_\_
13. What is your radius of operations? \_\_\_\_\_ 0 – 50 miles \_\_\_\_\_ 51-200 miles \_\_\_\_\_ Over 200 miles

### Complete One of the Sections Below that Applies to Your Business

#### **Ready-Mix**

1. Do you operate batch plants?  Yes  No If yes, how many? \_\_\_\_\_ Describe security: \_\_\_\_\_  
\_\_\_\_\_
2. Do you perform any deconstruction operations?  Yes  No
3. Do you perform any design or engineering activities?  Yes  No
4. Describe your equipment mix. (Mixers, concrete pumps, pneumatic tanks, tractor-trailers, etc.).  
\_\_\_\_\_
5. Do you own/manage a sand and/or gravel pit?  Yes  No
6. List percentage of business derived from the following operations:  
\_\_\_\_\_ Residential Concrete Operations  
\_\_\_\_\_ Commercial Concrete Operations  
\_\_\_\_\_ Sand and Gravel Operations

WN GR 03 01 13

Western National Insurance Group | 5350 West 78th Street | Edina, MN 55439-3101 | (952) 835-5350 or (800) 862-6070  
info@wnins.com | www.wnins.com

OUR COMPANIES: AMERICAN FREEDOM | ARIZONA AUTOMOBILE | LEGACY INSURANCE SERVICES | PIONEER SPECIALTY  
UMIALIK | WESTERN HOME | WESTERN NATIONAL ASSURANCE | WESTERN NATIONAL MUTUAL

## Refuse/Recycle Haulers

1. Do you operate a transfer station and/or recycling site?  Yes  No If yes, describe security:  
\_\_\_\_\_
2. Do you own/manage a landfill?  Yes  No
3. Who owns the landfill you haul into? \_\_\_\_\_
4. Describe your equipment mix. (Packers, roll offs, tractor-trailer, etc.) \_\_\_\_\_  
\_\_\_\_\_
5. Do you perform any manual residential pick-up operations?  Yes  No If yes, what percentage of your operation does it pertain to? \_\_\_\_\_
6. Do you own/operate any special equipment (i.e. shredder, bailer/bundler, compactor, etc.)?  Yes  No  
If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. List the percentage of business derived from the following operations:  
\_\_\_\_\_ % Residential Pickup  
\_\_\_\_\_ % Commercial Pickup  
\_\_\_\_\_ % Recycling Operations  
\_\_\_\_\_ % Demolition Operations  
\_\_\_\_\_ % New Construction Operations  
\_\_\_\_\_ % Hazardous Materials/Waste Operations

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE 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. **(Not applicable in MN, OR, or WA)**

**MINNESOTA:** A PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

**OREGON:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD THE INSURER BY SUBMITTING AN APPLICATION CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT MAY BE VIOLATING STATE LAW.

**WASHINGTON:** 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.

Dated \_\_\_\_\_ Dated \_\_\_\_\_

Agent's Signature

Signature of Applicant  
(Must be signed by Named Insured)

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