

NAMED INSURED UNDERWRITING VERIFICATION FORM

TO: RIVINGTON PARTNERS

Insured's Name: _____

Insured's Address: _____

Insured's FEIN#: _____

Insured's phone #: _____ Insured's email: _____

Agent: _____

Quote/Policy # _____ Effective Date: _____

Applicable Coverages Requested:

___ FMCSA Filing (BMX 91X) DOT# _____

___ State Filings (Forms E & F)

___ Hired & Non-owned Coverage

___ MCS90

___ Symbol 1 (copy of contract required)

I represent, certify and verify that _____ (hereinafter "Named Insured"):

1. Does not and will not haul any hazardous materials or pollutants that require the covered auto to display hazardous materials placards on any of its vehicles;
2. Does not travel or operate any vehicles to be insured under this policy beyond 300 miles. Any exceptions must be approved in writing.
3. Will immediately notify Rivington Partners and the Agent of any change in operations or travel that affect the truthfulness of the representations, certifications and verifications set forth immediately above. Rivington Partners willingness to underwrite the risk presented and issue a policy to the Named Insured is based on the Named Insured representing and verifying the truthfulness of the representations in the form and on the Named Insured immediately notifying Rivington Partners of any change in its operations and power units operated by or under the control of the Named Insured or any change in the geographical scope of travel. Rivington Partners expressly reserves the right to cancel the policy mid-term pursuant to applicable law if any change in operations, power units, or change in geographical scope of travel is a material increase in the risk based on Rivington Partners underwriting policies and rating of the risk.
4. Will immediately notify Rivington Partners in the event of an accident, claim, suit or loss. We have no duty to provide coverage under this policy unless you provide us or our authorized representative prompt written notice within 5 business days.

I also represent, certify and verify that:

1. All commercial power units, owned, hired, leased, rented, borrowed, operated, controlled and/or intended to be controlled by the Named Insured, or registered to the Named Insured, have been disclosed to Rivington Partners and are specifically listed and insured under this policy;
2. I acknowledge and understand that an essential factor in obtaining automobile insurance is the list of drivers of vehicles covered by the policy for which the Named Insured is applying. I declare that I have disclosed all the drivers who will be operating a covered auto on the policy (owned, hired, non-owned) and that I will disclose any additional drivers during the policy term prior to their operating any vehicle insured under the policy. I understand that Rivington Partners and its affiliates will not be liable for any "accidents" or "losses" while a covered auto/vehicle/power unit is driven by any unlisted driver;
3. I or an authorized representative of the Named Insured will immediately notify Rivington Partners and the Agent of any and all newly acquired or newly hired/leased/rented/borrowed/controlled/registerd vehicles.
4. I recognize that all or parts of the Named Insured's operations are under the Department of Transportation and Federal Motor Carrier Safety Administration's oversight requiring the Named Insured to adhere to its rules and regulations. I further acknowledge that the federal and state rules and regulations are understood by me and that the Named Insured will adhere to the rules and regulations, including, but not limited to, driver hiring, equipment lease agreements, vehicle inspections and maintenance, and hours of service.

**Any person who knowingly and with intent to defraud any insurance company or another 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.

**I understand that Rivington Partners are relying on the accuracy and truthfulness of the representations that I have made herein in calculating the premium and deciding to issue the policy identified above and warrant that those representations are true and accurate.

By affixing my signature below, I represent and verify that I have read this form in its entirety and have discussed the representations, verifications and agreements set forth above with the Agent. I further understand that failure to accurately disclose all vehicles and drivers constitutes material misrepresentation to Rivington Partners that will result in denial of coverage, cancellation of the policy and/or rescission of the policy.

Named Insured's Signature

Date

Agent's Signature

Date