



TO: LOCKTON RISK SERVICES
 ATTN: Leasing Dept.

DATE: _____
 FAX #: 913-652-7518

**LRS TRUCK LEASING PROGRAM
 CUSTOMER APPLICATION**

LEASING COMPANY: Conway Beam Leasing #20332

CUSTOMER NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

**NOTICE: ALL INFORMATION MUST BE COMPLETED IN FULL.
 ** INCLUDE TRUCK DRIVER PROFILE FOR ALL DRIVERS IF PRIMARY COVERAGE CHECKED****

1. Type of customer qualification requested: *(Check All Boxes That Apply)*
- | | | |
|---|---|---|
| <input type="checkbox"/> Primary Liability | <input type="checkbox"/> Primary Physical Damage | <input type="checkbox"/> Reactivate Customer |
| <input type="checkbox"/> Contingent Liability | <input type="checkbox"/> Contingent Physical Damage | <input type="checkbox"/> Conversion to Contingent Coverage will apply per rental or leasing Agreement |
| <input type="checkbox"/> No Liability | <input type="checkbox"/> No Physical Damage | |

2. Type of contract: *(Check One)*
- | | |
|---------------------------------|--|
| <input type="checkbox"/> Rental | <input type="checkbox"/> Finance Lease With Maintenance Agreement |
| <input type="checkbox"/> Lease | <input type="checkbox"/> Finance Lease Without Maintenance Agreement |

3. Type of Business. Retail Common Carrier
 Description: _____

4. Will any of the following commodities be hauled? Yes No If yes, *check each* that applies.
- | | |
|--|--|
| <input type="checkbox"/> Class A & B Poisons and Poisonous Gases | <input type="checkbox"/> Hazardous Wastes/Contaminated Materials/Radioactive Waste |
| <input type="checkbox"/> Class A & B Explosives | <input type="checkbox"/> Flammables-Bulk Gases, Liquids and Solids |
| <input type="checkbox"/> Combustibles | <input type="checkbox"/> Radioactive Materials other than waste |
| <input type="checkbox"/> Blasting Agents | <input type="checkbox"/> Corrosive Materials |
| <input type="checkbox"/> Unbaffled Tank Trucks | <input type="checkbox"/> Risk Required by law to carry liability limits of \$5,000,000 |
| <input type="checkbox"/> Junk, Salvage, Scrap | <input type="checkbox"/> Vehicle Leased/Rented to other lease/rental concerns |
| <input type="checkbox"/> Garbage | <input type="checkbox"/> Auto Towing/Wrecking Operations |
| <input type="checkbox"/> Livestock | <input type="checkbox"/> Flatbed Trailer Loads |
| <input type="checkbox"/> People | <input type="checkbox"/> Sand and Gravel |
| <input type="checkbox"/> Logs | |

5. Has customer's insurance ever been canceled? (Primary coverage only) Yes No N/A if MO
 If yes, please explain: _____

6. Has the customer experienced any auto claims in the past 3 years? Yes No
 If yes, provide details of any auto claims. _____

CONTINGENT APPLICANTS ONLY Customer's insurance information

7. AGENT/BROKER NAME: _____
 ADDRESS: _____

 PHONE AND FAX #: _____
 CONTACT: _____

Insurance is in the name of:
(if different than customer name) _____