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| **Agency Information** |
| Submitting Agency: |  | Contact Person: |  |

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| **Applicant Information** |
| Applicant Name: |  | Effective Date: |  |
| Garaging Address: |  | DOT #: |  |
| City, State, Zip: |  | Years in Bus: |  |
| Mailing Address: |  | City, State, Zip: |  |
| Contact Name: |  | Phone #: |  | E-mail Address: |  |

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| **Radius of Operations (%)** |
| 0-100 Miles |  | 100-300 Miles |  | 300-500 Miles |  | 500 Miles + |  |
| Major cities travelled through: |  |

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| **Auto Liability Coverage** |  | **Physical Damage Coverage** |  | **Motor Truck Cargo Coverage** |
| CSL: |  | Deductible: |  | Limit |  |
| UM/UIM: |  | [ ]  Comprehensive / Collision | Deductible |  |
| PIP: |  | [ ]  Specified Perils / Collision | [ ]  Reefer Breakdown? |

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| **Additional Coverages** |
| [ ]  Hired Auto | Cost of Hire |  | [ ]  Trailer Interchange | Limit: |  |
| [ ]  Non-Owned Auto | # of Employees |  | # of Trailers |  |
| [ ]  Truckers GL (99793) | Non-Driver Payroll |  | # of Days Active |  |
| Provide ACORD 126 to bind | # of Officers |  | Is a signed interchange agreement in place? [ ]  Yes [ ]  No |

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| **Cargo Carried** |
| Commodity | % Hauled | Maximum Value | Average Value |
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| **Target Commodities (if any)** |
| Copper |  | % | Electronics |  | % | Fur/Silk Garments |  | % |
| Tobacco Products |  |  | % | Auto Parts & Tires |  | % | Pharmaceuticals |  | % |
| Motorcycles/ATVs |  |  | % | Alcoholic Beverages |  | % | Seafood |  | % |
| Watercraft |  | % |  |

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| **Drivers (attach additional sheets for more or provide full and dated schedule with this information in another format )** |
| Name | E/O\* | State & License # | Years of Experience | Date of Birth | Date of Hire | # Accidents/Violations |
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 **\* \* Employed drivers, including owner = E | Independent Contractors = O**

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| **Vehicle Schedule ( attach additional sheets for more or provide full and dated schedule with this information in another format )** |
| Power Unit (Year, Make) | Type\* | VIN | Stated Amount |
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| Trailers (Year, Make) | Type\*\* | VIN | Stated Amount |
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**\* Tractor Type: TT – Tractor ST – Straight Truck MT – Medium Truck PP – Private Passenger Vehicle**

**\*\* Trailer Type: DV – Dry Van RV – Refrigerated Van FB – Flatbed Trailer AH – Auto Hauler**

 **DU – Dump DT – Dry Tank RT – Refrigerated Tank LG – Log Hauler**

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| **Operation History -- (if no prior coverage, enter “N/A” for appropriate years)** |
|  | # of Power Units | Total Miles | Gross Receipts |
| Projected Year |  |  |  |
| Current Year |  |  |  |
| 1 Years Prior |  |  |  |
| 2 Years Prior |  |  |  |

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| **Loss History -- (if no prior coverage, enter “N/A” for appropriate years)** |
|  | Liability | Physical Damage | Motor Truck Cargo |
|  | # of Losses | Total Incurred | # of Losses | Total Incurred | # of Losses | Total Incurred |
| Current Year |  |  |  |  |  |  |
| 1 Year Prior |  |  |  |  |  |  |
| 2 Years Prior |  |  |  |  |  |  |
| 3 Years Prior |  |  |  |  |  |  |

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| **Additional Questions -- (if blank, “No” will be assumed”)** |
| Does the applicant haul double trailers? [ ]  Yes [ ]  No | Does the applicant haul triple trailers? [ ]  Yes [ ]  No |
| Does the applicant have a driver training program? [ ]  Yes [ ]  No | Does the applicant have a maintenance program in place? [ ]  Yes [ ]  No |
| Does the applicant have any owned, leased or operated equipment not listed on the vehicle schedule? [ ]  Yes [ ]  No |
| Are any vehicles leased, loaned or rented to others? [ ]  Yes [ ]  No |
| Is loaded trailer ever detached from tractor? [ ]  Yes [ ]  No |
| If so, explain |  |
| Has there been any change in the nature of operations, ownership or management in the past 3 years? [ ]  Yes [ ]  No |
| If so, explain |  |  |
| Has the applicant’s policy canceled or non-renewed in the prior 3 years (N/A in Missouri)? [ ]  Yes [ ]  No |
| If so, explain |  |

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| **Attention all applicants in the states of AL, AR, AZ, CO, DE, FL, IN, KY, MN, NH, NJ, NY, OH, OK, PA, TN, UT – For your protection, the preceding states’ laws require the following to appear on this form:** 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, incomplete, or misleading information, or conceals information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime punishable by incarceration, and shall also be subject to civil penalties.**For risks located in New York, Pennsylvania, and California:** Any person who knowingly makes or assists, abets, solicits or conspires with another to make a false or misleading reports or the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, a state department of motor vehicles, or an insurance company, commits perjury or a fraudulent insurance act, which are crimes punishable by incarceration, and shall also be subject to a civil penalty.The Applicant hereby applies to the Company for a policy of insurance as set forth in this application on the basis of statements contained herein. Applicant agrees that such policy shall be null and void if such information is materially false or misleading so that the Company would have rejected the risk, prior to inception. Applicant understands that an inquiry may be made which will provide applicable information concerning character, general reputation, financial stability and other pertinent financial data, personal characteristics, mode of living or other background information the company deems necessary in order to determine whether the Company will accept or reject Applicant for coverage. Upon written request, additional information as to the nature and scope of the inquiry, if one is made, will be provided. The Applicant understands this application is a request for quotation and no information provided herein shall be construed by either party as creating a binding contract for insurance. |
|  |  |
| **Signature of Applicant** | **Date** |
|  |  |
| **Print Name** | **Title** |
|  |  |
| **Signature of Agent** | **Date** |