

Agency Information	
Submitting Agency:	Contact Person:

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:	

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

Auto Liability Coverage	Physical Damage Coverage	Motor Truck Cargo Coverage
CSL:	Deductible:	Limit
UM/UIM:	<input type="checkbox"/> Comprehensive / Collision	Deductible
PIP:	<input type="checkbox"/> Specified Perils / Collision	<input type="checkbox"/> Reefer Breakdown?

Additional Coverages			
<input type="checkbox"/> Hired Auto	Cost of Hire	<input type="checkbox"/> Trailer Interchange	Limit:
<input type="checkbox"/> Non-Owned Auto	# of Employees	# of Trailers	
<input type="checkbox"/> Truckers GL (99793)	Non-Driver Payroll	# of Days Active	
Provide ACORD 126 to bind	# of Officers	Is a signed interchange agreement in place? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Cargo Carried			
Commodity	% Hauled	Maximum Value	Average Value

Target Commodities (if any)			
Copper	%	Electronics	%
Tobacco Products	%	Auto Parts & Tires	%
Motorcycles/ATVs	%	Alcoholic Beverages	%
Watercraft	%		

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

** Employed drivers, including owner = E | Independent Contractors = O

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
Trailers (Year, Make)	Type**	VIN	Stated Amount

* 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

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			

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						

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

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