

Agency: _____ Producer: _____

Are you the incumbent? Yes No Proposed Effective Date: _____

In order to provide you with an accurate and timely quote indication, please make sure the following information is included with your submission:

- | | |
|--|--|
| 1. Complete attached vehicle and drivers list templates. | 4. Four most recent quarters of IFTAS. |
| 2. Current Motor Vehicle records for all drivers. | 5. This application completed in its entirety. |
| 3. Company loss runs valued within 90 days of effective date for all requested coverages, for the current year and the immediate four prior years (including explanations for losses greater than \$25,000). | 6. Completion of Filings Request Form |

GENERAL INFORMATION

Applicant Name: _____ Requested Quote Date: _____

Owner Name: _____ Phone: _____

FEIN (OR OWNER SSN # IF NO FEIN # IS ACTIVE): _____ DOT #: _____

Garaging Street Address: _____ City: _____

County: _____ State: _____ Zip Code: _____

If operations include multiple addresses, please complete "[Additional Locations](#)" portion at end of document.

Mailing Street Address (If different from Garaging): _____

City: _____

County: _____ State: _____ Zip Code: _____

Website Address: _____ Years in business (a minimum of 2 yrs is required): _____

Business Type: Proprietorship Partnership Corporation LLC

Carrier Type: Common Contract Private Exempt Hauler Other: _____

List all sister companies and subsidiaries. Please explain relationships and any interchange of drivers and/or equipment:

ADDITIONAL NAMED INSURED	DESCRIPTION OF OPERATIONS	RELATION TO APPLICANT

1. Is there a residential delivery exposure? Yes No
 If yes, explain – description of activities/operations and percentage of operations:
2. Do you offer or provide installation services? Yes No If yes, explain:
3. Do you utilize telematics? Yes No If yes, explain:

List and provide percentage by operation type, percentage of specific commodities and indicate percentage of loads that require manual loading, unloading or securement.

OPERATION TYPE	%	OPERATION TYPE	%	COMMODITY	UN NUMBER	%
Auto Hauling		Refrigerated				
Dry Bulk		Specialized/Overweight				
Dry Van (Truckload)		Tanker (Fuel, Oil, Petroleum)				
Dry Van- LTL		Grain Hauling				
Intermodal		Other (Please specify)				
Flatbed						

If other, please specify:

HAZARDOUS MATERIAL EXPOSURE

Does applicant haul any hazardous materials? Yes No

If yes, complete the following:

- a. Is applicant registered to haul hazardous materials? Yes No
- b. Does applicant have a written emergency spill plan for drivers? Yes No
- c. Does applicant deliver products to rail yards, marinas or airports? Yes No
 If yes, does applicant load from or unload directly onto the trains, watercraft or aircraft? Yes No
- d. Does applicant provide all DOT hazardous materials training plus any refresher training courses? Yes No
- e. Are drivers trained to assure liquids are unloaded into the proper tank? Yes No

What percentage of your loads contain hazardous materials?

Are any vehicles used for dumping (end or side dump), logging, transit mix or garbage/refuse/waste disposal? Yes No

If yes, please explain the nature of their use:

Provide % of miles driven within each mileage radius band listed below.

	MILEAGE RADIUS	PERCENTAGE OF MILES
	0 – 75	
	75 – 150	
	150 – 300	
	300 – 500	
ZONES AND RADIUS	MILES OVER 500	
AK, CT, DE, DC, FL, LA, ME, MD, MA, MS, NH, NJ, NY, RI, VT, WV, CA COUNTIES: ALAMEDA, LOS ANGELES, ORANGE, SAN DIEGO, SAN FRANCISCO, SAN MATEO, RIVERSIDE; TX CITIES: AUSTIN, BEAUMONT, CORPUS CHRISTI, DALLAS, EL PASO, FORT WORTH, GALVESTON, HOUSTON, SAN ANTONIO	Zone 1	
AL, AR, AZ, CA (REMAINDER), GA, IL, IN, MI, MO, OH, PA, TX (REMAINDER), VA, WA	Zone 2	
CO, KY, MN, NV, NC, OK, OR, SC, TN, WI	Zone 3	
ID, IA, KS, MT, NE, NM, ND, SD, UT, WY	Zone 4	
TOTAL		100%

COVERAGES DESIRED DF

Auto Liability Auto Physical Damage Motor Truck Cargo Truckers General Liability

AUTO LIABILITY COVERAGE SELECTION

Deductible Desired: \$0 \$1,000 \$2,500 \$5,000 \$10,000

Combined Single Limit (each accident): \$

Auto Liability Additional Insured requirements, select:

Individual, please identify entity, relationship and address:
 Blanket

Auto Liability Waiver of Subrogation, select:

Individual, please identify entity, relationship, and address:
 Blanket

Do you lend, lease or rent trucks, tractors or trailers to others with or without drivers? Yes No

If yes, explain:

Do you hire equipment or lease equipment from others? Yes No

If yes, provide Estimated Annual Cost of Hire and explain exposure:

Do you have a subhaul exposure or use Independent Contract haulers not scheduled on this application?

Yes No

If yes, provide the Estimated Annual Cost of Hire for:

Projected Year \$ Current Year \$ Prior Year \$ 2nd Prior Year \$.

Number of company drivers: Independent Contractors: SubContractors:

If non-owned coverage is desired, please enter the number of employees:

UNINSURED/UNDERINSURED MOTORIST & PERSONAL INJURY COVERAGE SELECTIONS		PIP	
UM & UIM			
Garage State	Limit	Garage State	Limit

Personal Injury Protection (PIP) Selection. Limits: \$

Medical Payments Selection. Limits: \$

AUTO PHYSICAL DAMAGE COVERAGE SELECTION (COLLISON AND COMPREHENSIVE)

Deductible Desired: \$500 \$1,000 \$2,500 \$5,000

Single Physical Damage Deductible is requested.

Additional Auto Physical Damage Coverages Desired

Physical Damage Extension Coverage is requested.

Hired Auto Physical Damage Limit \$; cost-of-hire \$.

Trailer Interchange Limit: \$. Minus \$1,000 Deductible (UIIA container haulers)

Approximate percentage of operations using non-owned trailers: %. Approximate value of trailers used: maximum single trailer value \$; maximum aggregate value of trailers in possession at a given time \$.

Non-Owned Trailer Limit: \$

Minus \$1,000 Deductible (coverages apply only while attached to a scheduled power unit)

MOTOR TRUCK CARGO COVERAGE SELECTION – Limit desired per vehicle: \$

Deductible Desired: \$500 \$1,000 \$2,500 \$5,000 \$10,000

COMPLETE THE FOLLOWING FOR ALL HAZARDOUS MATERIALS HAULED

COMMODITIES	UN#’S	% OF LOADS	MAXIMUM VALUE	AVERAGE VALUE
<input type="checkbox"/> Chemicals		%	\$	\$
<input type="checkbox"/> Liquid Fertilizer		%	\$	\$
<input type="checkbox"/> Propane		%	\$	\$
<input type="checkbox"/> Gas-Fuel-Jet Fuel		%	\$	\$
<input type="checkbox"/> Compressed Gas – Liquid		%	\$	\$
<input type="checkbox"/> Compressed Gas – Non-Liquid		%	\$	\$
<input type="checkbox"/> Corrosives		%	\$	\$
<input type="checkbox"/> Hazardous Material – Solid		%	\$	\$
<input type="checkbox"/> Hazardous Material – Liquid		%	\$	\$
<input type="checkbox"/> Other Hazardous Type not listed		%	\$	\$
COMPLETE THE FOLLOWING FOR ALL NON-HAZARDOUS COMMODITIES HAULED				
		%	\$	\$
		%	\$	\$
		%	\$	\$

- Do you haul Hazardous Waste? Yes No If Yes, describe type of hazardous waste being hauled?
- Where is hazardous waste hauled: Treatment Facility Landfill Other:

Complete the following for all Non-Hazardous Commodities Hauled

- Do you haul any amount of Hazard Class 7 – Radioactive Material or Class 6.1 – Poisonous Material Yes No

Additional Cargo Coverages or Endorsements Desired

- Cargo extension Endorsement
- Refrigeration Breakdown – \$2,500 Minimum Deductible
- Enhanced Reefer Breakdown Endorsement

BASKET DEDUCTIBLE

Single deductible for all coverages? Yes No If yes, desired deductible (\$2,500 & \$5,000 available): \$

TRUCKERS GENERAL LIABILITY COVERAGE SELECTION

Desired Limit (General Aggregate)

- \$1,000,000 \$2,000,000 with Each occurrence \$1,000,000 (included)

Sub Limits: Fire Legal: \$100,000; Medical Payments: \$5,000. Excludes products/completed operation.

Class Code: Exposure:

Non-Driver Payroll: \$

Employee Benefits. Limit: \$ Number of Employees:

Stop Gap Limits: \$

General Liability Additional Insured requirements, select:

- Individual, please identify entity, relationship and address:
- Blanket

General Liability Waiver of Subrogation, select:

- Individual, please identify entity, relationship, and address:
- Blanket

4. Do you transport high value equipment (greater than \$250,000) or oversized/overweight loads? Yes No
If yes, explain:

5. Have there been any changes in the ownership, management or name of the operation in the past five years?
 Yes No If yes, explain:

6. Do you act as a freight forwarder, freight broker or arrange loads for others? Yes No
If yes, please provide Name of Entity and DOT #:

7. Do you haul double or triple trailers? Yes No If yes, what % of mileage?

8. Do you allow guest passengers? Yes No
If yes, please attach copy of passenger policy:

9. Are any vehicles used to transport employees? Yes No

10. Do you have a safety manager? Yes No If yes, is this position full-time? Yes No
Name:

Title:

11. What percentage of their time is devoted to safety? _____ % Years of safety management experience:

12. Do you have team drivers? Yes No If yes, how many?

13. Do you slip-seat? Yes No If yes, what percentage of units do you slip-seat?

14. Do you ever leave loaded trailers unattended or detached from power units? Yes No
If yes, please describe the location and security measures:

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If yes, please describe the location and security measures:

EXPOSURES – OPERATING INFORMATION AND EQUIPMENT

	Projected Year	Expiring Year	1 st Prior Year	2 nd Prior Year	3 rd Prior Year	4 th Prior Year
Gross Receipts	\$	\$	\$	\$	\$	\$
Mileage						

For each vehicle class, please indicate the number of vehicles operated for each policy term.

	Projected Year	Expiring Year	1 st Prior Year	2 nd Prior Year	3 rd Prior Year	4 th Prior Year
# Tractors						
# Trailers						
# Flatbed, Straight, Stakebed Trucks						
# Dump Trucks						
# Cargo Vans						
# Pickups/PPV – Commercial Use						
# Pickups /PPV- Service Use						
Other Power Unit- Describe:						
Other Trailer						

If Independent Contractors are used, do they:

- Operate under the insured’s authority and scheduled under your insurance policy? Yes No
- Sign a permanent lease making them exclusive to you? Yes No
- Have Non-Trucking coverage? Yes No
- Do you provide Workers’ Compensation Insurance for employees? Yes No
- Do you require or provide Occupational Accident Insurance for Owner-Operators? Yes No

Do you have any advanced technology (Electronic On-Board Recorders, collision avoidance, lane departure warning, etc.) installed in your units? Yes No

If yes, what system(s)? Percent of vehicles installed?

GENERAL LIABILITY

1. Do you operate from a personal residence? Yes No
If yes, do you maintain Home Owners insurance? Yes No
2. Does the applicant have on-premises fuel storage? Yes No If yes, is storage below ground? Yes No
3. Do you use any mobile equipment? Yes No If yes, please describe:
4. Do you perform any other services beyond the transport of commodities? Yes No
If yes, please provide explanation and specific revenue:
5. Do you provide Workers' Compensation Coverage for all drivers and all employees? Yes No

ADDITIONAL LOCATIONS

Please list your terminals, drop yards, warehouses and other facilities, along with the number of units and employees at that facility.

LOCATION DESCRIPTION	ADDRESS	# OF UNITS	# OF EMPLOYEES	FENCED	LIGHTED	SECURITY GUARD	PUBLIC ACCESS	SECURITY CAMERA
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SAFETY INFORMATION

1. Do you have a written safety program? If yes, submit copy at binding. Yes No
2. Do you have a spill prevention/response plan? If yes, submit copy at binding. Yes No
3. Do you have a written vehicle maintenance program? If yes, submit copy at binding. Yes No
4. Do you have a written driver safety handbook? If yes, submit copy at binding. Yes No
5. How often are safety meeting conducted?
6. Minimum age of driver prior to hire or lease?
7. Minimum truck driving experience required prior to hire or lease?
8. Are Motor Vehicle Records reviewed prior to hiring to confirm valid class license with required endorsements?
9. What Motor Vehicle Record activity will disqualify a driver prospect?
10. What Motor Vehicle Record violations or accidents will cause driver dismissal?
11. What Motor Vehicle Record violations or accidents will cause driver dismissal?
12. Do all leased Owner Operators/Subhaulers participate in your safety program? Yes No
13. Do all leased Owner Operators/Subhaulers participate in your maintenance program? Yes No

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 (including personal credit reports) 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: _____

Printed Name of Applicant: _____ Date: _____

Signature of Agent: _____ Date: _____