



NATIONAL TRANSPORTATION UNDERWRITERS

Transportation Application | 1-10 Power Units

Proposed effective dates: FROM: _____ TO: _____

GENERAL INFORMATION

Individual Corporation Partnership LLC Other: _____

Name: _____

Mailing address: _____

City: _____ State: _____ ZIP code: _____ Business phone: _____

E-mail address: _____ Website address: _____

Garaging address (if different): _____

City: _____ State: _____ ZIP code: _____

Yrs. applicant has been operating under the business name: _____

U.S. DOT #: _____ MC #: _____ FEIN #: _____

Do you operate more than one terminal? Yes No If yes, provide the following:

Location(s)	# Units	Address, City, State

OWNER/PRINCIPAL

Owner name (first, middle, last): _____ Yrs. experience in trucking: _____

Home address: _____ Apt. #: _____

City: _____ State: _____ ZIP code: _____ Business phone: _____

DESCRIPTION OF OPERATIONS

Type of operation: For Hire Not for Hire Non-trucking Private Other: _____

Commodities hauled (Check all that apply)

- Intermodal containers
- Hazardous materials requiring \$1,000,000 liability limits or less
- Refuse/waste/garbage
- Hazardous materials requiring liability limits higher than \$1,000,000

Explain: _____

Commodity	% of loads	Max. value	Commodity	% of loads	Max. value

Range of transport: Interstate Intrastate

Identify metropolitan areas traveled through or into:

- Atlanta
- Cleveland
- Jacksonville
- Milwaukee
- Philadelphia
- San Diego
- Balt-Washington
- Dallas/Ft. Worth
- Kansas City
- Mpls./St. Paul
- Phoenix
- San Francisco
- Boston
- Denver
- Little Rock
- Nashville
- Pittsburgh
- Seattle
- Buffalo
- Detroit
- Los Angeles
- New Orleans
- Portland
- Tulsa
- Charlotte
- Hartford
- Louisville
- New York City
- Richmond
- _____
- Chicago
- Houston
- Memphis
- Oklahoma City
- St. Louis
- Cincinnati
- Indianapolis
- Miami
- Omaha
- Salt Lake City

Cities other than above or regular routes: _____

Longest trip one way: _____ miles

Yes **No**

1. Are filings required?
2. Do you act as a freight-broker or freight-forwarder or arrange loads for others in your name or a different name? If yes, Brokerage Name: _____
MC# _____ Annual Brokerage Revenue: _____
Indicate % of loads brokered by you to others: _____
3. In circumstances where you are unable to accept a load (i.e., high capacity, unit down, etc.), do you hand off/refer loads to others? If yes:
- a. Is your name on the bill of lading or shipping documents?
- b. Do you obtain payment/financial gain from loads referred to others?
- c. Is there a written agreement? If yes, attach a copy.
- d. Indicate % of loads referred: _____
4. Is all equipment operated under the applicant's authority scheduled on the application?
If no, explain: _____
5. Is all owned equipment scheduled on this application?
If no, explain: _____
6. a. Do you lease your power units to others?
- b. Do you lease your trailers to others?
- c. If yes, who must provide primary liability coverage? You Lessee
7. Do other motor carriers or owner-operators haul for you? If yes, complete the questions below.
- A. Name on the Bill of Lading: Yours Others

	<input type="checkbox"/> Permanent basis	<input type="checkbox"/> Temporary/ trip basis
B. On what basis are they leased?		
C. Provide annual cost of hire or # of trips		
D. Are vehicles leased with driver?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. Are leased vehicles included in this application for insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(1) If yes, do you require leased vehicle owners to purchase non-trucking liability coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) If no:		
a. Is there a written lease agreement stating the lessor will provide primary auto liability coverage while leased to you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Limit of liability required:	\$ _____	\$ _____
c. Do you secure evidence the lessor has primary auto liability coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Does the lease state that the lessor agrees to provide you with 30 days advance notice if their insurance coverage is being canceled or reduced?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Do you require owner operators to purchase Workers' Compensation or Occupational Accident coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

- 8. Do you pull doubles or triples?
- 9. Do you engage in any residential deliveries?
If yes, explain: _____
- 10. Is any portion of your operation seasonal? If yes, explain: _____
- 11. a. Do you use any team, hot seat, slip seating or relay driver operations?
- b. Do you use owner operators as part of team driving?
- 12. Do you allow passengers other than company employees? If yes, attach copy of passenger program or explain program (frequency, requirements), etc.
- 13. Do you operate mobile equipment subject to compulsory or financial responsibility law or other motor vehicle insurance law in the state where it is licensed or principally garaged?
- 14. Do you require the use of escort vehicles?
If yes, and escort vehicles are **not included** in this application for insurance, provide the name of the insurance carrier, policy number and auto liability limits.
If yes, and the escort vehicles are **included** in this application, drivers of escort vehicles should be listed in the Driver Information section.
- 15. Do you haul over-size, overweight loads?
If yes, please explain: _____
- 16. Do you haul to/from well drilling sites or mines? If yes:
a. List commodities hauled: _____
b. Percent of loads these commodities represent for your business: _____
- 17. Do you currently utilize telematics in your equipment?
a. If yes, what percentage of total equipment includes the use of telematics? _____
i. Does this include all O/O's, if applicable?
c. Does your current telematics solution include cameras?
d. Name of current telematics vendor: _____

DRIVER INFORMATION (Must be completed for all drivers)

Driver name (last, first, middle)	Date of birth	License number	State	# Yrs. driving similar equip.	Date of hire	# Accidents

DRIVER EMPLOYMENT HISTORY

If you have not had insurance for the past two years in your name, provide three years of employment history for each driver.

Driver name (last, first, middle)	Prior employment and full address	Dates of employment	Type of unit

DRIVER HIRING, TRAINING AND SAFETY

1. Which of the following is part of your driver screening/hiring process:

- Employment background check
- Pre-employment drug test
- Criminal background check
- Road test
- Motor vehicle record (MVR) review
- Pre-employment Screening Program (PSP) Report from FMCSA

2. Which of the following is part of your driver performance management process:

- Annual review of driver's driving record (MVR)
- Incentives for violation-free and accident-free driving
- Periodic review of driver and vehicle out-of service violations
- Formal corrective action procedures
- Periodic review of accidents/incidents
- Driver safety training
- Review of electronic driver data (telematics)

3. Do you adhere to a written vehicle inspection and maintenance program? Yes No

If yes, explain or attach program: _____

4. Are your trucks equipped with technology that enables platooning, semi-autonomous, autonomous operations, or other similar operations? Yes No

If yes, explain: _____

MILEAGE – Actual and Estimated

	Units	Mileage per unit	Total mileage
Past 12 months			
Next 12 months			

INSURANCE HISTORY AND LOSS EXPERIENCE

1. Has an insurance company canceled or non-renewed your policy in the last 3 years? (Missouri applicants - do not answer this question)

Yes No If yes, explain: _____

2. Prior years insurance under business name with: Primary Auto Liability: _____

Non-Trucking Auto Liability: _____

3. List the corporation, LLC or trade name along with MC and DOT numbers you (or if the insured is an LLC or corporation, its principals) have done business under in the past 3 years:

Company Names and MC and DOT numbers: _____

Insurance Provider(s): _____

EXPERIENCE INFORMATION - Provide currently valued (must be value dated within the last 3 months) insurance company produced detailed loss and experience auto liability, physical damage and cargo loss runs as required.

***Coverage Type:** P = Phys. Dmg. C = Cargo L = Prim. Liab. N = Non-Trk. Liab. GL = Genl Liab. IM = Inland Marine

Prior Carrier Effective Dates	Prior Carrier Name	Policy Number	Coverage Type*	# Units Insured	# Losses
_____ to _____					
_____ to _____					
_____ to _____					

SCHEDULE OF AUTOS

All units you own or are leased to you must be scheduled and insured if filings are to be made.

No.	Unit ID	Year	Make	Vehicle Type*	GVW/GCW	Stated Limit	Radius
VIN Number				Ownership: <input type="checkbox"/> Owned <input type="checkbox"/> Employee Owned <input type="checkbox"/> Leased Without Driver			
No.	Unit ID	Year	Make	Vehicle Type*	GVW/GCW	Stated Limit	Radius
VIN Number				Ownership: <input type="checkbox"/> Owned <input type="checkbox"/> Employee Owned <input type="checkbox"/> Leased Without Driver			
No.	Unit ID	Year	Make	Vehicle Type*	GVW/GCW	Stated Limit	Radius
VIN Number				Ownership: <input type="checkbox"/> Owned <input type="checkbox"/> Employee Owned <input type="checkbox"/> Leased Without Driver			
No.	Unit ID	Year	Make	Vehicle Type*	GVW/GCW	Stated Limit	Radius
VIN Number				Ownership: <input type="checkbox"/> Owned <input type="checkbox"/> Employee Owned <input type="checkbox"/> Leased Without Driver			
No.	Unit ID	Year	Make	Vehicle Type*	GVW/GCW	Stated Limit	Radius
VIN Number				Ownership: <input type="checkbox"/> Owned <input type="checkbox"/> Employee Owned <input type="checkbox"/> Leased Without Driver			

*Vehicle Type Legend

- | | | | |
|------------------------------|--------------------------|-----------------------------|---|
| CCT - Car Carrier Trailer | FLT - Flat Bed | PUP - Pup Trailer | TAL - Tanker LPG |
| CON - Container (Intermodal) | HOP - Hopper/Grain | SEM - Semi Trailer | TAP - Tanker Pneumatic/Dry Bulk |
| CUS - Curtain Side | LWF - Live/Walking/Floor | SRT - Showroom Trailer | TAO - Tanker-Other |
| DOL - Dolly, Con Gear | LIV - Livestock | TAN - Tandem | NOC - Trailers Not Otherwise Classified |
| DRP - Drop Deck, Gooseneck | LOG - Log | TAT- Tank Trailer | TRC - Tractors |
| DPS - Dump Side | LOW- Lowboy | TAA- Tanker Asphalt/Hot Oil | TRK - Trucks |
| DPB - Dump Trailer (Bottom) | MEQ - Mobile Equipment | TAC -Tanker Chemical/Acid | VAD - Van Trailer (Dry) |
| DPE - Dump Trailer (End) | PUL - Pull Trailer | TAG - Tanker Gasoline/Fuel | REF - Van Trailer (Temp Control) |

ADDITIONAL INTERESTS

Type*: AI - Additional Insured AL - Lessor; Additional Insured and Loss Payee LP - Loss Payee
LI - Leased with Driver Including Non-Trucking LX - Leased with Driver Excluding Non-Trucking

Unit #	Type*	Name	Address	City	State	ZIP code

COVERAGES

- AUTO LIABILITY Limits: _____ CSL
- LIABILITY FOR NON-TRUCKING USE Limits: _____ CSL
Leased to: _____
- NONOWNERSHIP LIABILITY Number of employees: _____
- HIRED AUTO LIABILITY Cost of hire: _____
- MEDICAL PAYMENTS Limits: _____

TRAILER INTERCHANGE - *Provide a Copy of Agreement*

of power units under agreement: _____ Maximum trailer value: _____
 # trailer days per power unit per year: _____ Deductible: _____

PHYSICAL DAMAGE DEDUCTIBLES

- Comprehensive _____ OR Specified causes of loss _____
- Collision _____

HIRED AUTO PHYSICAL DAMAGE

- CARGO Limits: _____ Deductible: _____
- Temperature Control Hired Auto Cargo
Cost of hire: _____

GENERAL LIABILITY

UNINSURED / UNDERINSURED MOTORISTS AND NO-FAULT OPTIONS - Quoting Purposes Only

- UNINSURED MOTORISTS Limits: _____
- UNDERINSURED MOTORISTS Limits: _____
- PERSONAL INJURY PROTECTION Limits: _____

*Coverage and limit choices in this section are for quoting purposes only.

 APPLICANT'S SIGNATURE DATE APPLICANT'S TITLE

APPLICANT'S PRINTED NAME

 PRODUCER'S SIGNATURE PHONE # FAX #