

Agency: _____ Producer: _____

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

1. Current MVRs for all drivers.
2. Company loss runs valued within 90 days of the effective date for all requested coverages for the current year and the immediate four prior years (including explanations for losses greater than \$25,000).
3. Four most recent quarters of IFTAS.
4. This application completed in its entirety.

GENERAL

Applicant Name: _____

Owner Name: _____ Owner DOB (If operating 1-10 power units): _____

FEIN: _____ DOT #: _____

PHMSA Registration Number: _____ Proposed Effective Date: _____

Physical Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____

Mailing Address (If different from Physical): _____ City: _____

State: _____ Zip Code: _____

Website Address: _____ Years in business: _____

Business Type: Proprietorship Partnership Corporation LLC

Carrier Type: Common Contract Private Exempt Hauler Other: _____

Does the applicant have any subsidiary or sister companies? Yes No

If yes, does the applicant interchange any equipment with the subsidiary or sister companies? Yes No

Name of all subsidiary or sister companies: _____

Additional Named Insured	Description of Operations	Relation to Applicant	DOT #

OPERATIONS

List and provide percentage by operation type and percentage of specific commodities. PLEASE NOTE THAT BOTH OPERATION TYPE AND COMMODITY LISTING MUST BE COMPLETED AND TOTAL 100% IN ORDER TO PROCEED WITH THE QUOTE PROCESS. If placarded commodities are noted, please include UN numbers for each.

Operation Type	%	Operation Type	%	Commodity	%
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: _____

Are any vehicles used for dumping, logging, transit mix, or waste disposal? Yes No

If yes, please explain the nature of their use: _____

Provide % of tractor miles and straight truck miles driven within each mileage radius band listed below.

- Zone 1:** 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 2:** AL, AR, AZ, CA (remainder), GA, IL, IN, MI, MO, OH, PA, TX (remainder), VA, WA
- Zone 3:** CO, KY, MN, NV, NC, OK, OR, SC, TN, WI
- Zone 4:** ID, IA, KS, MT, NE, NM, ND, SD, UT, WY

Mileage Radius		Percentage of Tractor Miles
0 – 75		
75 – 150		
150 – 300		
300 – 500		
Zone 1		
Miles over 500	Zone 2	
	Zone 3	
	Zone 4	
Total		100%

1. Does the applicant haul any hazardous materials? Yes No
 If yes, complete the following:
 - a. Is applicant registered to haul hazardous materials? Yes No
 - b. Does the applicant have a written emergency spill plan for drivers? Yes No
 - c. Does the applicant deliver products to rail yards, marinas, or airports? Yes No
 - i. If yes, does applicant load from or unload directly onto the trains, watercraft, or aircraft? Yes No
 - d. Does the applicant provide all DOT hazardous materials training plus any refresher training courses?
 Yes No
 - e. Are any special filings required? Yes No
 - i. If so, provide specifics: _____
 - f. Are drivers trained to assure liquids are unloaded into the proper tank? Yes No
2. Do you transport high-value equipment or oversized/overweight loads? Yes No
 - a. If yes, are escort or pilot vehicles required? Yes No
 - b. Explain commodities and handling: _____
3. Has insurance coverage lapsed, been canceled, or non-renewed in the last three years? Yes No
 - a. If so, explain: _____
4. Have there been any changes in the ownership, management or name of the operation in the past five years? Yes No
 - a. If yes, explain: _____
5. Do you act as a freight forwarder, freight broker or arrange loads for others? Yes No
 - a. If yes, what is % of revenue? _____

6. Do you lease to others? Yes No
 a. If yes, explain: _____
7. Do you haul double or triple trailers? Yes No
 a. If yes, what is % of mileage? _____
8. Do you allow guest passengers? Yes No
 a. If yes, please attach copy of passenger policy.
9. Are any vehicles used to transport employees? Yes No
10. Do you hire owner/operators on a trip lease basis? Yes No
11. Do you lend, lease, or rent trucks, tractors, or trailers to others without drivers? Yes No
 a. If yes, explain: _____
12. Number of company drivers: _____ Owner/Operators: _____ Sub-contractors: _____
13. Do you have a safety manager? Yes No a. If yes, is this position full-time? Yes No
 Name: _____ Title: _____
14. What percentage of their time is devoted to safety? _____ Years of safety management experience: _____
15. Do you have team drivers? Yes No
 a. If yes, how many? _____
16. Do you slip-seat? Yes No
 a. If yes, what percentage of units do you slip-seat? _____
17. Do you ever leave loaded trailers unattended or detached from power units? Yes No
18. Do you engage in any residential delivery operations? Yes No
 a. If yes, please provide percentage: _____

EQUIPMENT

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

Vehicle Class	Projected	Current Policy Period	1st Prior Year	2nd Prior Year	3rd Prior Year	4th Prior Year
Tractors						
Straight Trucks						
Light Truck/Service						
Private Passenger						
Dry Vans						
Refrigerated Vans						
Box Trailers						
Flatbed Trailers						
Dump Trailers						
Tanker Trailers						
Small Vans						
Other						
TOTAL						

If other, please specify: _____

Do you have any advanced technology (EOBRs, collision avoidance, etc.) installed in your units? Yes No

If yes, what system(s)? _____

Percentage of vehicles installed? _____

MILEAGE & REVENUE

	PROJECTED	CURRENT POLICY PERIOD	1ST PRIOR YEAR	2ND PRIOR YEAR	3RD PRIOR YEAR	4TH PRIOR YEAR
Number of Revenue Units						
Gross Receipts						
Mileage						

GENERAL LIABILITY

1. Does the applicant have on-premises fuel storage? Yes No

a. If yes, is storage below ground? Yes No

2. Do you provide warehousing services? Yes No

a. If yes, payroll: _____ b. Describe: _____

3. Do you provide third-party logistics services? Yes No

a. If yes, payroll: _____ b. Describe: _____

4. Do you have any operations other than trucking? Yes No

a. If so, please provide operations, percentage of operations, and related revenues.

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

Occupancy Type	Address	# Of Units	# Of Employees	Fenced	Lighted	Security Guard	Public Access	Security Camera	**Non-trucking Payroll
				<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"/>	

****MUST BE PROVIDED FOR GL COVERAGE TO BE OFFERED**

Do you operate from a residence? Yes No

If yes, provide a copy of the current homeowner's policy for any residential locations.

COVERAGES DESIRED

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): \$ _____

Are Excess or Umbrella limits needed or requested? Yes No

If so, please provide the additional limits needed and an Acord 131.

Desired covered auto symbol(s):

Symbol 67 – Specifically described autos

Symbol 68 – Hired auto only

Symbol 71 – Non-owned autos only

If applying for hired auto coverage, please enter the annual estimated cost of hire: \$ _____

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

AUTO PHYSICAL DAMAGE COVERAGE SELECTION (COLLISON AND COMPREHENSIVE)

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

Additional Auto Physical Damage Coverages Desired

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

% of loads hauled that utilize a non-owned trailer (enter 100% if no trailers are owned)**: _____

Average value of trailers used**: _____

****REQUIRED IN ORDER TO QUOTE TRAILER INTERCHANGE COVERAGE**

Hired Auto Physical Damage Coverage *11-25 POWER UNITS ONLY*

Limit: \$25,000 \$50,000 \$100,000

Hired Autos per Month: _____ Average Length of Hire (in months) _____ Annual Cost of Hire: \$ _____

Single Physical Damage Deductible – *AVAILABLE FOR 1-25 POWER UNIT*

Towing, Wrecker & Storage

Limit Desired: \$1,000 \$2,500 \$5,000 \$10,000 \$25,000 Reasonable & customary

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

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

If a limit greater than \$150,000 is requested, provide a copy of the contract or current policy confirming limit.

Additional Cargo Coverages or Endorsements Desired

Refrigeration Breakdown – \$2,500 Minimum Deductible

Enhanced Reefer Breakdown *11-25 POWER UNITS ONLY*

a. Are all units requiring this coverage company-owned? Yes No

Cargo Extension Endorsement *11-25 POWER UNITS ONLY*

BASKET DEDUCTIBLE – 11-25 POWER UNITS ONLY

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

TRUCKERS GENERAL LIABILITY COVERAGE SELECTION

Desired Limit (General Aggregate) \$1,000,000 \$2,000,000 (\$1,000,000 Occurrence Limit included)

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

Uninsured/Underinsured Motorist & Personal Injury Coverage Selections

UM & UIM			PIP		
Garage State	# of Units	Limit	Garage State	# of Units	Limit

UM - If higher than state minimum limits are requested, provide a copy of the current policy.

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

Print Name

Title

Signature of Agent

Date