

Commercial Trucking Application

General Information:

Effective Date: _____ Expiration Date: _____

Applicant Name: _____

Street Address: _____

Mailing Address: _____

Entity Type: _____ Carrier Type: _____

	Years in Business
Under Current Operating Authority	
Managing or Owning a Trucking Business	

Federal ID #	USDOT#	MC#

Contact Type	Name & Title	Phone #	Email
Contact Name Primary:			
Contact Name Claims:			
Contact Name Safety:			
Contact Name Billing:			

Applicant Web Address: _____

List all subsidiaries & affiliated entities and explain relationship to applicant:

Entity Name	USDOT#	Operations	Include Y/N:

Is there common majority ownership for all entities? _____ If no explain, _____

Has applicant ever had insurance using another name? _____ Previous DOT# _____

Parent Company Name (if applicable): _____

Is this applicant one of your current insureds? _____

Other than a competitive premium, what are your client's key concerns? _____

Operational & Historical Questionnaire

(Limits are specified in the Coverage section at the end of this application)

All % Entries Must Be Entered in Decimal Format, example .05 = 5%

Deliveries	
% Truckload	
% Less Than Truckload	

Do you have any of these Operations?	Yes / No	% of Operations
Bobtail/NTL Exposure		
Haul doubles or triples		
Use driver teams		
Oversize/Overweight		

Type of Operation	
Type of Vehicles/Trailers Used	% of Ops
Dry Van	
Refrigerated	
Flatbed	
Dump	
Tank Liquid	
Intermodal	
Dry Bulk	
Waste / Debris / Scrap	
Other:	
Other:	

Current Fleet Description

Power Units & Driver Types: (Trailers not Included)	Pwr Units Count #
Company Owned Units With Employee Drivers	
Company Owned Units With Contract Drivers Are any of these Contract Drivers participating in a Lease - Purchase agreement? Provide an example of contract.	
Company Owned Units - Unassigned / Inactive	
Owner Operators - Units Owned by their Operators	
Owner Operator - Groups (1 Owner, Multiple Units/Drivers)	
Total Power Units :	

Vehicle Type (describe if needed):	Enter Count #
Extra Heavy (over 45,000 GVW)	
Heavy (20,001 to 45,000 GVW)	
Medium (10,001 20,000 GVW)	
Light/Service (0-10,000 GVW)	
Private Passenger	
Other:	
Total	

Please list the following for all Terminal Locations

<u>Street Address</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>	<u>Peak # of Units Stored at this location?</u>	<u>Is this address located in a FEMA Special Flood Hazard Area?</u> https://www.fema.gov/flood-zones

All % Entries Must Be Entered in Decimal Format, example .05 = 5%

Range of Operations & Running Lanes:

Canada

Mexico

Do you Travel into :

What % of Your Miles Traveled?

Where are they driving? (Provinces , States , or Cities)

Running Lanes:

Metro Area:	%	Metro Area:	%	Metro Area:	%	Metro Area:	%	Regions	%
ATL		Detroit		Miami		Pittsburgh		Mountain	
Baltimore		Hartford		Milwaukee		Portland		Midwest	
Boston		Houston		Minn/St. Paul		Richmond		Southwest	
Buffalo		Indianapolis		Nashville		St. Louis		N. Central	
Charlotte		Jacksonville		New Orleans		Salt Lake City		Mid-Atlantic	
Chicago		Kansas City		NY Metro		San Fran		Southeast	
Cincinnati		Little Rock		OK City		Tulsa		Northeast	
Cleveland		Los Angeles		Omaha				Pacific Coast	
Dallas/Ft Worth		Louisville		Phoenix				Northwest	
Denver		Memphis		Philadelphia					

Radius of Operations - Average Length of Haul:

Maximum Length of Haul:

Radius	%
0-50 Miles	
51-200 Miles	
201-500 Miles	
501-1,000 Miles	
Over 1,000 Miles	

Exposure Data:

Policy Period:	# Power Units	IFTA Mileage	Revenue	Phys Dam Deductible Level	TIV (Total Physical Damage Value)
Projected Policy Period (Estimates)					
Expiring Policy Period					
Expiring -1 Policy Period					
Expiring -2 Policy Period					
Expiring -3 Policy Period					
Expiring - 4 Policy Period					

Trailer Interchange Information (specify limits in the Coverage section below):

Do you pull non-owned trailers?

Average # of days trailers are interchanged per month?

Average # non-owned trailers per day?

Types of Commodities Hauled

All % Entries Must Be Entered in Decimal Format, example .05 = 5%

Commodity	Max Value	Average Value	% of total	Major Shipper/Customer

Do any of the commodities hauled require placards?

Describe and provide % of operations:

Are you required by the DOT to provide \$5,000,000 limits due to hazardous commodities?

Does applicant allow passengers to ride along with drivers?

If so, is passenger accident insurance required?

All % Entries Must Be Entered in Decimal Format, example .05 = 5%

Drivers, Safety and Maintenance:

Type	% of drivers	Driver Age	% of drivers	Driver Experience	% of drivers
Employed		<21		< 2 years	
Owner Operator		21-59		3-5 years	
Leased Drivers		60-65		6+ years	
		66+			

Please attach a driver schedule including full name, DOB, state of licensing, driver license #. **We require current MVRS for all drivers for fleets up to 50 power units. For larger fleets, a significant sample size is required.**

Driver screening and safety protocol in place?

Does it include each of the following (**attach safety manual in lieu of completing the below**)?:

Item:	Comments (Optional)	Y/N
Written application		
Prior employment checks		
Reference checks		
Road test		
Written test		
Drug testing		
Policy for poor drivers		
Physical examinations		
Driver DOT files maintained		
Driver DOTs current & updated regularly		
All drivers fluent in English		
Any driver trainees used		
Formal safety program		
Formal driver orientation		
Emergency procedures		
Mandatory safety meetings held		
Driver safety bonus program in place		
Written vehicle maintenance program in place		
Pre & Post Trip Inspections		
Does applicant provide any service for units others than their own (outside service for others)		
Are any of the following Telematics in use? Check if applicable.		

Brokerage Operations:

Does applicant arrange for the transportation of any property under the other carrier's authority?

If so what % of revenue does brokerage operations represent?

Separate operating authority?

Brokerage DOT #:

Contract Drivers - Owner Operators, Owner Operator Groups & Leased Drivers - All 1099 Drivers (Provide Sample Contracts)

Typical LeaseTerm Any Trip Lease? % of Total Drivers on a trip lease?

Are owner operators required to meet the same standards as Employee drivers? How

Do you check the MVR's of all Contract Drivers? How many Contract Drivers (all types) are used?

How many of your contract drivers (all types) have driven for you for more than 3 years?

Are the miles for all Contract Drivers (1099) included in your IFTA reports?

Mandatory Endorsement/Filing Requests:

Item/Endorsement:	Y/N:
MCS-90	
BMC-91x	
Form E Filing List All States:	
Other Filings:	
Other Filings:	
Other Filings:	
Oversize/Overweight Filings	
Broadened Pollution Endorsement CA9948	
Include Hired/Non-Owned Liability Coverage	
Blanket Additional Insured and/or Loss Payee	
UIIA Endorsement	
Canadian Filings? Type / Provenance?	

Desired Composite Rate Basis :

History of the Rate Basis:

Estimated Current Yr	
Expiring Year	
Expiring Year - 1	
Expiring Year	
Expiring Year -3	
Expiring Year 4	

Comments: Is there additional information you wish us to know about your operations or insurance program ?

Requested Coverages & Limits:

ITEM TWO - Schedule of Coverages and Covered Autos

Coverages	Select Desired Symbols for Each Desired Coverage. Refer to Coverage Form for Complete Symbol Definitions.	Enter your Desired Limits
Covered Autos Liability		
Personal Injury Protection (or Equivalent No-Fault Coverage)		
Auto Medical Payments		Otherwise Enter Desired Limit:
Uninsured Motorists Underinsured Motorists (When not Included in UM)		UM Limit < Policy Limit UIM Limit < Policy Limit
<u>Trailer Interchange</u> Comprehensive and Collision Coverages	Deductible for Each Covered Trailer	Limits are Least of Stated Amount, ACV, Cost of Repair or Selected Limit of Insurance:
<u>Physical Damage</u> Comprehensive	Maximum Loss Limit Per Location Deductible for Each Covered Auto	Limits are Least of Stated Amount, Maximum Loss Limit, ACV, Cost of Repair: See Submitted Stated Amount Schedule for Vehicle Limits
Comprehensive & Collision	Maximum Loss Per Vehicle of :	
<u>Physical Damage</u> Collision Coverage	Deductible for Each Covered Auto	Limits are Least of Stated Amount, Maximum Loss Limit, ACV, Cost of Repair: See Submitted Stated Amount Schedule for Vehicle Limits

Supplemental Towing		Desired Supplemental Limit (Physical Damage Deductible Applies)
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ITEM THREE

Schedule Of Covered Autos You Own, Borrow, Lease or Hire

Please Submit a completed Fundamental Underwriters Vehicle Schedule along with this Application. Please Include the year, make, vehicle type, model, VIN, GVW, Garaging location & Stated Amount of each vehicle. Important Note: Stated Amount excludes Towing Costs. We provide Towing as a Supplemental Coverage & Limit.

ITEM FOUR

Schedule of Hired or Borrowed Covered Auto Coverage and Premiums

Covered Autos Liability Coverage	Cost of Hire Rating Basis for Autos Used in Your Motor Carrier Operations	Cost of Hire Rating Basis for Autos NOT Used in Your Motor Carrier Operations
Primary Coverage		
Excess Coverage		
If Physical Damage Coverage is required for Hired Auto Enter Limit: Comprehensive & Collision Deductibles will follow those of your owned autos.		

Additional Required Submission Items:

Loss Runs for the previous four years plus the current year

Financial statements including balance sheet and income statement (interims if available). Audited and reviewed statements.

IFTA reports for the most current four quarters MUST be included.

Acknowledgement & Signatures:

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 information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

I hereby certify that the signature of the applicant is correct to the best of my knowledge and belief, and further warrant that the answer, statements, and information reflected heron was given by the applicant together with information from my records, if any.

Applicant Signature & Title:

Date:

Agent/Broker Signature:

Date: