

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

Safety contact person name: \_\_\_\_\_ Contact's phone: \_\_\_\_\_

Safety e-mail address: \_\_\_\_\_

**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: \_\_\_\_\_

1. Do you engage in operations other than trucking?  Yes  No

If yes, explain: \_\_\_\_\_

2. Has there been any change in the nature of operations, ownership, management or the name of the operation during the last five years?  Yes  No

If yes, provide details: \_\_\_\_\_

**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:**

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

Cities other than above or regular routes: \_\_\_\_\_

Longest trip one way: \_\_\_\_\_ miles

**Yes No**

- |                          |  |   |
|--------------------------|--|---|
| <input type="checkbox"/> | <input type="checkbox"/>                                 | 1. Are filings required?  |
| <input type="checkbox"/> | <input type="checkbox"/>                                 | 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: _____<br>MC# _____ Annual brokerage revenue: _____<br>Indicate % of loads brokered by you to others: _____ |
| <input type="checkbox"/> | <input type="checkbox"/>                                 | 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:  |
| <input type="checkbox"/> | <input type="checkbox"/>                                 | a. Is your name on the bill of lading or shipping documents?  |
| <input type="checkbox"/> | <input type="checkbox"/>                                 | b. Do you obtain payment/financial gain from loads referred to others?  |
| <input type="checkbox"/> | <input type="checkbox"/>                                 | c. Is there a written agreement? If yes, attach a copy.   |
| <input type="checkbox"/> | <input type="checkbox"/>                                 | d. Indicate % of loads referred: _____  |
| <input type="checkbox"/> | <input type="checkbox"/>                                 | 4. Is all equipment operated under the applicant's authority scheduled on the application?<br>If no, explain: _____   |
| <input type="checkbox"/> | <input type="checkbox"/>                                 | 5. Is all owned equipment scheduled on this application?<br>If no, explain: _____   |
| <input type="checkbox"/> | <input type="checkbox"/>                                 | 6. a. Do you lease your power units to others?  |
| <input type="checkbox"/> | <input type="checkbox"/>                                 | b. Do you lease your trailers to others?  |
|                          |  | c. If yes, who must provide primary liability coverage? <input type="checkbox"/> You <input type="checkbox"/> Lessee  |
| <input type="checkbox"/> | <input type="checkbox"/>                                 | 7. Do other motor carriers or owner-operators haul for you? If yes, complete the questions below.   |
|                          |  | A. Name on the Bill of Lading: <input type="checkbox"/> Yours <input type="checkbox"/> Others   |
|                          |  | B. On what basis are they leased?   |
|                          | <input type="checkbox"/> Permanent basis                 | <input type="checkbox"/> Temporary/ trip basis  |
|                          | 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

**Yes      No**

<input type="checkbox"/>	<input type="checkbox"/>	8. Do you pull doubles or triples?
<input type="checkbox"/>	<input type="checkbox"/>	9. Do you engage in any residential deliveries? If yes, explain: _____
<input type="checkbox"/>	<input type="checkbox"/>	10. Is any portion of your operation seasonal? If yes, explain: _____
<input type="checkbox"/>	<input type="checkbox"/>	11. a. Do you use any team, hot seat, slip seating or relay driver operations?
<input type="checkbox"/>	<input type="checkbox"/>	b. Do you use owner operators as part of team driving?
<input type="checkbox"/>	<input type="checkbox"/>	12. Do you allow passengers other than company employees? If yes, attach copy of passenger program or explain program (frequency, requirements), etc.
<input type="checkbox"/>	<input type="checkbox"/>	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?
<input type="checkbox"/>	<input type="checkbox"/>	14. Do you require the use of escort vehicles? If yes, and escort vehicles are <b>not included</b> 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 <b>included</b> in this application, drivers of escort vehicles should be listed in the Driver Information section.
<input type="checkbox"/>	<input type="checkbox"/>	15. Do you haul over-size, overweight loads? If yes, please explain: _____
<input type="checkbox"/>	<input type="checkbox"/>	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: _____

**DRIVER INFORMATION**

**Provide a list of drivers that includes the driver's name, DOB, license number & state, date of hire, and years of driving experience.**

1. Truck Fleet – No. of drivers:      Regularly employed \_\_\_\_\_      Part time: \_\_\_\_\_      Owner/operator: \_\_\_\_\_  
    Leased \_\_\_\_\_      Casual: \_\_\_\_\_      TOTAL: \_\_\_\_\_  
 How are drivers paid?    Hourly     Trip     Mileage     Other

2. Drivers hired or leased last year

**Company Drivers**

**Leased Owners/Operators**

- a. Number replaced:
- b. Number increased:
- c. Age requirement:

\_\_\_\_\_  
\_\_\_\_\_  
Min. \_\_\_\_ Max. \_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Min. \_\_\_\_ Max. \_\_\_\_

**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: \_\_\_\_\_

5. How often do you replace your equipment? \_\_\_\_\_

6. Do you have any type of theft avoidance policies?  Yes  No

If yes, explain or attach policy: \_\_\_\_\_

7. Do you use any of the anti-theft devices to track equipment?  Yes  No

If yes, explain: \_\_\_\_\_

8. Do you have a Safety Director?  Yes  No

If yes:  Full time  Part time # Years with company: \_\_\_\_\_

**UNITS REVENUE AND MILEAGE – Actual and Estimated**

	Period	Units	Revenue per unit	Mileage per unit	Total revenue	Total mileage
Projected						
Current						
1 <sup>st</sup> Prior						
2 <sup>nd</sup> Prior						
3 <sup>rd</sup> Prior						
4 <sup>th</sup> Prior						

**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 _____					
_____ to _____					
_____ to _____					

**SCHEDULE OF EQUIPMENT OPERATED**

Provide a schedule of equipment, including year, make, vehicle and trailer type, VIN Number, GVW, stated limit, radius of operation, ownership status and additional interest information. Refer to the legends below.

Type	Owned	Leased w/o drivers	Owner operators	Local	Inter.	Long haul	TOTAL UNITS
Light trucks							
Medium trucks							
Heavy trucks							
Tractors							
Semi-trailers							

**Ownership Legend**

- 1 – Owned
- 2 – Leased without driver
- 3 – Employee owned
- 4 – Leased w/ driver incl. non-trucking
- 5 – Leased w/ driver excl. non-trucking

**\*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**

- AI - Additional insured
- LI - Leased with driver including non-trucking
- AL - Lessor; additional insured and loss payee
- LX - Leased with driver excluding non-trucking
- LP - Loss payee

### COVERAGES

AUTO LIABILITY Limits: \_\_\_\_\_ CSL Deductible: \_\_\_\_\_

LIABILITY FOR NON-TRUCKING USE Limits: \_\_\_\_\_ CSL

Leased to: \_\_\_\_\_

NONOWNERSHIP LIABILITY Number of employees: \_\_\_\_\_

HIRED AUTO LIABILITY Cost of hire: \_\_\_\_\_

MEDICAL PAYMENTS Limits: \_\_\_\_\_

REPORTING BASIS:  Revenue  Mileage  Units

DEDUCTIBLE REIMBURSEMENT

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: \_\_\_\_\_

### OPTIONAL CARGO COVERAGES: (Check all that apply)

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 #