

Submission Requirements:

1. ACORD 137	5. Program Excel Vehicle list
2. ACORD UM state specific	6. Program Driver list
3. Currently Valued Loss Runs	7. MVR's for all drivers
4. IFTA reports if Long Haul (4 Quarters)	

Agency Information

Agency Name	Agency Phone	Agency Email
-------------	--------------	--------------

Applicant Information

Insured Name	Website Address
--------------	-----------------

Mailing Address	City	State	Zip Code
-----------------	------	-------	----------

Phone Number	Email
--------------	-------

Garaging Address	City	State	Zip Code
------------------	------	-------	----------

Contact Information for Inspection: _____

Effective Date	DOT #	FEIN #
----------------	-------	--------

How many years' experience in a similar industry that you are applying coverage for? _____ Years *(*If in business less than 3 years please attach your work history)*

What filings do you need?

- | | | | | | | | | | |
|----------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> Federal | <input type="checkbox"/> CA | <input type="checkbox"/> GA | <input type="checkbox"/> KS | <input type="checkbox"/> MA | <input type="checkbox"/> MT | <input type="checkbox"/> NM | <input type="checkbox"/> OK | <input type="checkbox"/> SD | <input type="checkbox"/> VA |
| <input type="checkbox"/> AL | <input type="checkbox"/> CO | <input type="checkbox"/> HI | <input type="checkbox"/> KY | <input type="checkbox"/> MI | <input type="checkbox"/> NE | <input type="checkbox"/> NY | <input type="checkbox"/> OR | <input type="checkbox"/> TN | <input type="checkbox"/> WA |
| <input type="checkbox"/> AK | <input type="checkbox"/> CT | <input type="checkbox"/> ID | <input type="checkbox"/> LA | <input type="checkbox"/> MN | <input type="checkbox"/> NV | <input type="checkbox"/> NC | <input type="checkbox"/> PA | <input type="checkbox"/> TX | <input type="checkbox"/> WI |
| <input type="checkbox"/> AZ | <input type="checkbox"/> DE | <input type="checkbox"/> IN | <input type="checkbox"/> ME | <input type="checkbox"/> MS | <input type="checkbox"/> NH | <input type="checkbox"/> ND | <input type="checkbox"/> RI | <input type="checkbox"/> UT | <input type="checkbox"/> WY |
| <input type="checkbox"/> AR | <input type="checkbox"/> DC | <input type="checkbox"/> IA | <input type="checkbox"/> MD | <input type="checkbox"/> MO | <input type="checkbox"/> NJ | <input type="checkbox"/> OH | <input type="checkbox"/> SC | <input type="checkbox"/> VY | |

Limit of Insurance Requested:

- Auto Liability: _____
- Cargo: _____
- General Liability: _____

Deductibles:

- Auto Liability: _____
- Cargo: _____
- General Liability: _____

Operational Information

Type of Operation: Courier Expeditor Freight Broker Last Mile Intermodal Local Trucking

Intermediate Trucking Long Haul Trucking*

Common Carrier Contract Carrier Private Hauler

Historical Information

Power Units:	o Current Year: _____	o 1 st Prior Year: _____
	o 2 nd Prior Year: _____	o 3 rd Prior Year: _____
Gross Receipts:	o Estimated Next Year: _____	o Current Year: _____
	o 1 st Prior Year: _____	o 2 nd Prior Year: _____
Gross Mileage:	o Estimated Next Year: _____	o Current Year: _____
	o 1 st Prior Year: _____	o 2 nd Prior Year: _____

Have you had any insurance cancelled, declined or non-renewed in the last 3 years? Yes* No

o If yes, please explain: _____

Do you utilize Owner/Operators?..... Yes* No

o If Yes, has usage increased, decreased or been stable? Increased Decreased Remained Stable

o If yes, are Owner/Operators permanently leased? Yes* No

- If so, are those units included on the schedule? Yes* No

- Please provide a copy of the Owner Operator Contract with the "lease back wording".

o If not covered under this policy is proof of insurance required? Yes No

o Are liability limits at least equal to the limits of this policy? Yes No

o Is proof of non-trucking liability or Trucking liability policy required? Yes No

o Is Truckers Liability required or only Bob Tail? _____

Are Trip lease operators used? Yes* No

o If Yes, how many trip lease operators are used? _____

o If trip leased, please provide Estimated Annual Cost of Hire: \$ _____

o Indicate % of loads trip leased: _____ %

o How many trip lease operators were used one year ago? _____

- Two (2) Years ago? _____

Do you have Brokerage Authority? Yes* No

o If Yes, is this conducted under a different MC Number? Yes* No

o If Yes, enter the Motor Carrier # and name of legal entity here: _____

Do you allow Team Driving? Yes* No

o Are passengers allowed in vehicles? Yes No

o Do you haul oversize loads requiring special permits? Yes No

o Any dead Heading 9 (Tractor with empty trailer)? Yes No

o Any Bobtail (Tractor without Trailer)? Yes* No

- If Yes, identify commodities backhauled: _____

Do you rent or lease your trucks to others? Yes* No
 ◦ If yes, please describe and enter estimated annual receipts: _____

Do you rent trucks/tractors (without operators) on a short term basis for your use? Yes* No
 ◦ If Yes, please enter your estimated cost of hire for the upcoming policy year: _____
 ◦ Number of Units by gross vehicle weight:

Under 10,000 GVW: _____	Total Annual Number: _____	# of Days: _____
10,001 – 25,999 GVW: _____	Total Annual Number: _____	# of Days: _____
26,000 – 44,999 GVW: _____	Total Annual Number: _____	# of Days: _____
45,000 GVW or Up: _____	Total Annual Number: _____	# of Days: _____
Trailers: _____	Total Annual Number: _____	# of Days: _____

What major cities will you pass through on Intermediate/Long Haul Trips?

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

Do you operate/travel into Canada or Mexico? Yes* No
 ◦ If yes, please explain: _____

Answer the following:

1. Are time guarantees provided on your deliveries? Yes No
2. Do you pull double or triple trailers? Yes No
3. Do you ever do any oversize/overweight loads? Yes No
4. Do you have a safety program in place? Yes* No *(*If so, please attach a copy)*
5. Do you cross the border into Mexico or Canada? Yes* No
 ◦ If yes, which country? _____
6. Does applicant allow others to operate under their authority? Yes No
7. Do you have a written maintenance program in place? Yes No
8. Are any of your vehicles used for personal use? Yes No
9. Are all vehicles registered and licensed to the applicant? Yes No
10. Do you ever hire or use others vehicles and utilize their drivers? Yes No
11. Do you have a driver selection program in place? Yes* No *(*If so, please attach a copy)*
12. Do you have a driver monitoring program? Yes No
13. Do you monitor motor vehicle reports for all drivers? Yes* No
 ◦ If yes, how often? Monthly Quarterly Semi-Annually Annually
14. Do you have any Bi National Drivers? Yes No
15. Are drivers penalized for late deliveries? Yes No
16. Are all drivers properly licensed and DOT compliant? Yes No

Drivers Information

Answer the following for the driver count in the last year:

- Total # of drivers: _____
- # of drivers above 70 years old: _____ ◦ # of drivers under 25 years old: _____
- # of drivers Hired: _____ ◦ # of drivers Terminated: _____

	Driving	On Duty
Drivers Maximum Hours Per Day Driving:		
Drivers Maximum Hours Per Week:		

Percentage of On Demand: _____ % Percentage of Route Delivery: _____ %

What is the average years of driver experience? _____

Percentage of trips: ◦ 0 – 50 Miles _____ % ◦ 51 – 350 Miles _____ % ◦ 351 – 500 Miles _____ % ◦ 501+ Miles _____ %

Are drivers paid by: Hours Worked Mileage Trip Other: _____

Do driver hiring practices include the following (check all that apply):

- Written application MVR Interview Drug Testing Written Test
- Pre-Hire Physical Reference Checks Driving Tests Written MVR Criteria

Do newly hired drivers receive training from experienced drivers with regard to (check all that apply):

- Route Familiarity Equipment Load Handling Company Rules Accident Reporting Procedures

MVR Frequency after Hire: Annual Semi-Annual Quarterly Other: _____

Are owner operators subject to the same hiring practices? Yes No

Does insured keep driver files on all owner operators? Yes No

General Information

Types of commodities delivered:

- Dry Goods _____ % ◦ Aggregate Haulers _____ % ◦ Seafood _____ % ◦ Auto-Boat Haulers _____ %
- Flatbed Goods _____ % ◦ Cattle Livestock _____ % ◦ Cosmetics _____ % ◦ Home Good Mover _____ %
- Refrigerated Goods _____ % ◦ Mobile Home _____ % ◦ Consumer Electronics _____ %
- Hots Shots _____ % ◦ Liquor (*not beer & wine) _____ % ◦ Wearing Apparel _____ %

Answer the following:

- Maximum Value: \$ _____ ◦ Average Value: \$ _____ ◦ Trailer Type: _____

Do you transport any hazardous material? Yes* No

◦ If yes, please identify: _____

◦ If yes, are the liability limits needed greater than \$1,000,000 CSL Required? Yes No

Any transportation of refuse/waste/garbage/debris or scrap material? Yes No

Any transport of logs and/or timber? Yes No

Any sand & gravel hauling? Yes No

Any residential moving & storage operations? Yes No

Are refrigerated units used in your operation? Yes* No

o If Yes, how often is preventative maintenance performed on the units? _____

- Is maintenance outsourced? Yes* No

- If yes, who performs the maintenance? _____

Are tanker units used in your operation? Yes* No

o If food products are hauled, is a dedicated food grade tanker used? Yes No

o Are all tankers equipped with proper baffling? Yes No

Do any vehicles have specialized equipment or are they modified with cherry pickers, cranes or buckets? Yes* No

o If Yes, please describe: _____

Do you haul any of the following?

- | | | | |
|---|-------------------------------------|--|--|
| <input type="checkbox"/> Autos/Boats | <input type="checkbox"/> Coal | <input type="checkbox"/> Gasoline | <input type="checkbox"/> Household Goods |
| <input type="checkbox"/> Animals Arms & Munitions | <input type="checkbox"/> Chlorine | <input type="checkbox"/> Hanging Meat | <input type="checkbox"/> Propane |
| <input type="checkbox"/> Butane | <input type="checkbox"/> Explosives | <input type="checkbox"/> Hazardous Waste | |

Are loaded trailers ever left unattended Yes* No

o If yes, please explain: _____

Is there a written vehicle maintenance program in effect? Yes* No

Are records kept for each vehicle? Yes* No

Are pre/post trip inspections made regularly? Yes* No

Do you service your own units? Yes* No*

o If Yes, indicate which of the following you have: Service Bay Body Shop Parts Department

o If No, who services your vehicles? _____

Describe your tire replacement policy:

Discuss when and if retreads are used:

Do you use any of the following Safety Devices:

Safety Device Category	Currently in Place?	Unit Description (i.e. Manufacturer/Device Name)	If Yes, # of years in place?	% of Fleet	If no, will you be installing during the upcoming policy period?
Cameras					
Accident Event Recorders (AER's)					
Location Tracking Device					
Geographic Driving History Data					
Mileage Tracking Device					
Brake Warning System					
Distracted Driving Warning System					
Speed Warning System					
Any Active Accident Avoidance Technology					
Any Passive Accident Avoidance Technology					
Reflective Tape					
Step Stools					
1-800-HOWSMYDRIVING Program					
No Texting/Cell Phone/Handheld Device Usage While Driving					
No Texting/Cell Phone/Handheld Device Usage While Driving					

Applicant's Representation and Signature

- A. The Applicant represents to the best of its knowledge and belief that the statements set forth herein are true and complete.
- B. The Applicant further represents that if the information supplied on this application changes between the date of the Application and the inception date of the policy period, the Applicant will immediately notify the Insurer of such change, and the Insurer may modify or withdraw any outstanding quotation.
- C. Signing of this Application does not bind the Insurer to offer nor the Applicant to accept insurance, but it is agreed that this Application shall be the basis of the insurance and will be attached to and made part of the policy should a policy be issued.

Authorized Signature
 (Must be signed by a Principal, Partner, or Officer)

Date

Printed Name

Title

Producer Signature

Date

Printed Name

Title