

APPLICANT INFORMATION	PRODUCER INFORMATION
Name: _____	Name: _____
Address: _____ _____	Address: _____ _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Desired Effective Date: From _____ to _____	Producer Code #: _____
Tax ID/SSN: _____	
Applicant is: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (describe): _____	

### GENERAL INFORMATION

1. Years in Business: \_\_\_\_\_ US DOT #: \_\_\_\_\_ MC #: \_\_\_\_\_
2. Authority Type:  Common     Contract     Other \_\_\_\_\_
3. Has applicant been refused; cancelled; non-renewed of insurance coverages in the last 3 years?     Yes     No
4. Has applicant operated under a different name, US DOT number or MC number in the last 3 years?     Yes     No  
If yes provide Name and/or Number: \_\_\_\_\_
5. Does applicant haul for other Truckers?     Yes     No
6. Does applicant haul for other Brokers?     Yes     No
7. Has applicant filed for Bankruptcy or Chapter 11 in the last 3 years?     Yes     No

### DRIVER MANAGEMENT

1. Minimum Driver age allowed: \_\_\_\_\_
2. Minimum Driver years of experience allowed: \_\_\_\_\_
3. How many new drivers in the last 12 months? \_\_\_\_\_
4. How many drivers have left applicant in the last 12 months? \_\_\_\_\_
5. Are personal files maintained for drivers per DOT regulations?     Yes     No
6. Are MVR's periodically reviewed?     Yes     No  
If yes by whom: \_\_\_\_\_ and how often: \_\_\_\_\_
7. Advise which, if any, of the following are used for Driver selection / qualification (check all that apply);
 

<input type="checkbox"/> Written Application	<input type="checkbox"/> Physical	<input type="checkbox"/> Road Testing
<input type="checkbox"/> Written Test	<input type="checkbox"/> Drug Test	<input type="checkbox"/> Interview
<input type="checkbox"/> MVR Check	<input type="checkbox"/> Driving Test	<input type="checkbox"/> PSP Check
<input type="checkbox"/> Other _____		
8. Is There a Driver Orientation for New Hires?     Yes     No
9. Are drivers provided written guidelines for operation?     Yes     No
10. Are there Emergency and Accident Reporting Procedures?     Yes     No
11. Is there a formal Post Accident Review Procedure in place?     Yes     No
12. Does Procedure include potential suspension or termination?     Yes     No
13. Are Safety Meetings Held?     Yes     No  
If yes, coordinated by whom: \_\_\_\_\_ and how often: \_\_\_\_\_
14. Are Driver Log Books Used?     Yes     No

**DRIVER MANAGEMENT - Continued**

14. Are Driver Log Books Used?  Yes  No                      Are they reviewed by management?  Yes  No  
 15. Are there Penalties for Violations?  Yes  No

**PREVENTIVE MAINTENANCE**

1. Written Safety Inspection Program:  Yes  No  
 2. Does Insured Service Vehicles:  Yes  No  
 If yes, number of mechanics: \_\_\_\_\_  
 If no, are Certified Facilities used:  Yes  No    Name of Facilities used: \_\_\_\_\_  
 3. Records kept of each Vehicle Inspection/Maintenance:  Yes  No  
 4. Pre/Post Trip Inspections Completed:  Yes  No  
 5. Are Refrigeration Units serviced Regularly:  Yes  No  
 If yes, by whom: \_\_\_\_\_  
 6. Are Service Records maintained:  Yes  No  
 If yes, by whom: \_\_\_\_\_

**EQUIPMENT SUMMARY (Provide number of units)**

Extra heavy Tractors (>45,000 GVW)		Heavy Tractors (<45,000 GVW)	
Heavy Trucks (20,0001 – 45,000 GVW)		Medium Trucks (10,0001 – 20,000 GVW)	
Light Service Trucks (<10,000 GVW)		Dump Trucks	
Dry Van		Refrigerated	
Flat Bed		Intermodal Containers/Chassis	
Tankers		Auto/Boat haulers	
Others			

**Detailed Vehicle Schedule must be part of submission for risk consideration**

Deductible Option:

- \$1,000                       \$2,500                       \$5,000                       \$10,000

**MOTOR TRUCK CARGO LEGAL LIABILITY**

1. Commodities Hauled	Percentage of Receipts Hauled	Average Load	Maximum Load

High Hazard Commodities may be limited, restricted or excluded. Failure to identify such Commodities may result in exclusion. High Hazard Commodities include but are not limited to: Cigarettes and tobacco products; Pharmaceuticals and drugs; Electronic Consumer and Commercial goods; Alcoholic Beverages (not beer); Metals & Bullion; Live animals and plants; Guns and ammunition; Seafood Products.

2. Radius of Operations

Mileage Radius	Percent of Trips	Major Cities
0 – 50 Miles		
51 – 200 Miles		
201 – 500 Miles		
Over 500 Miles		

3. Average Radius: \_\_\_\_\_

**MOTOR TRUCK CARGO LEGAL LIABILITY**

4. Cargo Limits Requested:

4a. Any One Conveyance: \_\_\_\_\_

4b. Any One Occurrence: \_\_\_\_\_

5. Deductible Option:

\$1,000                       \$2,500                       \$5,000                       \$10,000

6. Historical Operations

	Mileage	Gross Receipts	Units
Current Year			
Prior Year			
1 <sup>st</sup> Year Prior			
2 <sup>nd</sup> Year Prior			

7. Terminals / Yards:

Loc #	Address	City	State	Zip	Construction*	Occupancy**	Security***
1.							

Construction\*    Use **M** for masonry noncombustible or better; **N** for steel frame/roof; **J** for any wood roof structure and **F** for wood frame

Occupancy\*\*    Use **T** for terminal; **Y** for yard; **G** for garage or maintenance and **O** for office

Security\*\*\*    Use **F** for perimeter fencing; **SG** for secure gate entry; **L** for lights; **CC** for security cameras; **G** for security guards **D** for dogs and **A** for alarmed premises

8. Other Information: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Three Year current Hard Copy Company Loss Runs must be part of submission for risk consideration**

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Applicant's Signature: _____	Date: _____
Print Name: _____	Title: _____

Producer Signature: _____	Date: _____
Print Name: _____	Title: _____