

SUNFOREST

Transportation Insurance Group Inc.

Agent: _____ Producer: _____ Years in Business: _____
 Named Insured: _____ Yrs Oper. In Name: _____

Address: _____ FEIN: _____
 Policy Period: From: _____ To: _____
 Contact Name: _____ Phone: _____ Fax: _____

Email Address: _____
 Garaging Location(s) if different: _____
 Description of Operations: _____ MC Number _____
 DOT Number _____

Brokerage Operations: YES NO Last Year's Brokerage Revenue _____
 Yes No

Separate Operating Authority: Yes No Percentage of Loads from Brokerage: _____

Name of Brokerage _____ What is required before brokering loads: _____

Other Named Insureds _____

President: _____ Owners Name: _____
 VP/General Manager: _____ Owners DOB: _____
 Safety Director Name and Phone #: _____ Owners Home Address: _____
 Owners SS#: _____

Inspection Contact: _____

Business Type: Individual Partnership Corporation
 Common Carrier Contract Carrier Private Carrier

SHOW PERCENT OF OPERATIONS IN AND THROUGH

_____% Atlanta	_____% Detroit	_____% Miami	_____% Pittsburgh
_____% Baltimore/Washington	_____% Hartford	_____% Milwaukee	_____% Portland
_____% Boston	_____% Houston	_____% Mpls/St. Paul	_____% Richmond
_____% Buffalo	_____% Indianapolis	_____% Nashville	_____% St. Louis
_____% Charlotte	_____% Jacksonville	_____% New Orleans	_____% Salt Lake City
_____% Chicago	_____% Kansas City	_____% New York City	_____% San Diego
_____% Cincinnati	_____% Little Rock	_____% Oklahoma City	_____% St. Francisco
_____% Cleveland	_____% Los Angeles	_____% Omaha	_____% Seattle
_____% Dallas/FTW	_____% Louisville	_____% Phoenix	_____% Tulsa
_____% Denver	_____% Memphis	_____% Philadelphia	_____%

Projected Equipment: P/P Vehicles _____ Owned (Employed Drivers) _____ Leased (Owner/Operator) _____

Service Vehicles _____

Trucks _____

Tractors _____

Trailers _____

Others _____

Do you intend on adding units this year? YES NO If yes, how many power units? _____

VEHICLE MAINTENANCE PROGRAM

Have written/scheduled maintenance program? Yes No

Maintenance records kept on individual vehicles? Yes No

Does applicant service owned vehicles? Yes No

If yes, number of fulltime mechanics: _____

Does applicant monitor owneroperator vehicles for maintenance? Yes No How often? _____

Does applicant service/repair other trucking firms' vehicles? Yes No If yes, describe: _____

Speed Governors Yes No What is maximum speed? _____

Satellite Tracking Yes No Tractors Trailers Both

Alarm on Vehicles Yes No

Do you currently use other Advanced Safety Technology?

Type of Equipment

Usage, Capabilities, % of Fleet, etc.

Collision avoidance systems: _____

Lane departure warning devices: _____

Advanced vehicle stability equipment: _____

Advanced brake monitoring equipment: _____

GPS equipment tracking: _____

Geo fencing: _____

Other (describe): _____

Do you currently use Electronic On-Board Recording (EOBR) equipment to monitor and control Hours of Service? Yes No

1. What % of your fleet is equipped with EOBRs that are active whenever the CMV is in use? _____
2. What brand(s) of equipment do you use? _____
3. Describe the capabilities of the equipment you use (real-time hours of service (HOS) calculation, direct reporting of HOS availability, direct reporting of HOS violations, etc.). _____
4. How often do you download/audit the EOBR results? Who reviews the EOBR records? How long are records kept? _____

5. Please provide copies of your last EOBR printouts to your Agent? _____

Does applicant have a tow truck(s)? Yes No If yes, how many? _____

Tow vehicles of others? Yes No

Use temperature controlled equipment? Yes No

Mobile equipment; i.e., snowplows, forklifts, cranes, cherry pickers, yard goats, etc.? Yes No If yes, please provide details: _____

Does applicant haul containers? (Intermodal operations) Yes No

Has applicant signed the Intermodal Facilities Access Agreement? Yes No

Does applicant have interline agreement with another trucker? Yes No

Double or Triple Trailers? Yes No If Yes, indicate percentage _____%

Flatbeds? Yes No (If yes, indicate percentage _____%)

Escort Vehicles? Yes No (If yes, indicate percentage ___%)
 Team Drivers? Yes No (If yes, indicate percentage ___%)
 Back Hauling Yes No (If yes, indicate percentage ___%)
 Dead-Heading Yes No (If yes, indicate percentage ___%)
 Passengers Yes No (If yes, indicate percentage ___%)
 Do you inspect the trip lessors equipment Yes No
 Do you require specific authorization before a driver may enter into a trip lease agreement? Yes No

Radius: 0 - 50 miles ___% 51 - 200 ___% 201 - 500 ___% 501 - 1500 ___% 1501+ ___%

Commodities:	% for each	Avg. Value	Max Value	Commodities	% for each	Avg. Value	Max Value
_____	___%	_____	_____	_____	___%	_____	_____
_____	___%	_____	_____	_____	___%	_____	_____
_____	___%	_____	_____	_____	___%	_____	_____
_____	___%	_____	_____	_____	___%	_____	_____

If refrigerated commodities are hauled, please identify which of the following might be hauled:

% of Loads	Food Type
	Bakery Product
	Beverages – alcoholic – non-refrigerated, excluding wine
	Beverages – alcoholic - refrigerated, excluding wine
	Beverages – Non-alcoholic non-refrigerated
	Beverages – Non-alcoholic refrigerated
	Eggs
	Food – Frozen – excluding meat, seafood and shellfish
	Food – Refrigerated – excluding meat, seafood, shellfish and eggs
	Meat – frozen – excluding seafood, shellfish and poultry
	Meat – refrigerated – excluding seafood, shellfish and poultry
	Poultry – frozen
	Poultry – refrigerated
	Produce – Non-refrigerated
	Produce - Refrigerated
	Seafood and Fish – frozen – excluding shellfish
	Seafood and Fish – refrigerated – excluding shellfish
	Shellfish – frozen
	Shellfish – refrigerated
	Wine – non-refrigerated
	Wine - refrigerated

Any hazardous commodities hauled such as chemicals, explosives, toxins, etc.? (If yes, please include percentage of each product):

Any Oversize/Overweight Commodities hauled? (If yes, please include percentage of each product):

Any Copper/Aluminum metals hauled? (If yes, please include percentage of each product):

Does the insured haul any of the following: Accounts, bills, debts, evidence of debt, letters of credit, passports, documents, railroad or other tickets, notes, money, securities, currency, bullion, precious stones, jewelry &/or other similar valuable articles, paintings, statuary and other works of art, manuscripts, mechanical drawings, live animals, tobacco, cigars, cigarettes, non-ferrous metal in scrap or ingot form, furs, alcohol, liquor, beer, wine, garments (defined as: items of clothing, including innerwear and outerwear, footwear, shoes, boots, gloves, hats, and the like), seafood unless canned, and electronics (defined as: all items of consumer and commercial electrical appliances and instruments including but not limited to radios, stereos, televisions, computers, computer software, hard drives, chips, modems, monitors, cameras, facsimile machines, photocopiers, VCR's, hi-fis, CD players and the like. Note: Heavy electrical items, such as switchgear, turbines, generators and the like are NOT considered to be electronics).

Yes No

If yes, please describe commodity: _____

Method of Reporting: MILEAGE RECEIPTS UNITS OWNER OPERATOR (Group Bobtail)

If Quoting Revenue are fuel surcharges excluded? Yes No

Projected and Historical Information

Policy Period:	Receipts:	Miles:	Units:	Total Insured Vehicle Values	Historical Deductible APD:	Historical Deductible MTC:
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Projected	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____

Shipper 1 and Revenue _____ %

Shipper 2 and Revenue _____ %

Shipper 3 and Revenue _____ %

Is the Insured required to make financial responsibility filings (such as MCS-90 or other) for limits excess of underlying \$1MM limits?

Yes NO

If Yes, what do they transport that requires filings for limits in excess of \$1MM? _____

DOT #: _____ MC#: _____

Has Any Insurance Company Cancelled or Non Renewed your policy in the last three years? Yes No If so, by whom and why?

In the last three (3) years, has the applicant filed for or emerged from bankruptcy? Yes No

Auto Loss Experience (*ground up and uncapped*):

Policy Period:	# of Claims:	Paid:	Reserved:	Incurred:	Valued Date:
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Attach details for all losses excess of \$50,000. If any have penetrated in Excess layer, provide hard copy loss runs.

UNDERWRITING QUESTIONS

Are trailers left loaded and unattended in terminals or otherwise:

During the day? Yes No How many? _____

Overnight? Yes No How many? _____

If either answer is yes, give details of any security precautions taken to secure the vehicle and cargo: _____

Are there any operations subject to seasonality? YES NO

Any Fuel Storage Facilities? YES NO

Any aircraft /watercraft exposure? Yes No

Do you sell any product on a wholesale or retail basis? Yes No

Do you derive any revenue from warehousing operations? Yes No

Sunforest Transportation Insurance Group, Inc.

If you have your own authority:

Do you Lease/Hire Equipment from Others? If Yes, is it Permanently Leased Trip Leased ___%

Is all owned or leased equipment scheduled on this application? YES NO

Is all equipment operated under the applicant's authority scheduled on the application? YES NO

DRIVERS:

Written Safety Program Yes No Comments: _____

Does this program include the incorporation of the following:

- 1. Periodic safety meeting(s), documented?
- 2. Written safety inspection program?
- 3. Post accident drug testing?
- 4. Is there an alcohol and drug rehabilitation program?

Is there a Driver Safety Incentive Program? YES NO Explain: _____

Do you now or do you intend to hire owner operators? YES NO Current Number: _____

Do you agree to report all drivers? YES NO

Driver Turnover Percentage: ___% Percentage of drivers with less than 1 year with company: ___%

Max/Min Age of Drivers: _____/ _____

Maximum # of moving violations allowed (last 3 years) _____ Maximum # of accidents allowed (last 3 years) _____

No. of Owner./Operators: _____ No. of Fleet Operators: _____

Are the owner/operators and/or fleet operators subject to the same rules and regulations as company drivers?

Yes No

Do your driver selection procedures include:

Written application? Yes No

Reference checks? Yes No

Written test? Yes No

Road Test? Yes No

Physical exam? Yes No

Drug testing? Yes No

Pre-employment MVR review? Yes No

Prior employer contact? Yes No

Does new driver training include:

Equipment familiarization? Yes No

Handling commodities? Yes No

Route familiarization? Yes No

Emergency procedures? Yes No

Accident report procedures? Yes No

Required for Owner/Operators? Yes No

Length of new hire training program: _____.

Are new drivers assigned to drive with a senior, experienced driver? Yes No If yes, how long will they drive together? _____

Do you use drivers from training schools? Yes No If yes, describe the on-the-job training program for these drivers. _____

Coverages:

	Limit:	Deductible
Auto Liability:	_____	_____
Non Trucking Liability	_____	_____
Leased to: _____		_____
Uninsured Motorist	_____	
Underinsured Motorist	_____	
Medical Payments	_____	
Personal Injury Protection	_____	
Hired Auto Liability	_____	
Non Owned Liability	_____	

Additional Coverages?: _____

Cost of Hire: _____

Number of Employees: _____

Physical Damage Total Values _____

Comprehensive \$_____ Deductible

Specified Perils \$_____ Deductible

Collision \$_____ Deductible

Hired Auto Physical Damage \$_____ Limit # of days _____ # of units _____

Cargo

_____ Per Vehicle Limit

_____ Per Catastrophe Limit

_____ Per Terminal Limit

_____ Deductible

Special Limit needed for: _____

Combined Deductibles YES NO

Reefer Breakdown YES NO

Rental Reimbursement YES NO

Wet Steel Coverage YES NO

Tarp Warranty YES NO

TRAILER INTERCHANGE:

Trailer Interchange Limit (\$) _____

Trailer Interchange Deductible \$ _____

Trailer Interchange Radius: Intermediate Long Distance

Trailer Interchange Basis: Per Week Per Day

Trailer Interchange Number of Interchanges:

Trailer Interchange Agreement in Place? YES NO

EXCESS LIABILITY (Please only complete if interested)

	Auto	CGL: Is Gen Agg Per Loc? Defense In or Out?	EL:
Insurance Company:			
Limits:			
Ded / SIR:			
Rate / Premium:			
Policy Period:			

Coverage / Limits Requested: _____

GENERAL LIABILITY (Please only complete this section if the projected revenue does not exceed \$6,000,000 and if you would like a mono-line general liability quote)

Per Occurrence Liability Limit 500,000 1,000,000
 General Aggregate Limit 1,000,000 2,000,000
 Products and Completed Operations Aggregate Limit 1,000,000 2,000,000 Exclude
 Medical Limit 5,000 10,000

Year Business Started: _____
 Number of Employees: _____
 Annual Sales/Revenue: \$ _____
 Payroll (including employees, mechanics, & office workers but excluding drivers) \$ _____
 How many owners? _____

Does the Applicant own/operate any other business? YES NO
 Fire Extinguishers available? YES NO
 Has the applicant, a majority owner, partner or member filed bankruptcy in past five years? YES NO
 Are your Premises operations and dispatch open 24 hours? YES NO
 Does the applicant handle any infectious waste or haz mat? YES NO
 Does the applicant have any operations involving rigging work or use of cranes? YES NO
 Does the applicant/named insured provide ambulance services, armored car services or transport people? YES NO
 Does the applicant rent or loan Equipment or tools to others (including vehicles)? YES NO

Does the applicant perform any operations other than for hire hauling and repair or maintenance of their own vehicles? YES NO
 Does applicant have any appliance delivery or installation services? YES NO
 Does the applicant perform any residential or commercial moving operations? YES NO
 Does the applicant perform any hauling of mix-in-transit, hot mix, bulk sealant, or bulk dry cement? YES NO

Does the applicant have any ownership in mines, quarries, or pits? YES NO
 Does the applicant warehouse goods of others? YES NO
 Other than to dealership or auctions does the applicant have any towing operations including flatbed towing? YES NO
 Does the applicant provide any ice/snow treatment or removal services? YES NO
 Does the applicant perform any street cleaning or debris removal operations? YES NO
 Is the applicant an ice cream or mobile food truck? YES NO
 Is the applicant's operation a freight forwarder? YES NO

IF ANY LOSSES WE WILL NEED CURRENTLY VALUED LOSS RUNS		
LOSS HISTORY:	Ins. Co	Loss amount with details
CURRENT YEAR		
YEAR 2		
YEAR 3		

CYBER LIABILITY AND DATA BREACH RESPONSE (Please only complete if interested)

Privacy Liability & Data Breach Coverage (Cyber) 50,000 100,000

Any losses for Privacy liability or data breach claims, incidents or potential incidents in the past 5 years? YES NO

Has your organization suffered a breach of personal information in the last 12 months? YES NO

Do you conduct background screens for prospective employees? YES NO

Is there a posted document retention/destruction policy in place? YES NO

Do you maintain regularly updated computer security measures, e.g. firewall, secured wireless connectivity, virus protection? YES NO

Are your employee, customer, and other physical records maintained in a secure environment with limited access? YES NO

Is access to personal information restricted by job position? YES NO

Is there a Chief Information and/or Chief Security Officer (or equivalent)? YES NO

Do you have a comprehensive Information Security and Privacy Policy? YES NO

Do you provide regular security training/information to all people who have access to personally identifying information, whether in paper or electronic format? YES NO

Are all users issued unique IDs and passwords when connecting to or accessing the internal network? YES NO

Insured's Signature: _____ Date: _____