



Commercial Trucking Application

Agency name		Producer's name					
City		State		Zip			
Phone Number		Email Address					
Insured Name		Effective Date		DOT#		FEIN #	
Contact Person		Phone Number		Email Address			
Mailing Address							
City		State		Zip			
Garaging Address (if different)							
City		State		Zip			

Underwriting Questions

Type of business: _____

How many years has the company operated under its own DOT authority? _____

How many years has the company been under the current management? _____

Any policy coverage declined, cancelled, or non-renewed during the prior three years for any premises or operations?
(Missouri Applicants - Do not answer this question) If yes, explain

Has applicant had a foreclosure, repossession, bankruptcy, or filed for bankruptcy during the last five years?
Do you transport any hazardous commodities or waste? If yes, explain

Do you lease any property, mobile equipment, drivers, and/or vehicles to others? If yes, explain

Are you requesting trailer interchange coverage? If yes, average number of trailer interchange days per month _____

Average number of units per day _____ Limit desired _____

Have there been any major changes in your operations during the last five years? If yes, explain

Do you lease onto another motor carrier? If yes, list the name of the motor carrier

Does the lease agreement require that you provide primary auto liability insurance?
Do you have any brokerage or freight forwarding exposure? If yes, list anticipated revenue _____

Do you have an active brokerage authority? If yes, list the US DOT# for the brokerage authority

Do you utilize any owner/operators? If yes, how many _____ Are they permanently leased or trip leased? _____

Does the lease agreement require the owner/operator to provide primary liability insurance? _____ Limits required? _____

Are owner/operators subject to the same maintenance requirements as owned equipment?

Are owner/operators subject to the same driver requirements as company employees?

Do you use any sub-haulers to haul freight? If yes, list annual cost of hire

Does the lease agreement require the sub-hauler to carry liability insurance?

Limits required?

Are passengers ever allowed to accompany the driver? If yes, explain

Do you participate in a drug testing program?

Do your driver files conform to DOT requirements?

Do you pull and review PSP reports prior to hiring drivers?

Do you require all drivers to be 23 years or older? If no, what is your minimum driver age requirement

Do you require all drivers to have at least two years of experience? If no, what is your minimum requirement

Do you use drivers from training schools? If yes, how many

Is all equipment operated under the applicant's authority scheduled on this application? If not, explain

General Liability Questions

Do your operations consist of any distributing, storing, treating, discharging, applying, disposing, or transporting of flammable, explosive, and/ or hazardous waste or radioactive materials? If yes, explain

Do you sell any product(s) on a wholesale or retail basis?

Do you derive any revenue from warehousing operations?

Do you perform service/maintenance work on non-owned equipment? If yes, explain

Do you operate a tank wash or trailer wash facility? If yes, explain

Do you have any blending or storage operations? If yes, what percentage of revenue does this represent?

Do you have tenants?

Do you set up or install any products for third parties as part of your operation (furniture, appliances, etc.....)?

Do you engage in any operations other than trucking for hire? If yes, explain

Exposure Information

Equipment Information

Vehicle Type	Company Owned Units	Leased Units (w/o driver)	Owner/Operator Units
Tractor			
Trailer			
Extra heavy Trucks (45,000+ lbs.)			
Heavy Trucks (20,001 - 45,000 lbs.)			
Medium Trucks (10,001 - 20,000) lbs.			
Light Trucks (0 - 10,000 lbs.)			
Service Trucks			
Private Passenger Autos			
Yard Tractors			

Radius of Operations by Percentage

0 - 50 Miles	51 - 200 Miles	201+ Miles

Location Information

City	State	Zip	% of Unit	Description of Operations	Non-trucking Payroll	Warehouse Sq. Ft.

Upcoming, Current, and Historical Information

	Average Revenue Units	Revenue	Mileage
Upcoming term (estimate)			
to			
to			
to			
to			

Additional Named Insured Information

Named Insured	Description of Operations	Relationship to Primary Named Insured	DOT #	Vehicle Owned (Y/N)

Commodities Hauled

Commodity	% of Revenue	Commodity	% of Revenue

Summary of Total Loss Experience

	Policy Effective Dates	Total Claims Incurred (Paid and Reserved)	# of Claims	Premium	Limits	Ded/SIR Amount	Insurer
Auto Liability	to						
	to						
	to						
	to						
General Liability	to						
	to						
	to						

	to							
Owned Equipment	to							
Physical Damage	to							
	to							
	to							

Provide details on all losses in excess of \$50,000:

Insurance Requested

Preferred Rating Basis (Check one):	Revenue	Mileage	Per Unit
	Deductible		Limit
Auto Liability			
Uninsured Motorists	N/A		
Underinsured Motorists	N/A		
Personal Injury Protection	N/A		
General Liability			
Physical Damage			
Trailer Interchange			
Other (List Coverage below)			

Broker Comments (Other coverage options/target pricing):

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Please list any state, province, or other filing requirements.

**THIS APPLICATION CANNOT BE PROCESSED UNLESS SIGNED BY THE BROKER
AND AN AUTHORIZED OFFICER OF THE APPLICANT ORGANIZATION.**

The Applicant hereby applies to the Company for a policy of insurance as set forth in this application on the basis of statements contained here. Applicant agrees that such policy shall be null and void if such information is materially false or misleading so that the Company would have rejected the risk, prior to inception.

Applicant understands that inquiries may be made which will provide applicable information concerning the applicant's business, financial stability and financial data, loss information and other information which the Company deems relevant in order to determine whether the Company will accept or reject applicant for coverage.

Upon written request, additional information as to the nature and scope, if one is made, will be provided. The Applicant understands this application is a request for quotation and no information provided herein shall be construed by either party as creating a binding contract for insurance.

The undersigned authorized officer of the Applicant declares that the statements set forth herein are true. The undersigned authorized officer agrees that if the information supplied on this application changes between the date of this application and the effective date of the insurance, he/she (undersigned) will, in order for the information to be accurate on the effective date of the insurance, immediately notify the Company of such changes, and the Company may withdraw or modify any outstanding quotations and/or authorizations or agreements to bind the insurance.

Signing of this application does not bind the Applicant or the Company to complete the insurance,

but it is agreed that this application shall be the basis of the contract should a policy be issued, and it will be attached to and become part of the policy.

All written statements and materials furnished to the Company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

APPLICANT'S SIGNATURE	DATE
Applicant's Name (Please Print)	Applicant's Title

TO BE COMPLETED BY THE PRODUCER

Producer(s) Are you the incumbent broker? If Yes, how many years?

Is the business of the Applicant direct business of your office? If no, explain:

Have you read the answers given by the Applicant above?

Are the answers given by the Applicant above correct to the best of your knowledge?

How long have you known the Applicant or, if the Applicant is a corporation, the officers and directors of Applicant?

PRODUCER'S SIGNATURE		DATE
<input type="text"/>		<input type="text"/>
PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)	NATIONAL PRODUCER NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>