AGENCY CUSTOMER ID: _____

TRUCKERS / MOTOR CARRIERS SECTION

DATE (MM/DD/YYYY)

AGENCY	**NAMED INSURED(S)**
POLICY NUMBER	
CARRIER / **NAIC CODE**	**EFFECTIVE DATE:**

PRINCIPAL SHIPPERS

REGULATION

☐ COMMON CARRIER	☐ DOT RATING
☐ CONTRACT CARRIER	☐ DOCKET #:
☐ PRIVATE CARRIER	☐ ICC FILING REQUIRED; DOCKET #:

ATTACH ACORD 194 FOR STATE / FEDERAL FILINGS

COVERAGES / LIMITS

USE ACORD 137 FOR YOUR STATE TO PROVIDE COVERAGES / LIMITS INFORMATION

RECEIPTS / MILEAGE / UNITS   COMMODITIES

	GROSS RECEIPTS	TOTAL MILEAGE	# POWER UNITS	COMMODITIES TRANSPORTED	% TOTAL REVENUE	VALUE PER TRUCK LOAD
NEXT YEAR (EST)	$					$
PAST YEAR	$					$
PREV YEAR	$					$
PREV YEAR	$					$

TERMINALS

LOC #	ZONE #	NAME AND ADDRESS OF TERMINALS	# VEH	DIST FROM GARAGE

DRIVER INFORMATION   ACORD 163 attached for additional drivers

LIST ALL DRIVERS, INCLUDING FAMILY MEMBERS THAT WILL DRIVE COMPANY VEHICLES, AND EMPLOYEES WHO DRIVE OWN VEHICLES ON COMPANY BUSINESS.

DRIVER #	NAME (Include address, if required)	SEX	MAR STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE LIC	DATE HIRE	USE VEH #	% USE

ACORD 132 (2008/09)   Attach to ACORD 125   © 1988-2008 ACORD CORPORATION. All rights reserved.

EQUIPMENT ☐ **ACORD 129 (Vehicle Section) attached for owned units**

VEHICLE TYPE	PER VEHICLE TYPE ENTER THE "NUMBER OF" WITHIN EACH CATEGORY							TERR/ ZONE
	COMPANY OWNED	NON OWNED	LONG TERM LEASE	TRIP LEASE	RADIUS (MILES)			
					LOCAL	INTER-MEDIATE	LONG DISTANCE	
TRUCKS								
TRACTORS								
SEMI-TRAILERS								
FULL TRAILERS								
TANK SEMI-TRAILERS								
TANK TRAILERS								
REFRIGERATED TRAILERS								
SERVICE TRUCKS								
PRIVATE PASSENGER AUTOS								
TOTAL VEHICLES								

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES — Y/N

1. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION? ☐
2. DOES APPLICANT OBTAIN MVR VERIFICATION ON DRIVERS? ☐
3. DOES APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD? ☐
4. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION? ☐
5. DOES APPLICANT OWN OR OPERATE EQUIPMENT NOT LISTED HERE? ☐
6. DOES APPLICANT HAUL ANY DANGEROUS, CAUSTIC, RADIOACTIVE OR FLAMMABLE CARGO? ☐
7. DOES APPLICANT HAUL TARGET COMMODITIES (i.e., stereos, televisions, pharmaceuticals, liquor, meat, seafood, etc.) ☐
8. DO DRIVERS RECEIVE REGULAR PHYSICALS? ☐
9. DOES APPLICANT HIRE EQUIPMENT FROM OTHERS? ☐
10. DOES APPLICANT RENT OR LEASE VEHICLES OR EQUIPMENT TO OTHERS WITH / WITHOUT OPERATORS? ☐
11. DOES APPLICANT HAUL FOR OTHER TRUCKERS? ☐
12. DO OTHER TRUCKERS OPERATE UNDER THE PERMIT OF THE APPLICANT? (Specify percentage of total number of vehicles so operated) ☐
13. IS COVERAGE REQUIRED FOR TRAVEL IN CANADA OR MEXICO? ☐
14. ARE DRIVERS COMPENSATED PER TRIP? ☐

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES	Y / N
15. ANY HOLD HARMLESS AGREEMENTS?	☐

16. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS? ☐

APPLICABLE ONLY IN KANSAS: UNDER KANSAS LAW, THE FOLLOWING TRAFFIC VIOLATIONS ARE NOT REQUIRED TO BE REPORTED TO INSURERS:
1. **A speeding violation of up to six (6) mph that occurs in an area with a maximum posted speed limit from 30 mph through 54 mph, or**
2. **A speeding violation of up to ten (10) mph that occurs in an area with a maximum posted speed limit from 55 mph through 70 mph.**

DRV #	DATE (MM/DD/YYYY)	TYPE	PLACE (CITY, STATE)	# YRS REV

	Y / N
17. DO ANY VEHICLES HAVE SPECIAL EQUIPMENT MOUNTED OR ATTACHED?	☐
18. DOES APPLICANT PULL DOUBLE OR TRIPLE TRAILERS?	☐
19. DOES APPLICANT HAVE TOW TRUCKS OR PERFORM TOWING?	☐
20. ARE VEHICLES LEFT UNLOCKED WHEN UNATTENDED?	☐
21. ARE ANY OVERAGE, SHORTAGE OR DAMAGE CLAIMS PENDING?	☐
22. ARE ALL VEHICLES TO BE INCLUDED IN THIS POLICY PART OF A FLEET?	☐

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT | ☐ ACORD 45 attached for additional names

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:		CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
☐	ADDITIONAL INSURED					VEHICLE:
☐	LOSS PAYEE					SCHEDULED ITEM NUMBER:
☐	LIENHOLDER					OTHER
☐	EMPLOYEE AS LESSOR					
☐						
		ITEM DESCRIPTION:				

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:		CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
☐	ADDITIONAL INSURED					VEHICLE:
☐	LOSS PAYEE					SCHEDULED ITEM NUMBER:
☐	LIENHOLDER					OTHER
☐	EMPLOYEE AS LESSOR					
☐						
		ITEM DESCRIPTION:				

REMARKS