Agency	
Producer	
Email	

GENERAL INFO	RMAT	ION								
Effective Date:	/	/	Years	in Truckin	g Industry:	Y	ears in Busine	ss:		
Name:										
DBA:	DBA:  Does named insured include DBA?   Yes  No									
□ Individual □ Co	rporati	on 🗆 Partne	ership [	LLC 🗆	Other:		ca merade Bi	5,		
FEIN or SS # US DOT # ICC # MC # or MX #										
State Filings requir	ed? [	□ Yes □ No	State			Permit				
Mailing Address				City		Sta	ate	Zip		
Garaging Address				City		Sta	ite	Zip		
Is the garaging loca	ation R	esidential? ]	f so, plea	se describ	e where vehicle is	parked a	nd security m	easures.		
Contact Person Nar			, , ,		E-mail address					
Business Phone					Mobile Phone					
COVERGES AND	ITMT	TS INFORM	<b>ΛΑΤΤΩΝ</b>	1						
Liability		Limit:	.AIION	•						
-										
Hired Auto		□ Yes Co	st of Hire	:				If Any		
Non-Owend Auto		□ Yes Nu	mber of E	Employees	:					
им		Limit:			Medical Lim	nit:				
Physical Damage		Compreher	sive and	Collision I	Deductible:					
Trailer Interchange		Limit:			Number o	f Trailers	:			
Non-Owned Trailer Pl	D	Limit:			Number of	f Trailers:				
		1								
DESCRIPTION O	)E OP	EDATIONS								
Type of Operation				□ Non-Tru	cking 🗆 Other:					
Range of Transport			Intrastat		cking bother.					
Radius		rcent of Loa			Radius		Percent of	Loads		
0 – 100 mi					501 – 750 mi					
100 – 300 mi					750+ mi					
301 – 500 mi										
Please List Opera	tion S	tates and Po	ercentag	e of Mile	Average Radius: s in Below					
State		rcentage	_	State	Percentage		State	Percentage		
State	re	rcentage	5	riale	reicentage		State	reiceillage		

СОММ	ODITIES -	Please ident	ifv the c	ommodi	ties transported	d and pe	ercen	tage	s below			
	ommodity	Percen			mmodity	Perce			Commodity		Percentage	
SCHEE	DULE OF AU	TOS										
Year	Make	Type*		VIN	Number		G۷۱	N/GC	CW	Stated Value	9	O/L**
	r Types (Ch	eck those										
Auto Ha				oump-Bo					neumatic			
Custom				oump-Er Oump-Si					Refrigerate Tanker	ea		
Dry Bul Dry Var				latbed	ue				other: Des	scribo		-+
Diy vai	<u> </u>			ow Boy					Other: Des			
DRIVE	R INFORMA	TION	_								•	
	Driver Nam	ie	Date Bir	e of th	License #	Sta	ate		of Class A perience	Yrs with Company	Emp	pe of loyee*
1												□ E □ O
2												E 0
3												E 0
4												E 0
5											□ I □	∃E □ 0

<sup>\*</sup> I: Named Insured / E: Employee / O: Owner Operator

INSURANCE HISTORY & LOSS EXPERIENCE									
Company	Policy Term	# of Power Unit	# of Trailer	Premium	Incurred Claims Liability	Incurred Claims Phys Dmg	# of Claims		

**NOTE:** Please include if there was any lapse in coverage period.

1000		~ rin	+	201
Loss	DES	СПП	LIO	115.

		YES	NO
1.	Do you anticipate adding units during the policy term?		
	a. If yes, how may units will be added? b. How many units will be owned (registered) by named insured? c. How many units will be owner-operators working for you?		
2.	Do you hire other motor carriers or owner-operators to haul for you?		
	a. Are these scheduled?		
3.	Do you haul any hazardous material, extra hazardous substances, or waste commodities?		
4.	Are any units equipped with GPS location services? If yes, please describe the type of device and how insured keeps the records in below.		
5.	Do you pull double trailers? If yes, please describe customary and usual routes in below.		
6.	Do you pull triple trailers?		
7.	Do you haul oversize or overweight loads?		
8.	Do you haul commodities that are subject to tight delivery time constraints?		
9.	Is all the equipment operation under your authority scheduled on this application?		
10.	Is the insured involved in any business activity other than trucking?		
11.	Do you act as a freight-broker or freight-forwarder or arrange loads for others?		
12.	Have you or any business you owned ever filed for bankruptcy?		
	Any policy or coverage declined, cancelled, non-renewed during the prior 3 years?		
	Is a Truckers Uniform Intermodal Interchange endorsement required?		
15.	Do you carry Worker's Compensation?		
	Is any portion of your operation seasonal? If yes, explain below.		
	Do you lease your vehicles to others?  If yes, who must provide primary liability coverage?  □ You □ Lesse		
18.	Do you have a formal safety program in place?		
	Do you have a vehicle maintenance program in place?		
	Is there personal use of vehicles?		
	Is all the equipment operating under your authority scheduled on this application?		
	Do you anticipate traveling to outside of the U.S. (Canada or Mexico) during the policy term?		
Ple	ase provide additional explanation for any answers needed.		
AGREI ANY P APPLIO PURPO WHICI HI, MA	EHICLES SCHEDULED ON THE POLICY MUST BE OWNED/REGISTERED TO THE NAMED INSURED OR HAVE A VEMENT BETWEEN THE INSURED AND VEHICLE OWNER.  ERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON CATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OF DISE OF MISLEADING INFORMATION CONCERNING ANYFACT MATERIAL THERETO, COMMITS A FRAUDULENT IN A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVILPENALTIES. (NOT AID, OH, OK, OR, OR VT; in DC, LA, ME, TN, VA AND WA, INSURANCE BENEFITS MAY ALSO BE DENIED)  DORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER	N FILES AN R CONCEALS NSURANCE A PPLICABLE IN	FOR THE ACT, I CO, FL,
OF CL THIRD ENQU: ANSW	AIM OR ANAPPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF THE APPLICANT AND REPRESENTS TO DEGREE. THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS TO LIKE THE APPLICATION. HE/SHE REPRESENT OF THIS APPLICATION. HE/SHE REPRESENT OF THE APPLIC	OF A FELONY THAT REASO TS THAT THE	OF THE
NSUF CONC PERTI	ANCE FOR WHICH I HAVE APPLIED. I ALSO UNDERSTAND THAT A ROUTINE INQUIRY MAY BE MADE PROVIDE ERNING MY CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS AND MODE OF LIVING, AS VINENT FINANCIAL DATA DEEMED NECESSARY. UPON WRITTEN REQUEST, INFORMATION AS TO THE NATURE WILL BE PROVIDED TO ME.	ING INFORM VELL AS ANY	ATION
insur	ed Signature: Agent Signature:		
	Date: Date:		

Agency Informa	ation									
Agency Name										
Producer										
Email										
GENERAL INFO	RMAT	ION		•						
Effective Date:	/	/	Years	in Truckin	g Industry:		Yea	rs in Busi	ness:	
Name:	Name:									
DBA:					Does	named	insure	d include	DBA? □ Yes □ No	
□ Individual □ Cor	poratio		•		er:	T				
FEIN or SS #			US DOT	#		IC	C # MC	# or MX	#	
Mailing Address		1		City		l.	State		Zip	
Garaging Address				City			State		Zip	
Is the garaging loca		esidential? If	so, pleas	se describ			ed and	security i	neasures.	
Contact Person Nar	ne				E-mail address	5				
Business Phone					Mobile Phone					
LIMITS OF INS	JRANG	CE								
Any one unit						Deduc	tible			
Any one loss										
Increased limit for specific shipper										
Shipper name										
Refrigeration Break Down	(	□ Yes □ No				Deduc	tible			
<b>DESCRIPTION</b> (						•		<u>"</u>		
Type of Operation		or Hire 🗆 Pr			ing 🗆 Other:					
Range of Transport		nterstate 🗆		9						
Radius	Pei	rcent of Loa	ds		Radius			Percent	of Loads	
0 – 100 mi					501 – 750 mi					
100 – 300 mi					750+ mi					
301 – 500 mi					Average Radiu					
Target Cities: (che			t you are	e located		or trave	l throu	_		
Los Angeles, CA	Nev	w York, NY			Newark, NJ			Miami,	FL	
Chicago, IL										
Please List Opera	tion St	tates and Pe	ercentag	e of Mile	s in Below					
State	Pe	rcentage	S	tate	Percentag	ge	9	State	Percentage	

COMM		Please identi			dities transported							
	Commodity		Average	Amo	unt per Load	Maximum Amount per Load				.oad	Percer	ntage
A theft	Limitation	mav appl	v based	on t	the commodit	ies tra	anst	ort	ed	I		
					ED TRAILERS							
Year	Make	Type*		VI	N Number		GV	W/G	CW	Stated Valu	e	0/L**
		1						-				,
		+										
Trailer	Types (Che	ck those	that are	арр	olicable)				<u> </u>			<u>I</u>
Auto Ha					Bottom				Pneumatio			
Customi				mp-E					Refrigerat	ed		
Dry Bulk				mp-S	Side				Tanker			
Dry Van				tbed					Other: De			
			LO	w Boy	/				Other: De	scribe		
Termir	nals (List te	rminal loc	ation(s	) if c	coverage is de	esired						
Address				Secu						Maximum V	alues E	xposed
												•
DRIVE	R INFORMA	TION										
			Date	of	License #	-		Yrs	of Class A	Yrs with	T,	ype of
	Driver Nam	e	Birth	n_	License #	51	tate	E	xperience	Company		ployee*
	-	•			1					1	т	_

DR	RIVER INFORMATION						
	Driver Name	Date of Birth	License #	State	Yrs of Class A Experience	Yrs with Company	Type of Employee*
1							□ I □ E □ O
2							□ I □ E □ O
3							□ I □ E □ O
4							□ I □ E □ O
5							□ I □ E □ O

<sup>\*</sup> I: Named Insured / E: Employee / O: Owner

INSURANCE HISTORY & LOSS EXPERIENCE								
Company	Policy Term	# of Power Unit	Premium	Incurred Claims	# of Claims			
	NOTE: Please include if there was any lapse in coverage period.							

1. Are vehicles Ever left Loaded and Unattended?		□ Yes □ NO
2. Does application Ever leave Loaded Trailers De		□ Yes □ NO
3. What Security is provided for loaded vehicles a		<i>'</i> )
□ Fenced Lot □ Security Cameras	□ Cameras	
☐ Kingpin Locks ☐ Vehicle Theft Alarms	☐ In Locked Buildin	g
<ul> <li>4. What Security is provided for loaded vehicles in GPS Device Armed Guard in Vehicle Theft Alarm Other</li> <li>5. Do you hire other motor carriers or owner-operate Are these scheduled?</li> <li>6. Do you pull double trailers?</li> <li>7. Do you pull triple trailers?</li> <li>8. Do you haul oversize or overweight loads?</li> </ul>	ators to haul for you?	<ul> <li>□ Yes □ NO</li> </ul>
9. Do you haul commodities that are subject to tig		□ Yes □ NO
10. Is the insured involved in any business activity		□ Yes □ NO
11. Is the insured involved in any business activity	•	□ Yes □ NO
12. Do you act as a freight-broker or freight-forwar 13. Have you or any business you owned ever filed		<ul><li>□ Yes □ NO</li><li>□ Yes □ NO</li></ul>
14. Any policy or coverage declined, cancelled, nor	- ·	
15. Do you lease your vehicles to others?	if renewed during the prior 5 year	□ Yes □ NO
If yes, who must provide primary cargo covera	ge? □ You □ Lesse	2 100 2 110
16. Do you have a vehicle maintenance program in	<del>-</del>	□ Yes □ NO
17. Do you anticipate traveling to Canada during th		□ Yes □ NO
18. Do you anticipate traveling to Mexico during th		□ Yes □ NO
Please provide loss descriptions and additional expla	nation for any answers needed	
ALL VEHICLES COUEDINED ON THE POLICY MUST BE OWNED DEC	NICTEDED TO THE NAMED INCLINED OF	HAVE A WOTTEN LEAGE
ALL VEHICLES SCHEDULED ON THE POLICY MUST BE OWNED/REG AGREEMENT BETWEEN THE INSURED AND VEHICLE OWNER.	DISTERED TO THE NAMED INSURED OR	HAVE A WRITTEN LEASE
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD A APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAIN THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAIN CO, FL, HI, MA, NE, OH, OK, OR, or VT; in DC, LA, ME, TN, VA A	NING ANY MATERIALLY FALSE INFORM FACT MATERIAL THERETO, COMMITS A AL AND [NY: SUBSTANTIAL] CIVILPENA	ATION, OR CONCEALS FOR FRAUDULENT INSURANCE ALTIES. (NOT APPLICABLE
IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT T STATEMENT OF CLAIM OR ANAPPLICATION CONTAINING ANY FALS FELONY OF THE THIRD DEGREE. THE UNDERSIGNED IS AN AUTHO THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAINTHE ANS REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COM	SE, INCOMPLETE, OR MISLEADING INF DRIZED REPRESENTATIVE OF THE APPL SWERS TO QUESTIONS ON THIS APPLI	ORMATION IS GUILTY OF A LICANT AND REPRESENTS CATION. HE/SHE
I AUTHORIZE TO OBTAIN A COPY THE INSURANCE FOR WHICH I HAVE APPLIED. I ALSO UNDERSTAI INFORMATION CONCERNING MY CHARACTER, GENERAL REPUTATI WELL AS ANY PERTINENT FINANCIAL DATA DEEMED NECESSARY. AND SCOPE OF THE REPORT WILL BE PROVIDED TO ME.	ND THAT A ROUTINE INQUIRY MAY BE ION, PERSONAL CHARACTERISTICS AN	MADE PROVIDING D MODE OF LIVING, AS
Insured Signature:	Agent Signature:	
Date:	Date:	