

COMMODITIES – Please identify the commodities transported and percentages below

Commodity	Percentage	Commodity	Percentage	Commodity	Percentage

SCHEDULE OF AUTOS

Year	Make	Type*	VIN Number	GVW/GCW	Stated Value	O/L**

Trailer Types (Check those that are applicable)

Auto Hauler		Dump-Bottom		Pneumatic	
Customized		Dump-End		Refrigerated	
Dry Bulk		Dump-Side		Tanker	
Dry Van		Flatbed		Other: Describe	
		Low Boy		Other: Describe	

DRIVER INFORMATION

Driver Name	Date of Birth	License #	State	Yrs of Class A Experience	Yrs with Company	Type of Employee*
1						<input type="checkbox"/> I <input type="checkbox"/> E <input type="checkbox"/> O
2						<input type="checkbox"/> I <input type="checkbox"/> E <input type="checkbox"/> O
3						<input type="checkbox"/> I <input type="checkbox"/> E <input type="checkbox"/> O
4						<input type="checkbox"/> I <input type="checkbox"/> E <input type="checkbox"/> O
5						<input type="checkbox"/> I <input type="checkbox"/> E <input type="checkbox"/> O

* 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.**Loss Descriptions:**

	YES	NO
1. Do you anticipate adding units during the policy term?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
a. Are these scheduled?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you haul any hazardous material, extra hazardous substances, or waste commodities?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are any units equipped with GPS location services?	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you pull triple trailers?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you haul oversize or overweight loads?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you haul commodities that are subject to tight delivery time constraints?	<input type="checkbox"/>	<input type="checkbox"/>
9. Is all the equipment operation under your authority scheduled on this application?	<input type="checkbox"/>	<input type="checkbox"/>
10. Is the insured involved in any business activity other than trucking?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you act as a freight-broker or freight-forwarder or arrange loads for others?	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you or any business you owned ever filed for bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>
13. Any policy or coverage declined, cancelled, non-renewed during the prior 3 years?	<input type="checkbox"/>	<input type="checkbox"/>
14. Is a Truckers Uniform Intermodal Interchange endorsement required?	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you carry Worker's Compensation?	<input type="checkbox"/>	<input type="checkbox"/>
16. Is any portion of your operation seasonal? If yes, explain below.	<input type="checkbox"/>	<input type="checkbox"/>
17. Do you lease your vehicles to others?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, who must provide primary liability coverage?	<input type="checkbox"/> You	<input type="checkbox"/> Lessee
18. Do you have a formal safety program in place?	<input type="checkbox"/>	<input type="checkbox"/>
19. Do you have a vehicle maintenance program in place?	<input type="checkbox"/>	<input type="checkbox"/>
20. Is there personal use of vehicles?	<input type="checkbox"/>	<input type="checkbox"/>
21. Is all the equipment operating under your authority scheduled on this application?	<input type="checkbox"/>	<input type="checkbox"/>
22. Do you anticipate traveling to outside of the U.S. (Canada or Mexico) during the policy term?	<input type="checkbox"/>	<input type="checkbox"/>

Please provide additional explanation for any answers needed.

ALL VEHICLES SCHEDULED ON THE POLICY MUST BE OWNED/REGISTERED TO THE NAMED INSURED OR HAVE A WRITTEN LEASE AGREEMENT BETWEEN THE INSURED AND VEHICLE OWNER.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANYFACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVILPENALTIES. (NOT APPLICABLE IN CO, FL, HI, MA, NE, OH, OK, OR, or VT; in DC, LA, ME, TN, VA AND WA, INSURANCE BENEFITS MAY ALSO BE DENIED)

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR ANAPPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE. THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAINTHE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OFHIS/HER KNOWLEDGE.

I AUTHORIZE _____ TO OBTAIN A COPY OF MY MOTOR VEHICLE RECORD FOR RATING/UNDERWRITING THE INSURANCE FOR WHICH I HAVE APPLIED. I ALSO UNDERSTAND THAT A ROUTINE INQUIRY MAY BE MADE PROVIDING INFORMATION CONCERNING MY CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS AND MODE OF LIVING, AS WELL AS ANY PERTINENT FINANCIAL DATA DEEMED NECESSARY. UPON WRITTEN REQUEST, INFORMATION AS TO THE NATURE AND SCOPE OF THE REPORT WILL BE PROVIDED TO ME.

Insured Signature: _____
Date: _____

Agent Signature: _____
Date: _____

Agency Information					
Agency Name					
Producer					
Email					
GENERAL INFORMATION					
Effective Date: / /		Years in Trucking Industry:		Years in Business:	
Name:					
DBA:					
Does named insured include DBA? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other:					
FEIN or SS #		US DOT #		ICC # MC # or MX #	
Mailing Address		City		State	Zip
Garaging Address		City		State	Zip
Is the garaging location Residential? If so, please describe where vehicle is parked and security measures.					
Contact Person Name			E-mail address		
Business Phone			Mobile Phone		
LIMITS OF INSURANCE					
Any one unit				Deductible	
Any one loss					
Increased limit for specific shipper					
Shipper name					
Refrigeration Break Down		<input type="checkbox"/> Yes <input type="checkbox"/> No		Deductible	
DESCRIPTION OF OPERATIONS					
Type of Operation		<input type="checkbox"/> For Hire <input type="checkbox"/> Private <input type="checkbox"/> Non-Trucking <input type="checkbox"/> Other:			
Range of Transport		<input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate			
Radius	Percent of Loads	Radius	Percent of Loads		
0 – 100 mi		501 – 750 mi			
100 – 300 mi		750+ mi			
301 – 500 mi		Average Radius:			
Target Cities: (check all that apply that you are located within 50 miles or travel through:					
Los Angeles, CA	New York, NY	Newark, NJ	Miami, FL		
Chicago, IL					
Please List Operation States and Percentage of Miles in Below					
State	Percentage	State	Percentage	State	Percentage

COMMODITIES – Please identify the commodities transported and percentages below

Commodity	Average Amount per Load	Maximum Amount per Load	Percentage

A theft Limitation may apply based on the commodities transported**SCHEDULE OF AUTOS and REFRIGERATED TRAILERS**

Year	Make	Type*	VIN Number	GVW/GCW	Stated Value	O/L**

Trailer Types (Check those that are applicable)

Auto Hauler		Dump-Bottom		Pneumatic	
Customized		Dump-End		Refrigerated	
Dry Bulk		Dump-Side		Tanker	
Dry Van		Flatbed		Other: Describe	
		Low Boy		Other: Describe	

Terminals (List terminal location(s) if coverage is desired

Address	Security	Maximum Values Exposed

DRIVER INFORMATION

Driver Name		Date of Birth	License #	State	Yrs of Class A Experience	Yrs with Company	Type of Employee*
1							<input type="checkbox"/> I <input type="checkbox"/> E <input type="checkbox"/> O
2							<input type="checkbox"/> I <input type="checkbox"/> E <input type="checkbox"/> O
3							<input type="checkbox"/> I <input type="checkbox"/> E <input type="checkbox"/> O
4							<input type="checkbox"/> I <input type="checkbox"/> E <input type="checkbox"/> O
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* 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 Detached? ☐ Yes ☐ NO
3. What Security is provided for loaded vehicles at locations? (Check all that apply)

☐ Fenced Lot ☐ Security Cameras

☐ Cameras

☐ Kingpin Locks ☐ Vehicle Theft Alarms

☐ In Locked Building
4. What Security is provided for loaded vehicles in transit? (Check all that apply)

☐ GPS Device ☐ Armed Guard in Vehicle

☐ Vehicle Theft Alarm ☐ Other _____
5. Do you hire other motor carriers or owner-operators to haul for you? ☐ Yes ☐ NO
 Are these scheduled? ☐ Yes ☐ NO
6. Do you pull double trailers? ☐ Yes ☐ NO
7. Do you pull triple trailers? ☐ Yes ☐ NO
8. Do you haul oversize or overweight loads? ☐ Yes ☐ NO
9. Do you haul commodities that are subject to tight delivery time constraints? ☐ Yes ☐ NO
10. Is the insured involved in any business activity other than trucking? ☐ Yes ☐ NO
11. Is the insured involved in any business activity other than trucking? ☐ Yes ☐ NO
12. Do you act as a freight-broker or freight-forwarder or arrange loads for others? ☐ Yes ☐ NO
13. Have you or any business you owned ever filed for bankruptcy? ☐ Yes ☐ NO
14. Any policy or coverage declined, cancelled, non-renewed during the prior 3 years? ☐ Yes ☐ NO
15. Do you lease your vehicles to others? ☐ Yes ☐ NO
 If yes, who must provide primary cargo coverage? ☐ You ☐ Lessee
16. Do you have a vehicle maintenance program in place? ☐ Yes ☐ NO
17. Do you anticipate traveling to Canada during the policy term? ☐ Yes ☐ NO
18. Do you anticipate traveling to Mexico during the policy term? ☐ Yes ☐ NO

Please provide loss descriptions and additional explanation for any answers needed.

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Insured Signature: _____

Agent Signature: _____

Date: _____

Date: _____