



# TRUCKING APPLICATION

350 10<sup>th</sup> Avenue, Suite 1450 | San Diego, CA 92101  
Submission should be emailed to [quotes@aligngeneral.com](mailto:quotes@aligngeneral.com)

**All questions must be answered completely. Unanswered questions are not acceptable. An incomplete application will be declined.**

## SUBMISSION REQUIREMENTS

- ❖ Completed Application.
  - As a condition upon binding both the insured and producer must sign this application.
- ❖ Company loss runs including loss details on all claims in excess of \$25,000. Loss runs must be valued within 90 days of the coverage effective date.
  - 10 power units or less: 3 years of loss runs are required
  - 11 power units or more: 5 years of loss runs are required
- ❖ Current MVR's for all drivers. MVR's must be valued within 90 days of the coverage effective date.
- ❖ If a fleet (11 power units or more), please include the following:
  - Current driver schedule in excel format
  - Current vehicle schedule in excel format. Be sure to include year, make, model, complete VIN, garaging location, and current stated value.
- ❖ IFTA's for the last 4 quarters if risk is traveling out of state
- ❖ If applicable, current financial statements (income statement & balance sheet) for current year.

## GENERAL INFORMATION

Effective Date: \_\_\_\_\_ Need by Date: \_\_\_\_\_ Do you currently control this risk? ☐ Yes ☐ No

Applicant is: ☐ Individual ☐ Corporation ☐ Partnership ☐ LLC ☐ OTHER: \_\_\_\_\_

Name: \_\_\_\_\_ FEIN # \_\_\_\_\_

DBA: \_\_\_\_\_ Telephone # \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Garaging Address: \_\_\_\_\_  
STREET CITY STATE ZIP

DOT #: \_\_\_\_\_ MC #: \_\_\_\_\_ CA #: \_\_\_\_\_ Brokerage Authority? ☐ Yes ☐ No

Loss Control Services Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Year Business Started: \_\_\_\_\_ Years in business with insurance: \_\_\_\_\_

Gross receipts last year: \$ \_\_\_\_\_ Estimate for upcoming year: \$ \_\_\_\_\_

## INSURANCE HISTORY AND LOSS EXPERIENCE

Prior Carrier Name	Eff dates From - To	Policy Number	Coverage Type	# of losses	Loss Amount	Driver Involved in Loss

1. Have you filed bankruptcy within the last 5 years? ☐ Yes ☐ No  
If yes, please explain: \_\_\_\_\_
2. Have you ever had insurance of this type cancelled, declined, lapsed or non-renewed? ☐ Yes ☐ No  
If yes, please explain: \_\_\_\_\_
3. Have you ever had truck insurance under a different entity name? ☐ Yes ☐ No  
If yes, please explain: \_\_\_\_\_

**AUTO COVERAGES (Note – Coverages offered may differ from the requested coverage.)**

AUTO LIABILITY Limit: \$ \_\_\_\_\_

MED PAY Limit: \$ \_\_\_\_\_

UM/UIM Limit: \$ \_\_\_\_\_

HIRED AUTO LIABILITY ☐ Yes ☐ No Cost of Hire: \$ \_\_\_\_\_

NON-OWNED AUTO LIABILITY ☐ Yes ☐ No Number of Employees: \_\_\_\_\_

HIRED AUTO PHYSICAL DAMAGE ☐ Yes ☐ No Limit: \$ \_\_\_\_\_

DEDUCTIBLES: Comp \$ \_\_\_\_\_ SCOL \$ \_\_\_\_\_ Collision \$ \_\_\_\_\_

NON-OWNED TRAILER Limit \$ \_\_\_\_\_

CARGO Limit: \$ \_\_\_\_\_ Deductible: \$ \_\_\_\_\_

**CARGO COMMODITIES HAULED AND PERCENTAGES**

(General descriptions like Dry Freight, Building Materials, General Freight, etc are NOT acceptable)

COMMODITY	%	AVERAGE VALUE	MAX VALUE	COMMODITY	%	AVERAGE VALUE	MAX VALUE

4. Do you require terminal coverage? ☐ Yes ☐ No  
If yes, please provide address(es): \_\_\_\_\_
5. Are vehicles left unlocked when unattended? ☐ Yes ☐ No
6. Do you require refrigeration breakdown coverage? ☐ Yes ☐ No
7. Are any trailers/containers left loaded overnight? ☐ Yes ☐ No

**DRIVER INFORMATION**

FULL NAME	DOB	License Number	State	Date of Hire	# of Years Driving Similar Equipment

\*\*\*ALL ACCIDENTS SHOWN ON THE MVR WILL BE CHARGED AS AT-FAULT, UNLESS PROOF OF NOT-AT-FAULT IS PROVIDED.\*\*\*

\*\*If more space is needed, please attach the driver schedule separately in excel format\*\*

8. During the past year, how many drivers have you: Added? \_\_\_\_\_ Replaced? \_\_\_\_\_
9. Which of the following is part of your driver screening/hiring process:
- ☐ Written Application      ☐ Background Check      ☐ Pre-Employment Drug Test
- ☐ MVR Check      ☐ Road Test      ☐ Reference Checks
- ☐ Interview by Management      ☐ Enrolled in Pull Notice Program
10. Do all drivers have at least 3 years of like driving experience? ☐ Yes ☐ No
11. Maximum number of driving violations allowed within the last 3 years: \_\_\_\_\_
12. Maximum number of accidents allowed within the last 3 years: \_\_\_\_\_
13. Are all drivers/employees covered by Worker's Compensation? ☐ Yes ☐ No
14. Do you have a Written Safety Program in place? ☐ Yes ☐ No
15. Do you have a Driver Safety Incentive plan in place? ☐ Yes ☐ No
16. Are accident investigation & review procedures, including records, maintained? ☐ Yes ☐ No
17. Do the review procedures include driver disciplinary procedures? ☐ Yes ☐ No
- If yes, please explain: \_\_\_\_\_
18. Do you allow passengers other than company employees? ☐ Yes ☐ No
- If yes, attach a copy of passenger program or explain program (frequency, requirements), etc.

#### VEHICLE INFORMATION

YEAR	MAKE	VIN	GVW	STATED VALUE	TRAILER TYPE (Tanker, Semi, Van, etc)

\*\*\*If more space is needed, please attach the vehicle schedule separately in excel format\*\*\*

Unit #	AI: Addt'l Ins'd LP: Loss Payee	Name	Address

\*\*\*If more space is needed, please attach a separate list\*\*\*

19. Please provide the total number of vehicles owned and operated by the applicant for the past 3 years:  
Estimate for coming year: \_\_\_\_\_ Current year: \_\_\_\_\_ 1<sup>st</sup> Prior year: \_\_\_\_\_
20. Total annual mileage last year: \_\_\_\_\_ Estimate for upcoming year: \_\_\_\_\_
21. Describe all lot security where vehicles are parked at night:
- ☐ Fenced      ☐ Gated      ☐ Lights      ☐ Cameras      ☐ Security Guard      ☐ Guard Dogs
22. Are drivers allowed to take vehicles home at night? ☐ Yes ☐ No
23. Do you service your own vehicles? ☐ Yes ☐ No If no, who does? \_\_\_\_\_
24. Do you adhere to a written vehicle inspection and maintenance program? ☐ Yes ☐ No
- If yes, describe or attach program: \_\_\_\_\_
25. Are vehicles equipped with any of the following:

☐ Satellite Tracking (GPS)   ☐ Governors   ☐ E-logs   ☐ Theft Alarms   ☐ Cameras   ☐ Anti-lock brakes

26. Do you lease, hire or borrow vehicles from others? ☐ Yes ☐ No  
If yes, explain: \_\_\_\_\_
27. Do you lease, hire out or loan your vehicles to others? ☐ Yes ☐ No  
If yes, explain: \_\_\_\_\_
28. Do you allow "owner-operators" to pull trailers owned by you? ☐ Yes ☐ No  
If yes, are you listed as an additional insured? ☐ Yes ☐ No  
How many trailers are being utilized by others: \_\_\_\_\_
29. Do you operate in more than one state? ☐ Yes ☐ No  
If yes, list states: \_\_\_\_\_
30. Do you operate over a regular route? ☐ Yes ☐ No
31. Are all units that you own and operate scheduled on the policy? ☐ Yes ☐ No
32. Are all scheduled units registered to the named insured? ☐ Yes ☐ No  
If not registered to the named insured, please explain: \_\_\_\_\_

#### OPERATIONS INFORMATION

33. Radius of operations:      0 – 100 miles \_\_\_\_\_% 101 – 300 miles \_\_\_\_\_% 301 - 500 miles \_\_\_\_\_% 501+ Miles \_\_\_\_\_%
34. Operating Territory: Percent City \_\_\_\_\_%   Percent Rural \_\_\_\_\_%   Percent Night \_\_\_\_\_%
35. Any driving between 10pm and 5am? ☐ Yes ☐ No
36. Please list your 3 largest contracts and their percentage of your revenue.
- |          |        |
|----------|--------|
| 1. _____ | _____% |
| 2. _____ | _____% |
| 3. _____ | _____% |
37. Please list the largest cities you will be operating within:
- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |
38. Do you haul containerized freight? ☐ Yes ☐ No  
If yes, will you require the Uniform Intermodal Interchange Endorsement (UIIE)? ☐ Yes ☐ No
39. Will you haul commodities on flatbed trailers? ☐ Yes ☐ No  
If yes, what percentage of commodities is hauled on flatbeds: \_\_\_\_\_%  
Do you haul coiled steel, rolls, pipes, logs or beams? ☐ Yes ☐ No  
If yes, please list which you haul and percentages of each \_\_\_\_\_
40. Are any of your operations seasonal? ☐ Yes ☐ No
41. Do you require filings associated with the hauling of hazardous materials? ☐ Yes ☐ No
42. Do you pull double trailers? ☐ Yes ☐ No   Triple trailers? ☐ Yes ☐ No
43. Do you haul any oversized or overweight loads? ☐ Yes ☐ No  
If yes, explain: \_\_\_\_\_
44. Do you utilize any pilot cars and/or escort vehicles? ☐ Yes ☐ No  
If yes, explain: \_\_\_\_\_
45. Do you haul any liquid material? ☐ Yes ☐ No   If yes, explain: \_\_\_\_\_
46. Do you haul your own cargo exclusively? ☐ Yes ☐ No   If not, who owns it? \_\_\_\_\_
47. Do you use sub-haulers and/or owner operators? (If no, please skip remaining questions) ☐ Yes ☐ No  
If yes, what %: \_\_\_\_\_   Cost of Hire: \$ \_\_\_\_\_  
Are certificates of insurance required? ☐ Yes ☐ No  
If yes, what is the minimum liability limit required? \_\_\_\_\_

Is the Applicant named as an Additional Insured?

☐ Yes ☐ No

Is there a Hold Harmless agreement in place?

☐ Yes ☐ No

#### GENERAL LIABILITY COVERAGE

General Aggregate Limit (Other than Products-Completed Operations) \$2,000,000  
Products-Completed Operations: EXCLUDED  
Personal & Advertising Injury Limit: \$1,000,000  
Each Occurrence Limit: \$1,000,000  
Fire Damage Limit: \$100,000  
Medical Expense Limit: \$2,000

Business Locations (if different than garaging location on page one)

#	Complete Address	Describe Function
1		
2		
3		

Non-driver Payroll for Each Location:

#	Dispatcher(s)	All Other Clerical	All Other Non-Driver, Non-Clerical
1			
2			
3			

48. Does the insured have any operations other than trucking, such as:

Storage of goods of others (warehousing)?

☐ Yes ☐ No

Storage of vehicles of others?

☐ Yes ☐ No

Space leased to others?

☐ Yes ☐ No

Freight forwarding or consolidation for others?

☐ Yes ☐ No

Any other non-trucking operations?

☐ Yes ☐ No

If yes, please describe: \_\_\_\_\_

Any mobile equipment (i.e. snowplows, forklifts, cranes, cherry pickers, yard goats, etc)?

☐ Yes ☐ No

If yes, please describe: \_\_\_\_\_

The completion of this application creates no express or implied obligation on the part of the company or its' manager to offer a quotation or provide insurance.

Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any materially false information or conceals for the purpose of misleading information concerning any fact thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

It is specifically represented that the statements in this application are true and correct. It is further understood that the representations in this application have been made to the Company and the Company is relying upon the truthfulness of the statements in making the decision to accept this risk. **ANY MISREPRESENTATION OF STATEMENTS MAY VOID THE POLICY.**

\_\_\_\_\_  
Signature of Insured

\_\_\_\_\_  
Date

**By signing this application, you are representing that you have reviewed this application with the insured and that the answers accurately reflect the insured's operations.**

\_\_\_\_\_  
Signature of Producer

\_\_\_\_\_  
Date