

<b>Agency Information</b>					
Agency Name					
Producer					
Email					
<b>GENERAL INFORMATION</b>					
Effective Date:     /     /		Years in Trucking Industry:		Years in Business:	
Name:					
DBA:					
Does named insured include DBA? <input type="radio"/> Yes <input type="radio"/> No					
<input type="radio"/> Individual <input type="radio"/> Corporation <input type="radio"/> Partnership <input type="radio"/> LLC <input type="radio"/> 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		
<b>LIMITS OF INSURANCE</b>					
Any one unit				Deductible	1,000
Any one loss					
Increased limit for specific shipper					
Shipper name					
Refrigeration Break Down		<input type="radio"/> Yes <input type="radio"/> No		Deductible	
<b>DESCRIPTION OF OPERATIONS</b>					
Type of Operation		<input type="radio"/> For Hire <input type="radio"/> Private <input type="radio"/> Non-Trucking <input type="radio"/> Other:			
Range of Transport		<input type="radio"/> Interstate <input checked="" type="radio"/> Intrastate			
<b>Radius</b>	<b>Percent of Loads</b>	<b>Radius</b>	<b>Percent of Loads</b>		
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	<input type="checkbox"/>	New York, NY	<input type="checkbox"/>	Newark, NJ	<input type="checkbox"/>
Chicago, IL	<input type="checkbox"/>				
<b>Please List Operation States and Percentage of Miles in Below</b>					
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	<input type="checkbox"/>	Dump-Bottom	<input type="checkbox"/>	Pneumatic	<input type="checkbox"/>
Customized	<input type="checkbox"/>	Dump-End	<input type="checkbox"/>	Refrigerated	<input type="checkbox"/>
Dry Bulk	<input type="checkbox"/>	Dump-Side	<input type="checkbox"/>	Tanker	<input type="checkbox"/>
Dry Van	<input type="checkbox"/>	Flatbed	<input type="checkbox"/>	Other: Describe	<input type="checkbox"/>
	<input type="checkbox"/>	Low Boy	<input type="checkbox"/>	Other: Describe	<input type="checkbox"/>

**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="radio"/> I <input type="radio"/> E <input type="radio"/> O
2						<input type="radio"/> I <input type="radio"/> E <input type="radio"/> O
3						<input type="radio"/> I <input type="radio"/> E <input type="radio"/> O
4						<input type="radio"/> I <input type="radio"/> E <input type="radio"/> O
5						<input type="radio"/> I <input type="radio"/> E <input type="radio"/> O

\* 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)
 

<input type="checkbox"/> Fenced Lot	<input type="checkbox"/> Security Cameras	<input type="checkbox"/> Cameras
<input type="checkbox"/> Kingpin Locks	<input type="checkbox"/> Vehicle Theft Alarms	<input type="checkbox"/> In Locked Building
4. What Security is provided for loaded vehicles in transit? (Check all that apply)
 

<input type="checkbox"/> GPS Device	<input type="checkbox"/> Armed Guard in Vehicle
<input type="checkbox"/> Vehicle Theft Alarm	<input type="checkbox"/> 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.**

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 ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (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 AN APPLICATION 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 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.

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: \_\_\_\_\_

Agent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_