

UNITED SPECIALTY INSURANCE COMPANY -TRUCKING APPLICATION

## COVERGES AND LIMITS INFORMATION

## DESCRIPTION OF OPERATIONS

**Please List Operation States and Percentage of Miles in Below**

**COMMODITIES** – Please identify the commodities transported and percentages below

Commodity	Percentage	Commodity	Percentage	Commodity	Percentage

SCHEDULE OF AUTOS (All vehicles must be owned by the insured or leased to the insured by the vehicle owner)						
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 indicate if there was any lapse in coverage during any policyperiod.

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"/>

	YES	NO
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"/> Lesse
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.**

BY SIGNING THIS APPLICATION, THE APPLICANT WARRANTS AND REPRESENTS THAT THE EACH OF THE FACTS AND ALL INFORMATION CONTAINED IN THIS APPLICATION, ALONG WITH ALL OTHER INFORMATION SUPPLIED BY APPLICANT (COLLECTIVELY THE "FACTS") TO UNITED SPECIALTY INSURANCE COMPANY (THE "INSURER") AND AMERICAN TEAM MANAGERS, INC., ITS MANAGING GENERAL UNDERWRITER ("MGU"), ARE TRUE, COMPLETE AND ACURATE AND UNDERSTANDS AND AGREES THAT THE INSURER AND THE MGU WILL RELY ON THE FACTS SUPPLIED BY THE APPLICANT TO DETERMINE THE ACCEPTABILITY OF THE APPLICANT AND THE RISKS, THE RATES AND THE COVERAGES. IF THE APPLICANT DISCOVERS, AT ANY TIME, THAT ANY OF THE FACTS MADE IN THIS OR IN ANY OTHER WRITTEN DOCUMENT PROVIDED BY OR ON BEHALF OF THE APPLICANT TO THE INSURER OR THE MGU IS FALSE, MISLEADING OR INACCURATE IN ANY MANNER, THE APPLICANT IS REQUIRED TO IMMEDIATELY PROVIDE THE MGU AND INSURER WITH THE TRUE INFORMATION, IN WRITING, WHETHER THE DISCOVERY OCCURS BEFORE OR AFTER THE INSURANCE POLICY HAS BEEN ISSUED. ANY FALSE OR MISLEADING FACTS GIVEN BY OR ON BEHALF OF THE APPLICANT , OR THE FAILURE TO PROVIDE THE FACTS REQUESTED, SHALL CONSTITUTE GROUNDS FOR RECISSION OF COVERAGE AND DENIAL OF ALL CLAIMS, OR AT THE OPTION OF THE INSURER, THE ASSESSMENT OF SUBTANTIAL ADDITIONAL PREMIUM CHARGES.

I AUTHORIZE THE MGU TO OBTAIN A COPY OF MY MOTOR VEHICLE RECORDFOR 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 CHARACTRISTICS 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.

ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

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

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