



Excess Coverage Application

SECTION 1 GENERAL INFORMATION

INSURED NAME: _____ Quote by Date: _____

Address: _____ Desired Policy Effective Date: _____

City/State/Zip: _____

- ☐ Corporation ☐ Partnership ☐ Proprietorship ☐ LLC
☐ Common Carrier ☐ Contract Carrier ☐ Private Carrier ☐ Freight Broker

US DOT#: _____ MC Docket: _____

AGENT INFORMATION

Hub Office: _____ Producer's Name: _____

Coverage(s) Requested:	Limits Needed in Excess Layer
<input type="checkbox"/> Excess CGL	_____
<input type="checkbox"/> Excess Auto Liability	_____
<input type="checkbox"/> Excess Employers Liability	_____
<input type="checkbox"/> Other	_____

Target Premium: _____

Prior Excess Coverage(s) (Check all that apply):	Carrier	Expiring Premium
<input type="checkbox"/> CGL	_____	\$ _____
<input type="checkbox"/> Commercial Auto Liability	_____	\$ _____
<input type="checkbox"/> Employers Liability	_____	\$ _____
<input type="checkbox"/> Other: _____	_____	\$ _____

Summary of Underlying Coverage(s):	Deductible	Current Carrier	Premium
<input type="checkbox"/> Auto Liability	\$ _____	_____	\$ _____
<input type="checkbox"/> Personal Injury Protection (PIP)	\$ _____	_____	\$ _____
<input type="checkbox"/> UM/UIM	\$ _____	_____	\$ _____
<input type="checkbox"/> Company Physical Damage	\$ _____	_____	\$ _____
<input type="checkbox"/> Hired Auto	\$ _____	_____	\$ _____
<input type="checkbox"/> Trailer Interchange	\$ _____	_____	\$ _____
<input type="checkbox"/> General Liability	\$ _____	_____	\$ _____
<input type="checkbox"/> Employers Liability	\$ _____	_____	\$ _____

Provide brief description of Operations and Ownership/Management experience:

Garage Locations:

Location	Address (Street, City, State, Zip Code)	# Units Each Location
#1		
#2		
#3		
#4		
#5		
#6		

Type of Operation		Radius of Operation		Type of Units	# of Units
Flatbed	%	0-50 Local	%	Private Passenger	
Intermodal	%	51-200 Intermediate	%	Light Truck	
Dry van	%	201-Over Long Haul	%	Medium Truck	
Tanker	%			Heavy Truck	
Refrigerated	%			Extra Heavy	
Dump	%			Cargo Van / Sprinter	
Total				Other	
				Total	

Overall Description of Commodities Hauled:

Mileage & Revenues	Trucking Revenue	Brokerage Revenue	Total Miles	# Company Owned Power Units	# Owner/Operator Units	# Subhaulers
Projection (next 12 mos.)	\$	\$				
Current Policy Year	\$	\$				
1st Prior Year	\$	\$				
2nd Prior Year	\$	\$				
3rd Prior Year	\$	\$				
4th Prior Year	\$	\$				

General Questions for ALL Operations:

- | | | |
|--|----------------------------|----------------------------|
| 1. Insurance been cancelled or non-renewed in the last 5 years for any reason? | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 2. Involved in the fracking industry? | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 3. Have any interline, intermodal or interchange arrangements? | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 4. Haul any noxious, caustic, toxic, flammable or explosive commodities? | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 5. Operate as a broker or freight forwarder? | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 6. Any other operations under control or authority? | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| If yes, please provide name and DOT # (if applicable) _____ | | |
| 7. Team Drivers? | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 8. Haul Doubles or Triples? | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 9. Do you loan, lease or rent vehicles to others with or without drivers? | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 10. Brokerage authority? (if yes, answer a., b., and c.) | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| a. Under same name, if yes, % of operations? _____ | | |
| b. Are brokerage operations conducted on a contract basis? | | |
| | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| c. Is Insurance verified with these contracts? | | |
| | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 11. Passengers Allowed? | <input type="checkbox"/> Y | <input type="checkbox"/> N |

If yes to any of the above please explain:

SECTION 2 DRIVER INFORMATION

Driver Types	How Many #	In the past year, how many drivers:	What amount of experience is required:
Employees	_____	Hired _____	Miles driven _____
Owner Operators	_____	Terminated _____	Years of driving _____
Subhaulers	_____		Minimum Age _____
Total	=====		

Driver selection procedures include the use of:	Wages base on:
<input type="checkbox"/> Written Application	<input type="checkbox"/> Hours
<input type="checkbox"/> Driving Tests	<input type="checkbox"/> Miles
<input type="checkbox"/> Interview	<input type="checkbox"/> Revenue
<input type="checkbox"/> Drug Test	<input type="checkbox"/> Trips
<input type="checkbox"/> Written Test	
<input type="checkbox"/> Pre-Hire Physical	Average annual driver pay: \$ _____
<input type="checkbox"/> Reference Check	How often are drivers home? _____

If Owner/Operators are used:

- | | | |
|---|----------------------------|----------------------------|
| 1. Are permanent/exclusive lease agreements used? | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 2. Are drivers subject to the same driver training as company drivers? | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 3. Are trip lease agreements used? | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 4. Are driver files maintained by the insured? | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 5. Is equipment inspected by the insured? | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 6. Are drivers subject to the same maintenance program as the owned equipment? | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 7. Are all owner/operators required to carry at least \$500,000 non-trucking liability? | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 8. Are certificates on file? | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 9. Is the insured listed as an additional insured? | <input type="checkbox"/> Y | <input type="checkbox"/> N |

SECTION 3 DRIVER HIRING

- | | |
|--|---|
| 1. Please provide your driver training program. | |
| 2. Is a background check performed prior to hiring? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 3. Do you allow drivers with major violations? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 4. Do you order MVRs prior to hiring? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 5. How often are MVRs reviewed? _____ | |
| 6. Are driver files updated annually with information including new MVRs? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 7. Do you exclude drivers with citations for DWI, DUI, or reckless operations? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 8. What action is taken when drivers develop unacceptable records? | |

SECTION 4 MAINTENANCE PROGRAM

- | | |
|---|---|
| 1. Is there a written maintenance program? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 2. Name of Maintenance Manager: _____ | |
| 3. Years with company: _____ | |
| 4. Years in maintenance: _____ | |
| 5. # of full-time maintenance personnel: _____ | |
| 6. Maintenance program is provided for: (Check all that apply) | |
| <input type="checkbox"/> Company Vehicles | |
| <input type="checkbox"/> Owner/Operators | |
| <input type="checkbox"/> Open to the public | |
| 7. Vehicle Maintenance is: (Check all that apply) | |
| <input type="checkbox"/> Internal | |
| <input type="checkbox"/> External (Body) | |
| <input type="checkbox"/> Both | |
| 8. Indicate which of the following you have: (Check all that apply) | |
| <input type="checkbox"/> Parts department | |
| <input type="checkbox"/> Body shop | |
| <input type="checkbox"/> Service bays | |
| <input type="checkbox"/> Controlled inspection reports | |
| 9. Are pre/post trip inspections made regularly? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 10. Are all maintenance records on file? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 11. Are re-treads used? | <input type="checkbox"/> Y <input type="checkbox"/> N |

SECTION 5 SAFETY

1. **Attach copy of safety program.**

2. Name of Safety Director: _____
3. Years with company: _____
4. Years in safety field: _____
5. Safety director reports to: _____
6. % of time spent on Safety: _____ %

7. Do you have a safety award program? ☐ Y ☐ N
8. How often are safety meetings held? _____
9. Are safety meetings mandatory? ☐ Y ☐ N
10. Is remedial training required for drivers with accidents/speeding? ☐ Y ☐ N
11. Do you maintain an accident register & conduct periodic accident analysis? ☐ Y ☐ N

12. **What safety technology devices are you using?**

	% of Fleet	Date Installed
Accident Event Recorder - self managed:	_____ %	_____
Accident Event Recorder - third party reporting:	_____ %	_____
Electronic Logging Device:	_____ %	_____
Collision Avoidance:	_____ %	_____
In Vehicle Camera:	_____ %	_____
Anti-Rollover Device:	_____ %	_____
Telematics:	_____ %	_____
Other:	_____ %	_____
Other:	_____ %	_____

SECTION 6 GENERAL LIABILITY

Loc.	Address	Function	Fenced	Guarded	Public Access	Lighted	Guard Dog(s)	# of Employees	Owned or Leased
#1	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
#2	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
#3	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
#4	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
#5	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
#6	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

1. Is Insured involved in any business activity other than trucking? ☐ Y ☐ N
2. Does applicant have underground or above ground storage facilities? ☐ Y ☐ N
3. Does insured have mobile equipment? ☐ Y ☐ N
4. Does applicant sell any product either wholesale or retail? ☐ Y ☐ N
5. Does insured lease mobile equipment? ☐ Y ☐ N
6. Does applicant do any rigging? ☐ Y ☐ N
7. If yes to any of the above please explain: _____

Limits of coverage:

General Aggregate Limit (other than products-completed operations):

Product-completed Operations Aggregate Limit:

Personal & Advertising Injury Limit:

Each Occurrence Limit:

Fire Damage Limit:

Medical Expense Limit:

SECTION 7 ADDITIONAL INSURED(S)

☐ Not Applicable

#1 ☐ General Liability ☐ Auto Liability

Additional Insured:

☐ Landlord ☐ Loss Payee ☐ Other: _____

☐ Waiver of Subrogation ☐ Primary/Non-contributory Wording

Location #: _____

Name: _____

Address: _____

Address: _____

City _____ State _____ Zip _____

#2 ☐ General Liability ☐ Auto Liability

Additional Insured:

☐ Landlord ☐ Loss Payee ☐ Other: _____

☐ Waiver of Subrogation ☐ Primary/Non-contributory Wording

Location #: _____

Name: _____

Address: _____

Address: _____

City _____ State _____ Zip _____

#3 ☐ General Liability ☐ Auto Liability

Additional Insured:

☐ Landlord ☐ Loss Payee

☐ Other: _____

☐ Waiver of Subrogation ☐ Primary/Non-contributory Wording

Location #: _____

Name: _____

Address: _____

Address: _____

City _____ State _____ Zip _____