



TRUCK APPLICATION
1-10 Power Units
 Entire Application Must Be Completed and Signed

THE INSURER CAN CANCEL THIS POLICY FOR WHICH YOU ARE APPLYING WITHOUT CAUSE DURING THE FIRST 120 DAYS. THAT IS THE INSURER'S CHOICE. AFTER THE FIRST 120 DAYS, THE INSURER CAN ONLY CANCEL THIS POLICY FOR REASONS STATED IN THE POLICY.

Submission Number: _____
GENERAL INFORMATION

Proposed Effective Dates: FROM: _____ TO: _____

Individual	Corporation	Partnership	LLC	Other:
Name:				
Mailing Address:				
City:	State:	ZIP Code:	Business Phone:	
Email:				
Garage Address (if different):				
City:	State:	Zip Code:	Business Phone:	
Tax ID: Federal ID# or SS#:	U.S. DOT#:	Yrs. in Trucking Industry:	Yrs. Operating Under Business Name:	
Loss Control Services Contact Person Name:				
Loss Control E-Mail Address:			Contact's Phone:	

OWNER/PRINCIPAL

Owner Name (First, Middle, Last):			
SS# of Owner:	Home Street Address:		
City:	State:	Zip Code:	Business Phone:

DESCRIPTION OF OPERATIONS

Type of Operation
 For Hire Private Non-Trucking Other: _____

Commodity (Check any that apply)

Hazardous Materials requiring \$1,000,000 Liability limits or less
 Hazardous Materials requiring Liability limits higher than \$1,000,000
 Explain: _____

Commodity	% of Loads	Max. Value	Commodity	% of Loads	Max. Value

Range of Transport

Interstate Intrastate

Percent of Loads: 0-300 Miles _____ 301 Miles + _____

Operations Beyond 300 Mile Radius - Identify Metropolitan Areas Traveled Through or Into

Atlanta	Cleveland	Jacksonville	Milwaukee	Orlando	Salt Lake City
Balt./Washington	Dallas/Ft Worth	Kansas City	Mpls./St. Paul	Philadelphia	San Diego
Boston	Denver	Little Rock	Nashville	Phoenix	San Francisco
Buffalo	Detroit	Los Angeles	New Orleans	Pittsburgh	Seattle
Charlotte	Hartford	Louisville	New York City	Portland	Tampa
Chicago	Houston	Memphis	Oklahoma City	Richmond	Tulsa
Cincinnati	Indianapolis	Miami	Omaha	St. Louis	

YES	NO	
		1. Are motor carrier filings required? FMCSA filing - MC# _____ <input type="checkbox"/> State filing only
		2. Do you act as a freight-broker or freight-forwarder or arrange loads for others? If yes, provide Brokerage Name: _____ Broker Authority Docket # _____ Annual Brokerage Revenue _____
		3. Is all equipment operated under the applicant's authority scheduled on the application? If no, explain. _____
		4. Is all owned equipment scheduled on this application? If no, explain. _____
		5. Do you hire other companies or independent owner-operators to haul for you? If yes, answer questions A and B below. If no, skip to question #6.
		A. Are hired vehicles permanently leased to your company? If yes:
		(1) Are these vehicles listed on the application?
		(2) Are these vehicles leased with drivers?
		(3) Do you require leased vehicle owners to purchase non-trucking liability coverage?
		B. Do you hire additional drivers or equipment to haul for you under a trip lease or sub-haul agreement? If yes: (1) Indicate estimated number of trips: Per Month _____ Per Year _____ (2) Indicate estimated annual cost of hire: Per Month _____ Per Year _____
		6. Do you lease to others? If yes, who musts provide primary insurance ___ YOU ___ OTHER If you provide insurance, is coverage desired for Lessee?
		7. Do you pull doubles and/or triples? If yes, specify which or both: _____
		8. Do you operate any mobile equipment subject to compulsory or financial responsibility law or other motor vehicle insurance law in the state where it is licensed or principally garaged?
		9. Do you allow passengers other than company employees If yes, describe who, relationship, and how often: _____ If no, has the "no passenger" rule been provided to all employees in writing?
		10. Do you check driving records of all drivers prior to hiring?
		11. What are driver hiring practices? Minimum age: _____ Maximum age: _____
		12. Do you agree to promptly report all driver changes to your agent and report all claims to the Company claims department?
		13. Do all your drivers meet all DOT requirements and do you maintain driver files as required by DOT?
		14. Do you use any team, not seat, slip seat, or relay driver operations? If yes, how many units are used in the operations? _____
		15. Do you have a written vehicle maintenance program in place? If yes, describe _____

DRIVER INFORMATION

Must be Completed for ALL Drivers

Drivers Name (Last, First, Middle)	Date of Birth	License Number	State	#Yrs. Driving Similar Equip.	Date of Hire	Past 3 Years - # of Minor Violations	Past 3 Years - # of Major Violations	Past 3 Years - # Accidents

DRIVER LOSS HISTORY

Drivers Name (Last, First, Middle)	Date of Accident	Amount of Accident	Description

DRIVER EMPLOYMENT HISTORY

If you have not had insurance for the past two years in your name, provide three years employment history for each driver. Do not indicate "self-employed" unless you have had insurance in your name.

Driver Name (Last, First, Middle)	Prior Employment and Full Address	Dates of Employment	Type of Unit

REVENUE AND MILEAGE

	Units	Revenue Per Unit	Mileage Per Unit	Total Revenue	Total Mileage
Past 12 Months					
Next 12 Months					

INSURANCE HISTORY AND LOSS EXPERIENCE

Has an insurance company cancelled or non-renewed your policy in the last 3 years? Yes No

If yes, explain: _____

1. Prior years insurance under business name: _____
2. Have you ever had truck insurance under a different entity name? Yes No

*Type: P=Physical Damage C=Cargo L=Primary Liability N=Non-Truck Liability

Prior Carrier Effective Dates From -To	Prior Carrier Name	Policy Number	Coverage Type*	#Units Insured	# Losses	Loss Amount	Driver Involved in Loss

SCHEDULE OF AUTOS

All units you own or are leased to you must be scheduled and insured if filings are to be made. If you have more than 9 power units, risk is ineligible for program

FINANCED VALUE COVERAGE - The Stated Value of each auto must be equal to or greater than the outstanding financial obligation for that auto in order for the Financed Value Coverage to apply.

No.	Unit ID	Year	Make	Vehicle Type*	VIN Number	Stated Value
GVW/GCW				Radius	Owner's Name	
No.	Unit ID	Year	Make	Vehicle Type*	VIN Number	Stated Value
GVW/GCW				Radius	Owner's Name	

No.	Unit ID	Year	Make	Vehicle Type*	VIN Number	Stated Value
GVW/GCW				Radius	Owner's Name	
No.	Unit ID	Year	Make	Vehicle Type*	VIN Number	Stated Value
GVW/GCW				Radius	Owner's Name	
No.	Unit ID	Year	Make	Vehicle Type*	VIN Number	Stated Value
GVW/GCW				Radius	Owner's Name	
No.	Unit ID	Year	Make	Vehicle Type*	VIN Number	Stated Value
GVW/GCW				Radius	Owner's Name	
No.	Unit ID	Year	Make	Vehicle Type*	VIN Number	Stated Value
GVW/GCW				Radius	Owner's Name	
No.	Unit ID	Year	Make	Vehicle Type*	VIN Number	Stated Value
GVW/GCW				Radius	Owner's Name	
No.	Unit ID	Year	Make	Vehicle Type*	VIN Number	Stated Value
GVW/GCW				Radius	Owner's Name	
No.	Unit ID	Year	Make	Vehicle Type*	VIN Number	Stated Value
GVW/GCW				Radius	Owner's Name	

***VEHICLE TYPE LEGEND**

CCT - Car Carrier Trailer	FLT - Flat Bed	PUP - Pup Trailer	TAP - Tanker Pneumatic/Dry Bulk
CON - Container (Intermodal)	HOP - Hopper/Grain	SEMI - Semi Trailer	TAO - Tanker-Other
CUS - Curtain Side	LWF - Live/Walking/Floor	TAN - Tandem	NOC - Trailers Not Otherwise Classified
DOL - Dolly, Con Gear	LIV - Livestock	TAT - Tank Trailer	TRC - Tractors
DRP - Drop Deck, Gooseneck	LOG - Log	TAA - Tanker Asphalt/Hot Oil	TRK - Trucks
DPS - Dump Side	LOW - Lowboy	TAC - Tanker Chemical/Acid	VAD - Van Trailer (Dry)
DPB - Dump Trailer (Bottom)	MEQ - Mobile Equipment	TAG - Tanker Gasoline/Fuel	REF - Van Trailer (Temp Control)
DPE - Dump Trailer (End)	PUL - Pull Trailer	TAL - Tanker LPG	

ADDITIONAL INTERESTS

Al Type* Al - Additional Insured LP - Loss Payee LE - Employee as Lessor AL - Lessor-Additional Insured and Loss Payee

Unit #	Al Type*	Name	Address	City	State	Zip Code

Certificate Holders

Name	Address	City	State	Zip Code	Addl Insd?

COVERAGES

AUTO LIABILITY Combined Single Limit (CSL) _____
 MEDICAL PAYMENTS _____
 LIABILITY FOR NON-TRUCKING USE Leased to: _____
 HIRED AUTO LIABILITY Cost of Hire: _____
 EMPLOYERS NONOWNERSHIP LIABILITY Number of Employees: _____
 *Hired and Non/Owned coverage only available if contractually required.

Trailer Interchange Maximum Trailer Value: _____ #Trailer Days All Units: _____
 \$1,000 deductible applies Total # of Power Units: _____

Physical Damage Deductibles
 COMPREHENSIVE _____ OR SPECIFIED CAUSES OF LOSS _____
 COLLISION _____

Combined Deductible

Cargo Limit _____
 Deductible _____
 Refrigeration Breakdown Coverage? (\$2,500 deductible applies) Yes No
 Do all drivers have at least 2 years of experience hauling refrigerated commodities?
 Does Applicant utilize any Refrigerated Trailers over 10 years old?
 **Temperature controlled units must be inspected at least monthly and inspection records must be maintained and retained for at least one year.

UNINSURED / UNDERINSURED MOTORISTS AND NO-FAULT OPTIONS

UNINSURED MOTORIST _____ PERSONAL INJURY PROTECTION _____
 UNDERINSURED MOTORIST _____

Coverage and limit choices in this section are for quoting purposes only. A separate Southern Insurance Underwriters, Inc. Supplemental Uninsured Motorists / Underinsured Motorists and Personal Injury Protection Application(s) must be completed and signed by the applicant when binding coverage.

SIGNATURES

I authorize Southern Insurance Underwriters, Inc. to obtain a copy of any Motor Vehicle Report 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. Upon written request, information as to the nature and scope of the report will be provided to me.

Disclosure: In connection with this application for commercial automobile insurance, we may review a credit report or obtain or use a credit-based insurance score based on the information contained in that credit report. We may use a third party in connection with the development of the insurance score. Your credit report/credit-based insurance score will not be used for any purpose other than the underwriting of the commercial automobile insurance policy for which you have applied.

Under no circumstances can the credit-based insurance score, the lack thereof, or the refusal to authorize the obtaining of a credit report or a credit-based insurance score be a factor in determining your eligibility for commercial automobile insurance, including cancellation or nonrenewal, if a policy is ultimately issued.

I authorize Southern Insurance Underwriters, Inc. to obtain a credit report, including but not limited to a credit-based insurance score based on personal information provided. This authorization is valid for future reports obtained for renewal policies with Southern Insurance Underwriters, Inc.

I hereby certify that the foregoing statements and answers are a just, full and true exposition of all the facts and circumstances with regard to the risk to be insured, insofar as same are known to me, and the same are hereby made as the basis and condition of the insurance. **It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and denial of insurance benefits.** By signing below, I affirm full knowledge of and adherence to current D.O.T. Safety Regulations, and hereby apply for insurance with respect to the coverages stated herein.

 APPLICANT'S SIGNATURE DATE APPLICANT'S TITLE

 APPLICANT'S PRINTED NAME

PRODUCER'S SIGNATURE

PHONE #

FAX#