



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: _____

Proposed Effective Dates: FROM: _____ TO: _____

GENERAL INFORMATION

Individual Corporation Partnership LLC Other:

Name: _____

Mailing Address: _____

City: _____	State: _____	ZIP Code: _____	Business Phone: _____
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Email: _____

Garage Address (if different): _____

City: _____	State: _____	Zip Code: _____	Business Phone: _____
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Tax ID: Federal ID# or SS#: _____	U.S. DOT#: _____	Yrs. in Trucking Industry: _____	Yrs. Operating Under Business Name: _____
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Loss Control Services Contact Person Name: _____

Loss Control E-Mail Address: _____	Contact's Phone: _____
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OWNER/PRINCIPAL

Owner Name (First, Middle, Last): _____

SS# of Owner: _____	Home Street Address: _____
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City: _____	State: _____	Zip Code: _____	Business Phone: _____
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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? <input type="checkbox"/> 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 must 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?

PRODUCER'S SIGNATURE

PHONE #

FAX#