

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.

Corporation Partnership LLC Other:	Submission Number:	Propos	Proposed Effective Dates: FROM: TO:						
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: DWNER/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 \$1,000,000 Liability limits or less Explain:	GENERAL INFORMATION	N							
Mailing Address: City: State: ZIP Code: Business Phone: City: State: Zip Code: Business Phone: 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: DWNER/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 Explain: Explain:	Individual Corpor	ration	Partnership		LLC	Other:			
City: State: ZIP Code: Business Phone: 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 Person Name: Dwner/Principal Owner Name (First, Middle, Last): S\$# of Owner: Home Street Address: City: State: Zip Code: Business Phone: DESCRIPTION OF OPERATIONS Frype of Operation Private Non-Trucking Other: Commodity (Check any that apply) Hazardous Materials requiring \$1,000,000 Liability limits or less Liability limits or less Explain: Liability limits or less Liability limit	Name:								
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): S\$# of Owner: Home Street Address: City: State: Zip Code: Business Phone: DESCRIPTION OF OPERATIONS Type of Operation 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:	Mailing Address:								
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Owner Name (First, Middle, Last): SS# of Owner: Home Street Address: City: State: Zip Code: Business Phone: DESCRIPTION OF OPERATIONS Type of Operation 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:	Loss Control Services Contact	Person Name:							
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:	Loss Control E-Mail Address:				Contact's Pho	one:			
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Hazardous Materials requiring \$1,000,000 Liability limits or less Hazardous Materials requiring Liability limits higher than \$1,000,000 Explain:	Type of Operation For Hire Private	Non-Trucking	Other	:					
Commodity % of Loads Max. Value Commodity % of Loads Max. Value	Hazardous Materials requiring Hazardous Materials requiring	ng \$1,000,000 Liang Liability limits	higher than \$1	1,000,000					
	Commodity	% of Loads	Max. Value	Commodi	ty	% of Loads	Max. Value		

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

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	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# 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?
		Broker Authority Docket #Annual Brokerage Revenue
		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 insuranceYOUOTHER
		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	Date of Birth	License	State	#Yrs.	Date	Past 3		Past 3
(Last, First, Middle)		Number		Driving	of	Years - #		Years - #
				Similar Equip.	Hire	of Minor Violations	of Major Violations	Accidents
				Equip.		Violations	Violations	

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DRIV	ER LOSS	SHIST	TORY			I			J .						.1
	ers Name					D	ate of	A	mount of	Г	escriptic	011			
	First, Mid	ldle)					cident		Accident						
DRIV	ER EMP	LOYM	TENT H	IISTORY											
				for the past t						ee ye	ars emp	oloyment h	istory for	eacl	n driver. Do
not inc	dicate "sel	lf-emp	loyed" u	nless you hav	e had i	insura	nce in yo	our n	ame.						
Drive	er Name]	Prior 1	Employn	nent	and Full	Addre	ess	Date	s of	Ty	pe of Unit
(Last	, First, M	iddle)										Emplo	yment		
														<u> </u>	
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D	1036 1		Units	Revenue Po	er Unit		Mileage Per Unit T			To	Total Revenue			I ilea	ge
	12 Month														
Next	12 Mont	ns		<u> </u>											
INSIII	RANCE I	HISTO	ORY AN	ID LOSS EX	PERII	ENCE	7.								
				ncelled or no				w in 1	the last 3	venre	Ye	es No			
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1.				under busine	ess nan	ne:									
2.				uck insurance				ntity r	name?	Ye	es 🔲	No			
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ъ.		ı		e: P=Physical D					mary Liabili			ruck Liability	1 -	_	
	or Carrier		Pn	ior Carrier Name	2		Policy Nun	nber	Coverage Type*		#Units nsured	# Losses	Loss Amoun	ıt	Driver Involved in
	rom -To								Type	_	nour eq		Tanio di		Loss
SCHE	DULE C)F AU	TOS												
				you must be	schedul	ed and	d insured	if fili	ngs are to l	be ma	de. If yo	ou have mo	re than 9 <u>p</u>	owe	<u>r units</u> , risk i
	ole for prog														
				- The Stated Val	lue of ea	ch autc	must be e	qual to	o or greater	than th	ne outstan	ding financial	obligation for	or tha	at auto in orde
tor the I	Financed Va	due Cov	erage to ap	pply.											
No.	Unit ID	Year	Make		Vehicle	Type*			VIN Num	ber			Stated	Valu	e
GVW	V/GCW		1		Radius						Owne	er's Name			
0,,,	,,60,,				rucaras						0,,,,,	or 5 i varie			
No.	Unit ID	Year	Make		Vehicle	Type*			VIN Num	ber	•		Stated	Valu	e
GVW	V/GCW				Radius						Owne	er's Name	•		
											1				

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No.	Unit ID	Year	Make		Vehicle Type	*	VIN Nun	nber			Sta	ted Val	ue	
CVAV	/GCW				Radius				0	T				
GVW	/GCW				Kadius				Owner's	Name				
No.	Unit ID	Year	Make		Vehicle Type	*	VIN Nun	nber			Sta	ted Val	ue	
GVW	/GCW				Radius				Owner's	Name				
No.	Unit ID	Year	Make		Vehicle Type	*	VIN Nun	nber			Sta	ted Val	ue	
GVW	/GCW				Radius				Owner's	Name				
No.	Unit ID	Year	Make		Vehicle Type	*	VIN Nun	nber			Sta	ted Val	ue	
GVW	/GCW		l.		Radius				Owner's	Name	ı			
No.	Unit ID	Year	Make		Vehicle Type	*	VIN Nun	nber			Sta	ted Val	ue	
OTHE	:/O.OTT				n "									
GVW	/GCW				Radius				Owner's	Name				
No.	Unit ID	Year	Make		Vehicle Type	*	VIN Nun	nber			Sta	ted Val	ue	
CVAV	/CCW				D. P				Owner's	T				
GVW	/GCW				Radius				Owner's	Name				
No.	Unit ID	Year	Make		Vehicle Type	*	VIN Nun	nber			Sta	ted Val	ue	
CVW	/GCW				Radius				Owner's	Vamo				
GVW	/GC W				Kadius				Owner's	Name				
No.	Unit ID	Year	Make		Vehicle Type	*	VIN Nun	nber			Sta	ted Val	ue	
CVW	/GCW				Radius				Owner's	Vame				
GVV	/GC VV				Raqius				Owners	vanic				
	ICLE TY													
	Car Carrio Container				· Flat Bed - Hopper/Gra		- Pup Tra I - Semi			? – Tanl) – Tan			/Dry Bu	lk
CUS -	Curtain Si	de	LV	VF	 Live/Walking 	ng/Floor TAN	– Tander	m	NO	C – Trai	lers Not		rise Classi	fied
	Dolly, Co Drop Dec				Livestock		' - Tank T			C - Trac				
	Dump Sid				- Log - Lowboy				Iot Oil TRI /Acid VAI			(Dry)		
DPB -	Dump Tr	ailer (B	ottom) MI	ΞQ	- Mobile Equ	ipment TAG	- Tanker	Gasoline/					Control	l)
DPE -	Dump Tr	ailer (E	nd) PU	L-	- Pull Trailer	TAL	- Tanker	LPG						
ADDľ	ΓΙΟΝΑΙ	_ INTI	ERESTS											
	ype* Al - A		al Insured LP	- L	oss Payee	LE - Employee a	ıs Lessor	AL	- Lessor-Ad		Insured a	_		
Unit #	Al Ty	pe*]	Name			Address				City		State	Zip (Code
<u> </u>														
Certific	ate Hold	lers												
Name					Address			City		State	Zip C	ode	Addl In	ısd?

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			1		1
COVERAGES		<u> </u>	<u> </u>		
AUTO LIABILITY Comb	oined Single Limit (CSL)				
MEDICAL PAYMENTS					
LIABILITY FOR NON-TRU		eased to:			
HIRED AUTO LIABILITY EMPLOYERS NONOWNER) V VTI HADII I ADII 190	Cost of Hire: Number of Employee			
*Hired and Non/Owned coverage only			:8:		
	railer Value:		Units:		
\$1,000 deductible applies Total # of Po	ower Units:				
Physical Damage Deductibles					
COMPREHENSIVE	OR	SPECIFIED CA	USES OF LOSS	S	
COLLISION					
Combined Deductible					
Cargo Limit					
Deductible					
Refrigeration Breakdown Coverage? (\$2					
Do all drivers have at least			nmodities?		
Does Applicant utilize any				1 10	414
**Temperature controlled units must UNINSURED / UNDERINSURED M			ist be maintained and	i retained for a	t least one year.
			NITTIDAY DD OVE	ECELON	
UNINSURED MOTORIST _ UNDERINSURED MOTORI		PERSONAL I	INJUKY PROTI	ECTION	
Coverage and limit choices in this section a		– v A separate Southe	rn Insurance Und	erwriters Inc	Supplemental
Uninsured Motorists / Underinsured Motori					
when binding coverage.			_		
SIGNATURES					
I authorize Southern Insurance Underwriters I have applied. I also understand that a rot personal characteristics and mode of living. U	ıtine inquiry may be made	providing information	concerning my c	haracter, gen	eral reputation,
Disclosure: In connection with this application based insurance score based on the information of the insurance score. Your credit report/commercial automobile insurance policy for	ion contained in that credit redit-based insurance score	report. We may use a	third party in cont ny purpose other	nection with th	ne development
Under no circumstances can the credit-based credit-based insurance score be a factor in nonrenewal, if a policy is ultimately issued.					
I authorize Southern Insurance Underwriter on personal information provided. This at Underwriters, Inc.					
I hereby certify that the foregoing statements risk to be insured, insofar as same are known knowingly provide false, incomplete or misle may include imprisonment, fines and denia D.O.T. Safety Regulations, and hereby apply	ato me, and the same are he ading information to an insu l of insurance benefits. By	reby made as the basis trance company for the signing below, I affire	and condition of purpose of defrain full knowledge	the insurance. uding the com	. It is a crime to pany. Penalties
APPLICANT'S SIGNATURE	DATE	AP	PLICANT'S TI	TLE	
APPLICANT'S PRINTED NAME					

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PRODUCER'S SIGNATURE	PHONE #	FAX#

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