

## Commercial Trucking Program Commercial Motor Carrier Application for Insurance

*(Note: Space is available on Page 7, if needed, to provide additional information.)*

1. Name of Applicant: \_\_\_\_\_ Business Phone: \_\_\_\_\_
2. Address: \_\_\_\_\_ Mobile Number: \_\_\_\_\_  
Street City
- \_\_\_\_\_ Email: \_\_\_\_\_  
County State Zip Code
3. Garaging location(s) if different than above: \_\_\_\_\_

Effective Dates:	Month	Day <small>At 12:01 AM</small>	Year 20	To	Month	Day <small>At 12:01 AM</small>	Year 20
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4. Entity Type:     Individual     Partnership     Corporation     L.L.C.    Other: \_\_\_\_\_
5. Type of Carrier:     Common     Contract     Private     Long-Term Lease    Other: \_\_\_\_\_
6. Is this a new policy?     Yes     No    Renewal?    Yes     No  
 (If Renewal, current policy #) \_\_\_\_\_
7. What is your DOT#? \_\_\_\_\_ MC#: \_\_\_\_\_
8. Number of years in trucking industry: \_\_\_\_\_
9. Time in business with insurance coverage under your current name? \_\_\_\_\_ years
10. Are you a New Venture for insurance - Previously Leased to Another Motor Carrier or Restart?     Yes     No  
 (If yes, see Page 5 of this application and complete)
11. Has this business operated under another name?     Yes     No  
 (If yes, explain) \_\_\_\_\_
12. Have you ever filed for bankruptcy?     Yes     No  
 (If yes, explain) \_\_\_\_\_
13. Has any company cancelled or non-renewed applicant's policy in the last three years? (MO and OH residents need not respond.)     Yes     No  
 (If yes, explain) \_\_\_\_\_
14. Do you lease out your equipment?     Yes     No  
 (If yes, detail how often and to whom) \_\_\_\_\_
15. a. Do you use rented, leased or borrowed equipment?     Yes     No  
 (If yes, explain) \_\_\_\_\_
- b. What is the estimated cost of hire? \_\_\_\_\_

c. Do you use trip lessors?  Yes  No

(If yes, explain) \_\_\_\_\_

**Please attach IFTA Reports – Last 4 Quarters**

16. Number of Vehicles Operated:

Tractors \_\_\_\_\_ Semi-Trailers \_\_\_\_\_ Trucks \_\_\_\_\_ Full Trailers \_\_\_\_\_

17. Number of units in each radius group:

	100	300	600	Over 600
Tractors				
Trucks				

18. Mileage/Revenue: Estimated Annual Mileage: \_\_\_\_\_ miles Annual Gross Revenue: \$ \_\_\_\_\_

19. Type of Routes: Fixed/Regular: \_\_\_\_\_% (Out & back or loop) Controlled: \_\_\_\_\_% (4-6 drop/pick-up points) Irregular: \_\_\_\_\_% (7 or more drop/pick-up points)

20. Commodities transported (list specific commodities and percentages of time transported):

	%		%		%
	%		%		%

21. During this policy period, will you transport any **hazardous orextra hazardous** materials as defined by the EPA and DOT?  Yes  No

(If yes, explain) \_\_\_\_\_

**Radius of Operation and Destinations**

22. Maximum distance you haul is: \_\_\_\_\_ miles

23. What is your average length of haul? \_\_\_\_\_ miles

24. Principal Haul: From: \_\_\_\_\_ To: \_\_\_\_\_

To: \_\_\_\_\_

To: \_\_\_\_\_

25. Cities you deliver into and pick up from:

_____ Albuquerque	_____ Chicago	_____ Hartford	_____ Los Angeles	_____ New York City	_____ Salt Lake City
_____ Atlanta	_____ Cincinnati	_____ Houston	_____ Louisville	_____ Phoenix	_____ San Diego
_____ Baltimore	_____ Cleveland	_____ Indianapolis	_____ Memphis	_____ Philadelphia	_____ San Francisco
_____ Birmingham	_____ Dallas/Ft W	_____ Jacksonville	_____ Milwaukee	_____ Pittsburgh	_____ Seattle
_____ Boston	_____ Denver	_____ Kansas City	_____ Mpls/St Paul	_____ Portland	_____ Tampa
_____ Buffalo	_____ Detroit	_____ Las Vegas	_____ Nashville	_____ Richmond	_____ Tulsa
_____ Charlotte	_____ D. C.	_____ Little Rock	_____ New Orleans	_____ St Louis	

Fill in other cities or towns not listed: \_\_\_\_\_

26. States you travel into or through:

_____ Alabama	_____ Delaware	_____ Kentucky	_____ Nevada	_____ Oklahoma	_____ Utah
_____ Arizona	_____ Florida	_____ Louisiana	_____ New Hampshire	_____ Oregon	_____ Vermont
_____ Arkansas	_____ Georgia	_____ Maryland	_____ New Jersey	_____ Rhode Island	_____ Virginia
_____ California	_____ Idaho	_____ Massachusetts	_____ New Mexico	_____ South Carolina	_____ West Virginia
_____ Colorado	_____ Illinois	_____ Mississippi	_____ New York	_____ Tennessee	_____ Washington
_____ Connecticut	_____ Indiana	_____ Missouri	_____ North Carolina	_____ Texas	_____ Wyoming

27. Do you own any vehicles that will not be covered under this policy?  Yes  No  
 (If yes, describe other vehicles and liability insurance) \_\_\_\_\_
28. Do you plan on adding additional vehicles during the policy term?  Yes  No How Many? \_\_\_\_\_
29. Is freight brokerage authority held?  Yes  No  
 (If yes, specify name and docket #) \_\_\_\_\_
30. Regulatory Filings (State/Federal) Are filings required?  Yes  No (If yes, complete Filing Supplement).
31. Do you need an MCS90?  Yes  No

**Selection of Coverage and Limits**

Coverages	Limits Requested		Other Available Coverages (Check all that apply)
Liability Combined Single Limit (BI & PD)	\$ _____ Each Accident		1. <input type="checkbox"/> Motor Truck Cargo (Complete App.)  2. <input type="checkbox"/> Combined Deductible Physical Damage <input type="checkbox"/> Physical Damage and Cargo <input type="checkbox"/>  3. <input type="checkbox"/> Truckers General Liability (Complete Supp.)  4. <input type="checkbox"/> Non-Trucking Liability  5. <input type="checkbox"/> Hired Auto Liability  6. <input type="checkbox"/> Non-Owned Liability  7. <input type="checkbox"/> Trailer Interchange (Specify Limit under "Other Coverages")  8. <input type="checkbox"/> Hired / Non-Owned Physical Damage (Specify Limit under "Other Coverages")
Uninsured & Underinsured Motorists Combined Single Limit (BI & PD)		\$ _____ Each Accident	
Uninsured/Underinsured Motorists – BI	\$ _____ Each Person	\$ _____ Each Accident	
Uninsured/Underinsured Motorists – PD		\$ _____ Each Accident	
Comprehensive	<input type="checkbox"/> Stated Amount Less	\$ _____ Deductible	
Specified Cause of Loss	<input type="checkbox"/> Stated Amount Less	\$ _____ Deductible	
Collision	<input type="checkbox"/> Stated Amount Less	\$ _____ Deductible	
Medical payments	\$ _____ Each Person		
Personal Injury Protection	\$ _____ Each Person		
Other Coverages (Specify):			

NOTICE REGARDING PIP AND UM/UIM COVERAGES: If required in your state, you must complete an additional form(s) rejecting coverage or selecting limits of liability desired for uninsured/underinsured motorists and personal injury protection coverage. Selecting coverage will increase your premium. Be sure your agent provides you with the necessary form(s), explains the options and advises you of the cost of your selection(s). ATTACH FORMS TO THIS APPLICATION.

32. Prior Insurance Carriers (Previous three years plus current)

Prior Carriers	Year	Policy No.	Premium	Reason Coverage Moved
			\$	
			\$	
			\$	
			\$	

**Please Provide / Attach Loss Runs**

33. Loss Experience

Period	Number of Vehicles	Liability		Auto Physical	
		# of Occurrences	Total Incurred	# of Occurrences	Total Incurred
Current			\$		\$
1 Year Prior			\$		\$
2 Year Prior			\$		\$
3 Year Prior			\$		\$
Total			\$		\$

34. Provide details of any loss in excess of \$25,000 by line of coverage (submit loss runs, if necessary):

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**Driver Information (Controls and Safety)**

35. Do you comply with U.S. Dept of Transportation driver regulations (Driver Files, Drug Screening, Pre-Employment Check, MVRs, etc.)?  Yes  No
36. Number of drivers you employed last year? \_\_\_\_\_ Quit? \_\_\_\_\_ Released? \_\_\_\_\_
37. What is the basis for drivers' pay? Mileage  Trip  Hourly  Other  \_\_\_\_\_
38. Do you monitor your Safety Management Scores?  Yes  No
39. Minimum Age & Yrs. Experience required for new hires? \_\_\_\_\_ & \_\_\_\_\_
40. Do you have a written safety program?  Yes  No
41. Does it address accident reporting procedures?  Yes  No
42. Do you have any team drivers?  Yes  No
43. Do you ever allow relatives or others to ride?  Yes  No
- (If yes, explain) \_\_\_\_\_
44. Are all employees covered by workers compensation?  Yes  No

**Vehicle Maintenance**

45. Is a formal inspection and maintenance program in effect?  Yes  No
46. Number of power units with electronic log books: \_\_\_\_\_

47. Please indicate the 3 shippers, brokers, or entities you haul the most for:

Name	Commodity	Percentage of Hauls

**Additional Interests (Shippers, Brokers, Lessee, Loss Payee)**

48. Are you required to add others for coverage under this policy?  Yes  No

Who and why? \_\_\_\_\_  
 \_\_\_\_\_

Please list any of the following types of entities and unit number, if applicable:

Name	Address	Additional Interest - Type	Unit #, If Applicable (See Page 6)

**NEW VENTURE / PREVIOUSLY LEASED / RESTARTING**

Truck Driving Previous Employment	Employment Date (Month/Year)	Type of Equipment	Commodities Hauled	Maximum Radius of Operation
Name: Address: MC # / DOT #:	From: To:			
Name: Address: MC # / DOT #:	From: To:			
Name: Address: MC # / DOT #:	From: To:			
Do you object to our verifying the above information? <input type="checkbox"/> Yes <input type="checkbox"/> No				

49. While operating commercial vehicles for other motor carriers listed, did you have any accidents?  Yes  
 (Provide details and amounts paid for each accident) \_\_\_\_\_

No. I certify that I did not have any accidents or losses while driving for other motor carriers listed.

\_\_\_\_\_  
**Applicant's Signature** **Date**

Restarting with new policy in own name.

Explanation: \_\_\_\_\_  
 \_\_\_\_\_

**Schedule of Vehicles**

#	YR	Trade Name	Body	VIN Serial Number	INDICATE OWNED (O) OR LEASED (L)	Stated Amt of Ins/Phys Dam	Deductible Type /Amount		
							Coll	SCOL	Comp
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
13.									
14.									
15.									

**NOTE: If additional space is needed, use separate "Supplemental Schedule of Vehicles" document.**

All Equipment is garaged:

Location 1. \_\_\_\_\_  
Address City State

Location 2. \_\_\_\_\_  
Address City State

**Trailer Type Legend:**

- |                   |                   |                                   |                             |                                   |
|-------------------|-------------------|-----------------------------------|-----------------------------|-----------------------------------|
| CC - Car Carrier  | DE - Dump End     | IC - Intermodal Container Chassis | LB - Lowboy                 | TC - Tanker Chemical/Acid         |
| CD - Curtain Side | DS - Dump Side    | LW - Live/Walking Floor           | PP - Pup                    | TG - Tanker Gasoline/Fuel         |
| DL - Dolly        | FB - Flat Bed     | LV - Livestock                    | RF - Reefer                 | TP - Tanker Pneumatic/Dry Bulk    |
| DV - Dry Van      | HP - Hopper/Grain | LG - Log                          | TA - Tanker Asphalt/Hot Oil | TO - Tanker Other                 |
|                   |                   |                                   |                             | WT - Wedge Trailer / 3 Car Hauler |

**Power Unit Legend:**

- TR - Tractor      TK - Truck      PU - Pickup

50. Do you pull Double, Pup, or Triple Trailers?       Yes    No

51. Describe any special mounted/attached equipment and value \_\_\_\_\_



