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:					Busin	ness Phone:		
2.	Address:					Mob	ile Number:		
		Street		City					
	County			State	Z	ip Code	Email:		
3.	Garaging location	ns(s) if different than	above:			-		er:Yea 1 AM Other: Other: No	
	Effective Dates:	Month	Day At 12:01 AM	Year 20	То	Month	Day At 12:01 A		ar 20
4.	Entity Type:	Individual	Partnership	Corporati	on	L.L.C.		Other:	
5.	Type of Carrier:	Common	Contract	Private		Long-Term Lea	ise	Other:	
6.	Is this a new polic	cy?	☐ Yes ☐ N	o Renev	val?	Y	es 🗌 No		
	(If Renewal, curr	ent policy#)							
7.	What is your DO	Γ#?			N	1C#:			
8.	Number of years	in truckingindustry:							
9.	Time in business	with insurance cover	age under your curi	ent name?	_	years			
10.	Are you a New V Another Motor C	enture for insurance arrier or Restart?	- Previously Leased	lto		Yes No			
	(If yes, see Page :	5 of this application a	and complete)						
11.	Has this business	operated under anoth	er name?			Yes No			
	(If yes, explain)								
12.	Have you ever fil	ed for bankruptcy?				Yes No			
	(If yes, explain)								
13.		v cancelled or non-ren and OH residents ne		olicy in the last		Yes No			
	(If yes, explain)								
14.	Do you lease out y	our equipment?				Yes No			
	(If yes, detail how	v often and to whom)							
15.	a. Do you use ren	ited, leased or borrow	ed equipment?			Yes No			
	(If yes, explain	n)							
	b. What is the est	timated cost of hire?							

Tractors Semi-Trailers Trucks Full Trailers Number of units in each radius group: 100 300 600 Over 600 Tractors 100 100 100 100 Tractors 100 100 100 100 Trucks 100 100 100 100	c. Do you use trip	p lessors?		Yes	No	
Number of Vehicles Operater incor	(If yes explain	n)				
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Principal Haul: From: To: To:	2. Maximum distance					
To:		-	miles			
To:	4 D''' 111 1	F		T		
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Charlotte D. C. Little Rock New Orleans St Louis Il in other cities or towns not listed:			-	-		-
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Colorado Illinois Mississippi New York Tennessee Washington				-		Vermont
		Georgia	Maryland	New Jersey	Rhode Island	Vermont Virginia
	California	Georgia Idaho	Maryland Massachusetts	New Jersey New Mexico	Rhode Island South Carolina	Vermont Virginia West Virginia

27. Do you own any	vehicles that will not be covere	d under this policy?	Ye	s 🗌 No	
(If yes, describe o	ther vehicles and liability insur	ance)			
28. Do you plan on ad	ding additional vehicles during	g the policy term?	Ye	s 🗌 No	How Many?
29. Is freight brokerag	e authority held?		🗌 Ye	s 🗌 No	
(If yes, specify	name and docket #)				
30. Regulatory Filings	(State/Federal)	Are filings required?	Yes	No (If yes, c	omplete Filing Supplement).
31. Do you need an M	CS90?		Yes	No	

Selection of Coverage and Limits

Coverages	Limi	its Requested	Other Available Coverages (Check all that apply)
Liability Combined Single Limit (BI & PD)	§ Each Accident		1. Motor Truck Cargo (Complete App.)
Uninsured & Underinsured Motorists Combined Single Limit (BI & PD)		\$ Each Accident	2. Combined Deductible Physical Damage Dehysical Damage Physical Damage and
Uninsured/Underinsured Motorists – BI	\$ Each Person	\$ Each Accident	Cargo
Uninsured/Underinsured Motorists – PD		\$ Each Accident	(Complete Supp.) 4. 🗌 Non-Trucking Liability
Comprehensive	Stated Amount Less	\$ Deductible	 5. Hired Auto Liability 6. Non-Owned Liability
Specified Cause of Loss	Stated Amount Less	\$ Deductible	7. Trailer Interchange (Specify Limit under
Collision	Stated Amount Less	\$ Deductible	 "Other Coverages") 8. Hired / Non-Owned Physical Damage
Medical payments	\$ Each Person		(Specify Limit under "Other Coverages")
Personal Injury Protection	\$ Each Person		
Other Coverages (Specify):			Deductible(s) if any:

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

		Liability		Auto Physical	
Period	Number of Vehicles	# 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):

	Driver Information (Controls and	d 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	
	v entre mantenance	
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

Yes No

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

48.	Are you required to add others for coverage under this
	policy?

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:	- F			
Address:	From:			
MC # / DOT #:	То:			
Name:				
Address:	From:			
Tudiess.				
MC # / DOT #:	To:			
Name:	F			
Address:	From:			
	То:			
MC # / DOT #:	10.			
Do you object to our verifying the above	information?	Yes No		

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

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:

Yes

	Schedule of Vehicles									
	edule of quip	Trade Name	Body	VIN Serial Number	INDICATE OWNED (O) OR LEASED (L)	Stated Amt of Ins/ Phys Dam	Ded	Deductible Type /Amount		
#	YR						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 Equation All Equation All Equation (1997)	uipment is	Locatio	n 1						
garage	u.	Locatio	Address				City		State
		Locatio	n 2.						
			Address				City		State
Traile	r 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
Ι	OV - Dry Van	HP	- Hopper/Grain	LG	- Log	TA	- Tanker Asphalt/Hot Oil	ТО	- Tanker Other
								WT	- Wedge Trailer / 3 Car Hauler
Power Unit Legend:									
	TR - Tractor	TK	- Truck	PU	- Pickup				
50.	Do you pull Doubl	e, Pup, or	Triple Trailers?	[Yes No				
51.	Describe any special mounted/attached equipment and value								

DRIVER INFORMATION

NOTES: Provide MVR copies on all drivers.

Drivers 65 years of age and over must submit DOT Medical Certification.

All <u>NEW</u> drivers hired during the term of this policy must be <u>IMMEDIATELY REPORTED</u> to the company. Failure to report may result in termination of this policy. Report new drivers to your agent.

								Accidents and moving violations, past 3 yrs		
	Name of Driver	Date of Birth	SSN	DL Number	State	Yrs Com Driving	Hire Date	Number of Accidents	Number of Violations	
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
11.										
12.										
13.										
14.										
15.										

Please use space below, if, needed to provide additional information:

Item # or	Information
Category	
Fax:	
Гал.	

SIGNATURE SECTION AND AUTHORIZATION FOR INFORMATION

PLEASE READ	* * * * * * *	FRAUD WARNING	* * * * * * *	PLEASE READ

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

In connection with the processing of this Application, the Company may undertake an investigation of the credit worthiness of the Applicant and other matters contained herein. By signing this Application, Applicant authorizes Company to undertake such investigation which may include contacting credit references and others with knowledge of Applicant's affairs.

I hereby authorize the Company and/or the Producing Agent to obtain from the proper authority a copy of an investigative report for use in rating and/or underwriting the insurance for which I do hereby apply and any renewal thereof. I understand that in obtaining such a report a consumer reporting agency may be used by insurer and I do hereby authorize such use. I hereby certify that the named drivers under this policy (names specified on Page 7 of this application and/or drivers hired during the term of this insurance) have or will have authorized me to consent on their behalf for the insurer to obtain Motor Vehicle Reports for rating and/or underwriting and I hereby certify that the information above is true. I also agree that if a policy is issued pursuant to this application and any restrictive and/or Exclusion Endorsement text, which included on the application and signed by me, shall become a part of suchpolicy.

This Application shall not be binding unless and until a down payment is made and then only as of the commencement date of the policy and in accordance with the terms of this Application and of the policy. The Applicant hereby covenants and agrees that the statements and answers contained in this Application are a just, full and true exposition of all the facts and circumstances with regard to the risk to be insured, insofar as the same are known to the Applicant. This Application and the information provided herein are made the basis and the condition of the insurance, and are representations on the part of the insured. Material or fraudulent representations may prevent recovery on the policy.

If the laws or regulations of any city, county, regulatory body, state or states in which the Applicant intends to operate or of the Department of Transportation or Federal Motor Carrier Safety Administration require any special endorsement or rider to be attached to the policy, the Applicant hereby agrees that if the Company shall be obliged to pay any claim which it would not have been required to pay except for such endorsement or rider, the Applicant shall reimburse the Company for any and all claims and disbursements of every kind, including loss payments, costs and expenses paid in connection with such claim, and expenses incurred by the Company in enforcing the terms of this Application and the policy. The terms of this Application shall apply not only to the original policy or policies issued in connection with this application, but also to any renewals or extensions thereof.

It is mutually understood and agreed between the Company and the Applicant that any inspection of premises, operations, or any matter pertaining to insurance provided by the Company is made for the use and benefit of the Company only, and is not to be relied upon by the Applicant in any respect.

THE APPLICANT, BY HIS/HER SIGNATURE CONFIRMS FULL KNOWLEDGE OF ALL OF THE ABOVE, AND FULL KNOWLEDGE OF, AND ADHERENCE TO, CURRENT D.O.T. SAFETY REGULATIONS.

Signature of Applicant	Title			Date
	PRODUCER/BROKER INFORMATION			
Signature of Producer	Agency Name	-	(Area Code)	Phone Number
Address	City	State	2	Zip Code