

COMMERCIAL AUTO INSURANCE – FLEET

(11 or more power units)

In order to furnish a quote, the following information is necessary:

1. A complete fleet application
2. Current (within 90 days) insurance company produced loss runs for current and at least 3 prior years
3. Complete driver list, both company and owner/operator showing full name, date of birth, driver's license number & state of issue, date of hire & number of years commercial driving experience.
4. Current motor vehicle record for all drivers including owner/operators.
5. Complete list of all equipment including complete serial numbers, gross vehicle weight and current values for all owned or leased equipment and owner/operators.
6. Current balance sheet and profit & loss statements.
7. Most recent 4 quarters of mileage prorates (schedule B / IFTA report).
8. Copies of current safety manual and incentives.

Effective date: / /

Agent:

Policy numbers assigned:

PRODUCER INFORMATION

Producer Name:

Phone: - -

Email:

Trading as:

Address:

Is producer the current agent of this applicant? yes no

GENERAL INFORMATION

Individual Partnership LLC Corporation S-Corporation Other (explain)

Name of applicant:

Contact person & title:

Phone #:

Email:

Website:

Mailing address:

Garaging location(s) if different:

of years' experience in trucking business:

of years' operating under this name:

Date coverage desired – from: / / to: / /

Federal Tax ID #:

US DOT #:

List any subsidiaries or affiliated companies & explain relationship to applicant:

Brokerage:

DOT #:

Please attach a copy of the brokerage agreement.

Leasing:

Registrant DOT #:

Please attach a copy of the lease agreement.

Freight Forwarding:

DOT #:

Please attach a copy of the freight forwarding agreement.

Number of power units at each location:

Location	# of vehicles

KEY MANAGEMENT PERSONNEL

Name:	# of years in this position:
Owner(s):	
President:	
Accounting:	
Safety Director:	
Dispatcher:	
Operations Manager:	

DESCRIPTION OF OPERATIONS

For Hire Private Non-Trucking Other (explain)

Range of transport: Interstate Intrastate Regular: % Irregular: %

Commodities (check all that apply):

Property (non-hazardous)

Refuse/Waste/Garbage

Hazardous substances requiring \$1,000,000 liability limits or less

Hazardous substances requiring liability limits in excess of \$1,000,000 (if checked, attach MSDS sheets)

No hazardous materials are transported

Operations beyond 300 mile radius -

Indicate cities traveled into or through:

- | | | | | |
|---|---|---|--|---|
| <input type="checkbox"/> Atlanta | <input type="checkbox"/> Dallas/Ft. Worth | <input type="checkbox"/> Las Vegas | <input type="checkbox"/> Nashville | <input type="checkbox"/> Pittsburgh |
| <input type="checkbox"/> Baltimore/Wash | <input type="checkbox"/> Denver | <input type="checkbox"/> Little Rock | <input type="checkbox"/> New Orleans | <input type="checkbox"/> Richmond |
| <input type="checkbox"/> Boston | <input type="checkbox"/> Detroit | <input type="checkbox"/> Los Angeles | <input type="checkbox"/> New York City | <input type="checkbox"/> St. Louis |
| <input type="checkbox"/> Buffalo | <input type="checkbox"/> Hartford | <input type="checkbox"/> Louisville | <input type="checkbox"/> Oakland | <input type="checkbox"/> Salt Lake City |
| <input type="checkbox"/> Charlotte | <input type="checkbox"/> Houston | <input type="checkbox"/> Memphis | <input type="checkbox"/> Oklahoma City | <input type="checkbox"/> San Diego |
| <input type="checkbox"/> Chicago | <input type="checkbox"/> Indianapolis | <input type="checkbox"/> Miami | <input type="checkbox"/> Orlando | <input type="checkbox"/> San Francisco |
| <input type="checkbox"/> Cincinnati | <input type="checkbox"/> Jacksonville | <input type="checkbox"/> Milwaukee | <input type="checkbox"/> Philadelphia | <input type="checkbox"/> Seattle |
| <input type="checkbox"/> Cleveland | <input type="checkbox"/> Kansas City | <input type="checkbox"/> Minneapolis/St. Paul | <input type="checkbox"/> Phoenix | <input type="checkbox"/> Tampa |

Cities other than above or regular routes:

List dedicated routes:

Major shippers	Cargo hauled	% of revenue	Origination point	Destination point

% contracted loads

% brokered loads

COMMODITIES

Commodity	Percent of load	Maximum value
	%	\$
	%	\$
	%	\$
	%	\$

Have you ever operated under any other name? yes no

If yes, what name?

Have you filed for bankruptcy or Chapter 11 reorganization in the last 3 years? yes no
If yes, explain:

Are filings required? yes no If yes, complete the filing information on page 7. FMCSA Docket #:

Do you act as a freight-broker or freight-forwarder or arrange loads for others? yes no
If yes, provide brokerage name: DOT #:
Annual brokerage revenue: \$

Do you pay money to sub-haulers? yes no
If yes, explain:

Is all equipment operated under the applicant's authority scheduled on the application? yes no **If no, attach explanation.**

Is all owned equipment scheduled on this application? yes no **If no, attach explanation.**

Is all of the scheduled equipment owned by you? yes no **If no, attach explanation.**

Do you lease or hire equipment **FROM** others? yes no If yes, is it permanently leased trip leased both
Are the owner/operators required to carry NTL? yes no If yes, what is the minimum acceptable limit? \$
Do any owner/operators provide their own primary liability insurance? yes no
Is all permanently leased equipment scheduled on this application? yes no
Are permanently leased autos hired with drivers? yes no **If yes, indicate as such on equipment list.**
Trip Lease – provide the annual estimated cost of hire: \$

Do you lease equipment **TO** others? yes no If yes, who must provide primary insurance? you other
If you provide insurance, is coverage desired for: Named Lessee(s) or All Lessees (blanket basis)
If named lessee(s), attach a list of name and address for each lessee.

If you lease equipment from equipment leasing companies does the leasing company provide any physical damage coverage?
 yes no

Do you offer any owner/operator lease purchases? yes no **If yes, attach copy of lease purchase agreement.**

Do you haul containerized freight? yes no If yes, percentage: %

Do you pull doubles? yes no If yes, percentage: %

Do you pull triples? yes no If yes, percentage: %

Any oversize/overweight? yes no If yes, % of commodities: %

Are you subject to UIIA? yes no **If yes, provide UIIA agreement.**

Do you use team/slip seat driving? yes no **If yes, how many?**

Do you have seasonal operations? yes no **If yes, explain:**

LIENHOLDER INFORMATION
Attach all Lienholder information for each power unit

LEASED OR HIRED
Attach samples of agreement

Does applicant/insured do trip leasing to the extent that it comprises more than 5% of their gross receipts? yes no
If yes, explain operation in detail:

Is equipment leased or hired? yes no

Hired Auto	# of power units leased or hired:		Average duration of a trip lease:	Average # of trip leases per year:	Estimated trip lease cost of hire per year:	Liability insurance provided by:	With hold-harmless naming other party as add'l insured?
	With drivers:	Without drivers:					

						Lessor:	Lessee:	
From others:		*				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> yes <input type="checkbox"/> no
To others:						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> yes <input type="checkbox"/> no

*Is physical damage coverage included in the equipment lease? yes no

Under whose Bill of Lading is shipment moved when leased to others?
 Under whose Bill of Lading is shipment moved when leased from others?
 What % of deadheading? % Total miles deadheading?
 Do you backhaul? yes no
 What are restrictions on backhauling?

EQUIPMENT

Number of each:

Type	Owned	Leased w/o Drivers	Owner/ Operators	Local (0-300)	Intermediate (300-600)	Long Haul (600+)	Total Units
Private passenger vehicles*							
Service trucks							
Light trucks < 10,000 GVW							
Medium trucks 10,000 to 20,000 GVW							
Heavy trucks 20,000+ GVW							
Tractors							
Flatbed trailers							
Tank trailers							
Reefer trailers							
Dry van trailers							

Do you operate any dump equipment? yes no If yes, please explain:
 Do you operate any tow trucks? yes no If yes, please explain:
 Do you maintain any reefer contracts? yes no If yes, please explain:
 Is any equipment equipped with APU's? yes no If yes, have you included this in the TIV?

***COVERAGE IS NOT AVAILABLE FOR PRIVATE PASSENGER VEHICLES**

UNITS / MILEAGE

	Policy period	# Company power units	# O/O power units	Total IFTA miles
Projected	/ /			
Current	/ /			
1 st prior	/ /			
2 nd prior	/ /			
3 rd prior	/ /			

REVENUE

	Total revenue	Trucking revenue	Brokerage revenue	Other revenue (explain)
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Projected	\$	\$	\$	\$
Current	\$	\$	\$	\$
1 st prior	\$	\$	\$	\$
2 nd prior	\$	\$	\$	\$
3 rd prior	\$	\$	\$	\$

Is revenue for all owned and permanently leased units? yes no If no, please explain:

What is the average revenue per power unit? \$

Does the insured operate teams? yes no If yes, how many teams?

SUMMARY OF EQUIPMENT VALUES

Do you plan on depreciating equipment values during this term? yes no

Total fleet value: \$

Total tractor value: \$

Total trailer value: \$

Highest tractor value: \$

Lowest tractor value: \$

Highest trailer value: \$

Lowest trailer value: \$

INSURANCE HISTORY & LOSS EXPERIENCE

Has your insurance coverage ever been cancelled, refused or non-renewed? yes no NOT APPLICABLE IN MISSOURI

If yes, give company name, date and reason:

LOSS HISTORY

Policy Term		Liability		Physical Damage		Cargo	
From	To	Total # of claims	Inc. Losses	Total # of claims	Inc. Losses	Total # of claims	Inc. Losses
/	/						
/	/						
/	/						
/	/						
/	/						

DRIVER INFORMATION

Attach a complete driver list, both company and owner/operator showing full name, date of birth, driver's license number & state of issue, date of hire and number of years commercial driving experience. Specify which drivers are owner/operators.

Total number of drivers:

Regularly employed: Part-time: Owner/Operators: Leased: Casual: TOTAL:

Drivers hired or leased last year

Company drivers

Leased owner/operators

Number of drivers replaced

Number of drivers increased

Age of drivers – Minimum age:

Maximum age:

Number of drivers under 25:

Number of drivers over 65:

Do you hire drivers directly from driver training schools? yes no

Is it the policy of the company to allow passengers to ride in the truck-tractor with the drivers? yes no

If yes, do they purchase passenger accident insurance? yes no

Passenger accident limit per person?

Aggregate:

Age of passengers allowed?

What is the longest trip? Time: hours , distance: miles Is this: one-way round trip

Are there any current drivers with convictions for DWI, DUI or reckless driving within the last 3 years? yes no

Are all drivers covered by Workers Comp Insurance? yes no If yes, name of company:

Required amount of over-the-road experience: years

Any interline, intermodal or interchange agreements? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, attach a copy of agreement and explain:		
Have your operations changed in the last 3 years? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, explain:		
Percentage of night driving: %		
Do you road test driver candidates? <input type="checkbox"/> yes <input type="checkbox"/> no		
Do you check driving records of all drivers prior to hiring? <input type="checkbox"/> yes <input type="checkbox"/> no		
Do you agree to promptly report all driver changes to your agent? <input type="checkbox"/> yes <input type="checkbox"/> no		
Do you agree to promptly report all claims to the Company Claims Department? <input type="checkbox"/> yes <input type="checkbox"/> no		
Do all of your drivers meet all DOT requirements? <input type="checkbox"/> yes <input type="checkbox"/> no		
Do you maintain driver files as required by the DOT? <input type="checkbox"/> yes <input type="checkbox"/> no		
SAFETY PRACTICES		
Are your trucks equipped with speed governors? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, set at what speed?		
Are electronic log programs used to audit driver log books? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, what program:		
Are your power units equipped with fender mirrors? <input type="checkbox"/> yes <input type="checkbox"/> no		
Does your safety program include safe driving incentive awards? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, describe:		
Are power units equipped with EOBR's? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, what features are activated?		
CURRENT INSURER		
Current Insurer name: Policy Number: Policy Limits: \$ Policy Dates : from: / / to: / /	Do you have a liability deductible on your current policy? <input type="checkbox"/> yes <input type="checkbox"/> no If so, please enter amount \$ Type of Deductible: <input type="checkbox"/> BI/PD <input type="checkbox"/> PD only <input type="checkbox"/> Basket <input type="checkbox"/> SIR	Current monthly reporting rates: <input type="checkbox"/> Mileage <input type="checkbox"/> Revenue <input type="checkbox"/> Power unit Liability monthly rate: \$ Limits: \$
COVERAGES		
Coverages available may vary by state and company		
<input type="checkbox"/> Auto liability <input type="checkbox"/> Liability for non-trucking use Limits - Combined single limit (BI/PD): \$ <input type="checkbox"/> Hired auto liability \$ annual cost of hire <input type="checkbox"/> Non-ownership liability Total number of employees: Are you required to carry coverage in excess of \$1 million? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Trailer Interchange – Maximum trailer value: \$ Annual # trailer days: Any additional insureds? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, list the additional insureds and the interests of each:		
Physical Damage	Cargo	Combined Deductible
Deductible	Limit \$	Coverage included unless declined <input type="checkbox"/> Declined
<input type="checkbox"/> Comprehensive or \$	Deductible \$	
<input type="checkbox"/> Specified Perils \$	<input type="checkbox"/> Declined Hired Auto Cargo	
<input type="checkbox"/> Collision \$		
<input type="checkbox"/> Uninsured Motorist Limits \$	<input type="checkbox"/> Underinsured Motorist Limits \$	<input type="checkbox"/> Property Damage Liability Buyback (MI)
<input type="checkbox"/> Medical Payments Limits \$	<input type="checkbox"/> Personal Injury Protection	<input type="checkbox"/> Property Protection Coverage (MI PPI)

Coverage selection/rejection form(s) for Uninsured Motorists, Underinsured Motorists, No-Fault, and Medical Payments insurance (as required by state law) must be completed and submitted together with this application for insurance coverage.

FILINGS INFORMATION

Please provide state permit/authority numbers. Base state:

Liability	Cargo	State	Liability	Cargo	State	Liability	Cargo	State
<input type="checkbox"/>	<input type="checkbox"/>	AL	<input type="checkbox"/>		KY	<input type="checkbox"/>	<input type="checkbox"/>	OK – OCC #
<input type="checkbox"/>		AZ – not participating	<input type="checkbox"/>		LA	<input type="checkbox"/>	<input type="checkbox"/>	OR - not participating
<input type="checkbox"/>		AR – Acord Cert Only	<input type="checkbox"/>		ME	<input type="checkbox"/>	<input type="checkbox"/>	PA - not participating
<input type="checkbox"/>		CA – EX # Intra State	<input type="checkbox"/>		MI	<input type="checkbox"/>	<input type="checkbox"/>	SC
<input type="checkbox"/>		CA - # Required	<input type="checkbox"/>	<input type="checkbox"/>	MN	<input type="checkbox"/>		SD
<input type="checkbox"/>	<input type="checkbox"/>	CO	<input type="checkbox"/>		MS	<input type="checkbox"/>	<input type="checkbox"/>	TN
<input type="checkbox"/>		CT	<input type="checkbox"/>		MO	<input type="checkbox"/>	<input type="checkbox"/>	TX - \$100 fee, DOT # Required
<input type="checkbox"/>		GA – MCA #	<input type="checkbox"/>		MT	<input type="checkbox"/>	<input type="checkbox"/>	VA
<input type="checkbox"/>		ID	<input type="checkbox"/>		NE	<input type="checkbox"/>		WA
<input type="checkbox"/>	<input type="checkbox"/>	IL – MC #	<input type="checkbox"/>		NV - not participating	<input type="checkbox"/>		WV
<input type="checkbox"/>		IN	<input type="checkbox"/>		NM - \$15 fee	<input type="checkbox"/>		WI
<input type="checkbox"/>		IA	<input type="checkbox"/>		NY	<input type="checkbox"/>	<input type="checkbox"/>	WY
<input type="checkbox"/>	<input type="checkbox"/>	KS – KCC # Required	<input type="checkbox"/>		NC	<input type="checkbox"/>	<input type="checkbox"/>	FMCSA – MC
			<input type="checkbox"/>		OH			

A Form E is required for Single State registered carriers hauling exempt commodities in: KS, MI, MO & WI. Carriers with no FMCSA authority must have Form E filings if they hold exempt authority in: AL, CA, CO, CT, GA, IL, IA, KS, KY, LA, ME, MI, MN, MO, NE, NC, OH, OK, OR, SC, SD, TN, TX, WA & WI.

Oversize/Overweight Liability provide FEIN #:

Phone #:

Canadian Province(s):

SIGNATURES

This is a: New Renewal in our Agency

I authorize the Company's General Agent to obtain a copy of my Motor Vehicle Report for ratings/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 report will be provided to me.

I submit this application with the understanding that Financed Value Coverage is not available with all insurance carriers represented.

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 same as known to me, and the same are hereby made as the basis and condition of the insurance.

WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony. By signing below, I affirm full knowledge of an adherence to current D.O.T. Safety Regulations and hereby apply for insurance with respect to the coverages stated herein.

APPLICANT'S NAME:

APPLICANT'S SIGNATURE & TITLE:

DATE:

BROKER'S NAME AND ADDRESS:

PHONE:

BROKER'S SIGNATURE:

DATE:

GENERAL AGENT'S SIGNATURE:

DATE:

Name, Title, and Address of Individual purchasing this insurance: Mr. Mrs. Ms.

Name:

Title:

Address:

City:

State:

Zip:

STATEMENT OF FRAUD

ALL STATES AND COVERAGES NOT SPECIFIED BELOW: Any person, who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

ARIZONA: For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

ARKANSAS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provide false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance with the Department of Regulatory Agencies.

KENTUCKY: 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.

NEW MEXICO: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

OHIO: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

OREGON: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

PENNSYLVANIA: Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim 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 and subjects such person to criminal and civil penalties.

TENNESSEE: Commercial Insurance Other Than Worker's Compensation. It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

WASHINGTON: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

I have received the Statement of Fraud which applies to my state. I understand that this document becomes a part of my application for insurance.

Applicant Signature

Applicant Name

Date