|  |
| --- |
|  |
| 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:[ ]  Atlanta [ ]  Dallas/Ft.Worth [ ]  Las Vegas [ ]  Nashville [ ]  Pittsburgh[ ]  Baltimore/Wash [ ]  Denver [ ]  Little Rock [ ]  New Orleans [ ]  Richmond[ ]  Boston [ ]  Detroit [ ]  Los Angeles [ ]  New York City [ ]  St. Louis[ ]  Buffalo [ ]  Hartford [ ]  Louisville [ ]  Oakland [ ]  Salt Lake City[ ]  Charlotte [ ]  Houston [ ]  Memphis [ ]  Oklahoma City [ ]  San Diego[ ]  Chicago [ ]  Indianapolis [ ]  Miami [ ]  Orlando [ ]  San Francisco[ ]  Cincinnati [ ]  Jacksonville [ ]  Milwaukee [ ]  Philadelphia [ ]  Seattle[ ]  Cleveland [ ]  Kansas City [ ]  Minneapolis/St.Paul [ ]  Phoenix [ ]  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 [ ]  noIf yes, what name?       |
| Have you filed for bankruptcy or Chapter 11 reorganization in the last 3 years? [ ]  yes [ ]  noIf 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 [ ]  noIf 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 [ ]  bothAre 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 [ ]  noIs all permanently leased equipment scheduled on this application? [ ]  yes [ ]  noAre 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 [ ]  otherIf 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 that 5% of their gross receipts? [ ]  yes [ ]  noIf 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: |       |      \* |       |       |       | [ ]  | [ ]  | [ ]  yes [ ]  no |
| To others: |       |       |       |       |       | [ ]  | [ ]  | [ ]  yes [ ]  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 [ ]  noWhat 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 trucks20,000+ 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 |      /     /      |       |       |       |
| 1st prior |      /     /      |       |       |       |
| 2nd prior |      /     /      |       |       |       |
| 3rd prior |      /     /      |       |       |       |
|  |
| revenue |
|  | Total revenue | Trucking revenue | Brokerage revenue | Other revenue (explain) |
| Projected | $      | $      | $      | $      |
| Current | $      | $      | $      | $      |
| 1st prior | $      | $      | $      | $      |
| 2nd prior | $      | $      | $      | $      |
| 3rd 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 MISSOURIIf 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 [ ]  noIs it the policy of the company to allow passengers to ride in the truck-tractor with the drivers? [ ]  yes [ ]  noIf 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? [ ]  yes [ ]  no If yes, attach a copy of agreement and explain:       |
| Have your operations changed in the last 3 years? [ ]  yes [ ]  noIf yes, explain:       |
| Percentage of night driving:       % |
| Do you road test driver candidates? [ ]  yes [ ]  no |
| Do you check driving records of all drivers prior to hiring? [ ]  yes [ ]  no |
| Do you agree to promptly report all driver changes to your agent? [ ]  yes [ ]  no |
| Do you agree to promptly report all claims to the Company Claims Department? [ ]  yes [ ]  no |
| Do all of your drivers meet all DOT requirements? [ ]  yes [ ]  no |
| Do you maintain driver files as required by the DOT? [ ]  yes [ ]  no |
| safety practices |
| Are your trucks equipped with speed governors? [ ]  yes [ ]  no If yes, set at what speed?       |
| Are electronic log programs used to audit driver log books? [ ]  yes [ ]  no If yes, what program:       |
| Are your power units equipped with fender mirrors? [ ]  yes [ ]  no |
| Does your safety program include safe driving incentive awards? [ ]  yes [ ]  no If yes, describe:       |
| Are power units equipped with EOBR’s? [ ]  yes [ ]  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? [ ]  yes [ ]  no  If so, please enter amount $     Type of Deductible: [ ]  BI/PD [ ]  PD only [ ]  Basket [ ]  SIR | Current monthly reporting rates:[ ]  Mileage [ ]  Revenue [ ]  Power unitLiability monthly rate: $      Limits: $      |
| coverages**Coverages available may vary by state and company** |
| [ ]  Auto liability [ ]  Liability for non-trucking useLimits - Combined single limit (BI/PD): $      [ ]  Hired auto liability $     annual cost of hire[ ]  Non-ownership liabilityTotal number of employees:      Are you required to carry coverage in excess of $1 million? [ ]  yes [ ]  no [ ]  Trailer Interchange – Maximum trailer value: $      Annual # trailer days:      Any additional insureds? [ ]  yes [ ]  no If yes, list the additional insureds and the interests of each:       |
| Physical Damage | Cargo | Combined Deductible |
|  Deductible[ ]  Comprehensive or $     [ ]  Specified Perils $     [ ]  Collision $      | Limit $     Deductible $     [ ]  Declined Hired Auto Cargo | Coverage included unless declined[ ]  Declined |
| [ ]  Uninsured Motorist Limits $      [ ]  Underinsured Motorist Limits $      [ ]  Property Damage Liability Buyback (MI)[ ]  Medical Payments Limits $      [ ]  Personal Injury Protection [ ]  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 |
| [ ]  | [ ]  | AL | [ ]  |  | KY | [ ]  | [ ]  | OK – OCC #       |
| [ ]  |  | AZ – not participating | [ ]  |  | LA | [ ]  | [ ]  | OR - not participating |
| [ ]  |  | AR – Acord Cert Only | [ ]  |  | ME | [ ]  | [ ]  | PA - not participating |
| [ ]  |  | CA – EX # Intra State      | [ ]  |  | MI | [ ]  | [ ]  | SC |
| [ ]  |  | CA - # Required      | [ ]  | [ ]  | MN | [ ]  |  | SD |
| [ ]  | [ ]  | CO | [ ]  |  | MS | [ ]  | [ ]  | TN |
| [ ]  |  | CT | [ ]  |  | MO | [ ]  | [ ]  | TX - $100 fee, DOT # Required       |
| [ ]  |  | GA – MCA #       | [ ]  |  | MT | [ ]  | [ ]  | VA |
| [ ]  |  | ID | [ ]  |  | NE | [ ]  |  | WA |
| [ ]  | [ ]  | IL – MC #       | [ ]  |  | NV - not participating | [ ]  |  | WV |
| [ ]  |  | IN | [ ]  |  | NM - $15 fee | [ ]  |  | WI |
| [ ]  |  | IA | [ ]  |  | NY | [ ]  | [ ]  | WY |
| [ ]  | [ ]  | KS – KCC # Required      | [ ]  |  | NC | [ ]  | [ ]  | FMCSA – MC       |
|  |  |  | [ ]  |  | 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 AgencyI 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