



Agency: _____
 Producer: _____

GENERAL INFORMATION		
Name: _____		
DBA: _____	Does Named Insured Include DBA? <u> </u> Yes <u> </u> No	
Entity: <u> </u> Individual <u> </u> Partnership <u> </u> Corporation <u> </u> Joint Venture <u> </u> LLC <u> </u> Other _____		
Effective Date: _____	Years In Trucking Industry: _____	Years In Business: _____
FEIN or SS# _____	U.S. DOT # _____	ICC # MC # or MX# _____
STATE FILINGS: <u> </u> YES <u> </u> or <u> </u> NO	STATE _____	PERMIT# _____

Location:	Address:	City:	State:	Zip:
Mailing				
Garaging				
Is the garaging location Residential?		If so, please describe where vehicle is parked and security measures around the location.		
Contact Info	Work Phone # _____	Mobile Phone # _____		

	Trucking Revenue	Brokerage Revenue	Total Miles
Projected Policy Year			
Current Policy Year			

COVERAGES AND LIMITS			
Liability	Symbol 67	Limit: _____	
Hired Auto Liability	Symbol 68	Cost of Hire: _____ If Any	
Non-Owned Auto	Symbol 71	Number of Employees: _____	
UM	Limit: _____		
UIM	Limit: _____		
PIP	Limit: _____		
Medical Payments	Limit: _____		
Trailer Interchange	Limit: _____	# of Trailers: _____	# of Days: _____
Non Owned Trailer Physical Damage	Limit: _____	# of Trailers _____	# of Days: _____

DESCRIPTION OF OPERATIONS	For Hire	Private	Non-Trucking	Other:	
	Radius:		%	Radius	%
Interstate Intrastate	0-100			501-750	
	100-300			750+	
	301- 500			Average radius/regular and frequent	

MOTOR TRUCK CARGO					
LIMITS	DED	REEFER BKDWN			

Please identify the commodities transported below (include %'s):					
Commodity	Percentage	Commodity	Percentage	Commodity	Percentage

Trailer Types: (Check those that are applicable)

Customized		Dry Van		Dump	
Low Boy		Refrigerated		Tanker	
Flatbed		Dry Bulk		Auto Hauler	
Other: Describe		Other: Describe		Other: Describe	

SCHEDULE OF AUTOS						
Year	Trade Name	Body Type	Identification #	GVW/GCW	Stated Value	O/L

O = Owned L = Leased

DRIVER INFORMATION						
Driver	Date of Birth	License #	State	# Years Driving Experience	# Years With Company	
1						
2						
3						
4						
5						

INSURANCE HISTORY & LOSS EXPERIENCE							
Insurance Company	Policy Term From: To:	Units	Trailers	Premium	Total Incurred Claims - Liability	Total Incurred Claims-Phys Dam	# Claims

LOSS DESCRIPTIONS:

Do you haul any hazardous materials, extra hazardous substances, or waste commodities?	Yes	No
Do you haul any baffled containers?	Yes	No
Do you pull double trailers?	Yes	No
If yes, describe customary and usual routes _____		
Do you pull triple trailers?	Yes	No
Do you backhaul?	Yes	No
Do you haul oversize or overweight loads?	Yes	No
Do you haul commodities that are subject to tight delivery time constraints?	Yes	No
Is all the equipment operating under your authority scheduled on this application?	Yes	No
Do you own any equipment not scheduled on this application?	Yes	No
Is the insured involved in any business activity other than trucking?	Yes	No
Do you act as a freight-broker or freight-forwarder or arrange loads for others?	Yes	No
Have you or any business you owned ever filed for bankruptcy?	Yes	No
Do you have a formal safety program in place?	Yes	No
Do you have a vehicle maintenance program in place?	Yes	No
Any policy or coverage declined, cancelled, non-renewed during the prior 3 years?	Yes	No
Is a Truckers Uniform Intermodal interchange endorsement required?	Yes	No

Please provide additional explanation for any answers needed below:

ALL VEHICLES SCHEDULED ON THE POLICY MUST BE OWNED/REGISTERED TO THE NAMED INSURED OR HAVE A WRITTEN LEASE AGREEMENT BETWEEN THE INSURED AND VEHICLE OWNER.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (NOT APPLICABLE IN CO, FL, HI, MA, NE, OH, OK, OR, or VT; in DC, LA, ME, TN, VA AND WA, INSURANCE BENEFITS MAY ALSO BE DENIED)

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

I AUTHORIZE _____ TO OBTAIN A COPY OF MY MOTOR VEHICLE RECORD FOR RATING/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, AS WELL AS ANY PERTINENT FINANCIAL DATA DEEMED NECESSARY. UPON WRITTEN REQUEST, INFORMATION AS TO THE NATURE AND SCOPE OF THE REPORT WILL BE PROVIDED TO ME.

Insured Signature: _____

Agent Signature: _____

Date: _____

Date: _____