

**GENERAL INFORMATION**

Types of coverage requested? ☐ Commercial Auto ☐ General Liability ☐ Professional Liability ☐ Inland Marine  
**Need by Date:** \_\_\_\_\_ **How did you hear of us?** \_\_\_\_\_

**COMPANY INFORMATION**

☐ Partnership ☐ Limited Liability Company/Corporation ☐ Privately Held Corporation  
☐ Division of \_\_\_\_\_ Corporation ☐ Sole Proprietor

FEIN/SS#: \_\_\_\_\_ Date Business Started: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Business Name: \_\_\_\_\_

Garaging Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Any claims in the last three years? ☐ Yes ☐ No **If yes, list type of claim(s) and date(s) below:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Current Carrier**

Carrier \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Premium: \_\_\_\_\_

**OPERATIONS INFORMATION (check all that apply and include length of experience for each)**

<input type="checkbox"/> Front Pilot Car	Experience _____	<input type="checkbox"/> Rear Pilot Car	Experience _____
<input type="checkbox"/> Tilling	Experience _____	<input type="checkbox"/> Rigging	Experience _____
<input type="checkbox"/> Steerables	Experience _____	<input type="checkbox"/> Hot Shot	Experience _____
<input type="checkbox"/> Route Surveys	Experience _____	<input type="checkbox"/> Height Pole	Experience _____
<input type="checkbox"/> Traffic Control	Experience _____	<input type="checkbox"/> Brokerage	Experience _____
<input type="checkbox"/> Night Moves	Experience _____		

**\*\* There is no coverage for tilling, rigging, steerables and hot shot services under any circumstance \*\***

**GENERAL LIABILITY QUESTIONS:**

1. Do you perform height pole work? ☐ Yes ☐ No  
Type of Pole? ☐ Homemade ☐ Manufactured What percentage of jobs require height pole work? \_\_\_\_\_
2. Are you requesting coverage for route surveys ☐ Yes ☐ No
3. Do you perform flagging? ☐ Yes ☐ No If yes, what percentage of jobs require flagging? \_\_\_\_\_
4. Do you want Equipment Coverage? ☐ Yes ☐ No  
If YES, complete the vehicle equipment schedule page for all permanently attached and unattached equipment.  
Inland Marine Coverage: ☐ \$1,000 Limit ☐ \$2,500 Limit ☐ \$5,000 Limit

**SUBCONTRACTED/INTERNATIONAL QUESTIONS:**

1. Do you sub-contract your work? ☐ Yes ☐ No
2. Do they provide you a copy of their policies with matching limits? ☐ Yes ☐ No
3. Is there a Hold Harmless Agreement in place? ☐ Yes ☐ No
4. Are you added as a Certificate Holder or an Additional Insured on the Subcontractors Insurance? ☐ Yes ☐ No
5. If NO to above, what protection is put in place to insure policies remain active policies?  
\_\_\_\_\_
6. Do you travel into Canada? \_\_\_\_\_ How Far(Miles)? \_\_\_\_\_

7. Do you pick up loads in Canada? ☐ Yes ☐ No If yes, where? \_\_\_\_\_
8. List all forms of communication devices being used during a trip: \_\_\_\_\_

**\*\* Please note that no coverage applies to Mexico \*\***

**AUTO QUESTIONS:**

1. Are Pre-Trip/Planning Meetings held prior to load movement? ☐ Yes ☐ No
2. Are you provided copies of permits and routing documents? ☐ Yes ☐ No
3. Are revised permits obtained should obstructions occur during trips? ☐ Yes ☐ No
4. Are Pre and Post Trip Evaluations and Checklist forms completed? ☐ Yes ☐ No
5. Are any vehicles not registered to or owned by the applicant? ☐ Yes ☐ No If yes, please provide more detail: \_\_\_\_\_
6. Are you requesting coverage for an employee using their own vehicles? ☐ Yes ☐ No If yes, a copy of the legal lease agreement with your company is required
7. Are any vehicles leased or rented to others? ☐ Yes ☐ No  
If yes, a copy of the legal lease agreement with your company is required
8. Are any vehicles to be used by non-certified drivers? ☐ Yes ☐ No  
Please list Driver and usage: \_\_\_\_\_
9. Do you permit non-employee passengers to occupy the vehicle during trips? ☐ Yes ☐ No

**VEHICLE INFORMATION**

**Vehicle 1:**

Registered Owner: \_\_\_\_\_

Registration State: \_\_\_\_\_

Garaging Address: \_\_\_\_\_

VIN: \_\_\_\_\_ Current Value: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

% Business use: \_\_\_\_\_ % Personal use: \_\_\_\_\_

☐ Comprehensive: Deductible: ☐ \$500 ☐ \$1,000

☐ Collision: Deductible: ☐ \$500 ☐ \$1,000 ☐ Liability Only

**If there is a loan against the vehicle, complete the section below:**

Name of Lien Holder: \_\_\_\_\_

Address of Lien Holder: \_\_\_\_\_ Loan Number: \_\_\_\_\_

**Vehicle 2:**

Registered Owner: \_\_\_\_\_

Registration State: \_\_\_\_\_

Garaging Address: \_\_\_\_\_

VIN: \_\_\_\_\_ Current Value: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

% Business use: \_\_\_\_\_ % Personal use: \_\_\_\_\_

☐ Comprehensive: Deductible: ☐ \$500 ☐ \$1,000

☐ Collision: Deductible: ☐ \$500 ☐ \$1,000 ☐ Liability Only

**If there is a loan against the vehicle, complete the section below:**

Name of Lien Holder: \_\_\_\_\_

Address of Lien Holder: \_\_\_\_\_ Loan Number: \_\_\_\_\_

**DRIVER INFORMATION (All drivers must meet underwriting standards)****Driver 1:**Name: \_\_\_\_\_ Sex: ☐ Male ☐ Female DOB: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of issuance: \_\_\_\_\_ Year licensed: \_\_\_\_\_

# of violations/accidents in last 3 years: \_\_\_\_\_ CDL License: ☐ Yes ☐ No

Details: \_\_\_\_\_

**Pilot Car Certificate Information**

Certification State \_\_\_\_\_ Certificate # \_\_\_\_\_ Exp Date: \_\_\_\_\_

Certification State \_\_\_\_\_ Certificate # \_\_\_\_\_ Exp Date: \_\_\_\_\_

Certification State \_\_\_\_\_ Certificate # \_\_\_\_\_ Exp Date: \_\_\_\_\_

**Driver 2:**Name: \_\_\_\_\_ Sex: ☐ Male ☐ Female DOB: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of issuance: \_\_\_\_\_ Year licensed: \_\_\_\_\_

# of violations/accidents in last 3 years: \_\_\_\_\_ CDL License: ☐ Yes ☐ No

Details: \_\_\_\_\_

**Pilot Car Certificate Information**

Certification State \_\_\_\_\_ Certificate # \_\_\_\_\_ Exp Date: \_\_\_\_\_

Certification State \_\_\_\_\_ Certificate # \_\_\_\_\_ Exp Date: \_\_\_\_\_

Certification State \_\_\_\_\_ Certificate # \_\_\_\_\_ Exp Date: \_\_\_\_\_

**ADDITIONAL INSURED/CERTIFICATE HOLDER INFORMATION:****Request for Additional Insured's to be added to this Policy (provide a copy of the contract)**

Name	Address, City, State Zip	Phone	Interest

**Request for Certificate Holder's to be added to this Policy (provide a copy of the contract)**

Name	Address, City, State Zip	Phone	Interest

## VEHICLE EQUIPMENT SCHEDULES

### Permanently Attached Equipment Schedule

Vehicle #	Description	Quantity	Value

### Unattached Equipment Schedule

Vehicle #	Description	Serial Number of Items over \$100	Value

## FRAUD WARNING

Notice of Applicants of all states except Colorado, New York and Pennsylvania

Any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any material false information or conceals for the purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties and denial of insurance benefits.

### Notice to Colorado Applicants

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 provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to Colorado Division of Insurance within the Department of Regulator Agencies.

### Notice to New York Applicants

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 shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Notice to Pennsylvania Applicants**

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

**IMPORTANT NOTICE:** Failure to report any claim made against you during your current policy term, or facts, circumstances or event which may give rise to a claim against you to your current insurance company BEFORE expiration of your current policy term may create a lack of coverage.

An authorized representative who is an active owner, officer, or partner of your firm must sign this Application within thirty (30) days prior to the policy inception date.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ (Owner, Partner, Officer)

Date: \_\_\_\_\_

**THE APPLICANT(S) UNDERSTAND(S) THAT COMPLETION OF THIS APPLICATION NEITHER BINDS COVERAGE NOR GUARANTEES THAT A POLICY WILL BE ISSUED.**

MVR Notice:

Please provide a copy of the MVR. If a copy is not available, it will be an additional charge for each MVR ordered through our office.