

LARGE FLEET TRUCKING APPLICATION

Applicant's Name: _____
 (As it appears on all regulatory filings)

Mailing Address: _____

Physical Address: _____

Main Phone: _____ Direct Phone: _____ Cell Phone: _____

Email: _____ Web-site: _____

Structure: C Corp S Corp Partnership Proprietorship Employee ID #: _____

MC #: _____ Web-site: _____

Primary Contact Person: _____ Title: _____ Email: _____

Phone: _____ Cell: _____

	% of Ownership		% of Ownership
President: _____	_____	Maintenance Manager: _____	_____
VP/Gen'l. Mgr.: _____	_____	Safety/Risk Manager: _____	_____
CFO/Contoller: _____	_____	Inspection Contact(s): _____	_____

Number of years in operation: _____ Number of years under current management: _____

List all Subsidiaries and Affiliated Companies and explain what they do and if they are to be included on the policy. Add attachment, if necessary.

Company	Type of Business	Included on Policy?
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

LOCATIONS (Address)	Location Type	# Units Assigned	Max Value at Location	Controlled Entrance (Y/N)	24 Hr. Guard (Y/N)	Fenced & Lighted (Y/N)	3 rd Party Exposure (Y/N)	Non-Truck Operations (Y/N)
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

GENERAL

Please answer the following questions. If you answer Yes to any question, please describe in the **Explanations** section below:

- Have you ever been cancelled or non-renewed within the last 5 years? Yes No
- Have you filed for bankruptcy protection within the last 5 years?..... Yes No
- Do you lease property, vehicles, or mobile equipment to others?..... Yes No
- Do you perform any rigging?..... Yes No
- Do you perform service or repair work on other than company-owned equipment?..... Yes No
(Describe type of work performed, number of vehicles at any one time, revenue derived, and list any
Garage Liability Insurance in-force: Insurer, Policy # and Term, Limits)
- Do you have any fuel storage facilities on your premises? Yes No
(List products stored, capacity, and list any Pollution Liability Insurance in-force: Insurer, Policy # and Term, Limits)
- Do you sell any product on a wholesale or retail basis? Yes No
- Do you derive any revenue from warehousing? Yes No
- Do you allow passengers to accompany drivers?..... Yes No
(If Yes, describe your policy, including authorization and frequency.)
- Do you have any surplus equipment not presently being utilized?..... Yes No
- Do you utilize any of the following: Satellite/Tracking Equipment, Communication Devices, or Alarms? Yes No

Explanations, if any: _____

Please describe ANY MAJOR CHANGES in the applicant’s operations over the last 5 years and planned for the next 2-3 yrs. Include growth/downsizing, commodities, customers, territories, equipment, driver hiring, personnel, financial, etc: _____

OPERATIONS

- Radius of Operations (% of miles) 0 to 50 _____% 51- 200 _____% 201 – 500 _____% Over 500 _____%
- Average Length of Haul _____ miles Maximum Length of Haul _____ miles % of Deadhead miles _____%
- Do you haul doubles?..... Yes No If Yes, _____% of total miles.
- Do you haul triples?..... Yes No If Yes, _____% of total miles.
- Do you use driver teams?..... Yes No If Yes, _____% of tractors seated with teams.

TYPE OF OPERATIONS	% OF HAULS	TYPE OF OPERATIONS	% OF HAULS
LTL		Tanker (Food Grade / Milk)	
Dry Van		Tanker (Hopper / Dry Bulk)	
Reefer		Tanker (Fuel / Chemicals)	
Flatbed		Auto Hauler	
Specialized Carrier		Dump	
Intermodal		Other (Describe):	

Complete for LTL & Intrastate Operations:

CITY / STATE	% OF HAULS	CITY / STATES	% OF HAULS
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

EXPOSURE HISTORY & PROJECTIONS

Rating Period	Mileage*	Trucking Revenue**	Brokerage Revenue	Company Revenue Units	O/O Revenue Units	Sub Haulers Units	PP & Service Units
Next 12 Mon (Proj.)							
Current Yr. (Est.)							
1 st Prior Yr. (Audited)							
2 nd Prior Yr. (Audited)							
3 rd Prior Yr. (Audited)							
4 th Prior Yr. (Audited)							

*Mileage should include all laden/unladen miles ran by both company owned & owner operator units while operating under your auhtoritie(s).

**Revenue should include trucking receipts only excluding any non-hauling revenue such as fuel surcharges, detention fees, etc.

***Units should reflect the annualized average number of active units

EQUIPMENT INFORMATION

(Owned / Long Term Leased Equipment Only)

Vehicle Type	Next 12 Mon. Stated Values (Projected)	Current Stated Values (Estimated)	1 st Prior Stated Values (Audited)	2 nd Prior Stated Values (Audited)	3 rd Prior Stated Values (Audited)	4 th Prior Stated Values (Audited)
Road Tractors						
Trailers / Chassis						
Straight Trucks						
Yard Trucks						
PP/Service						
Other (Describe)						
Other (Describe)						
TOTAL SVs						

Deductible

Current year: _____ 1st prior: _____ 2nd prior: _____ 3rd prior: _____ 4th prior: _____

MAINTENANCE

Do you have a written maintenance program? Yes No
(If Yes, attach copy)

Do you perform your own repairs? Yes No

Number of maintenance personnel: _____ Are pre/post trip inspections performed? Yes No

Define your inspection and preventative maintenance schedule intervals: A _____ B _____ C _____

Are owner/operators' equipment subject to the same maintenance requirements as company equipment? Yes No

Describe your plans to replace or upgrade your equipment: _____

CARGO

Commodities	% of Revenue	Hazardous?	Average Value	Maximum Value	% at Max
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____	_____

Deductible

Current year: _____ 1st prior: _____ 2nd prior: _____ 3rd prior: _____ 4th prior: _____

Average values per trailer \$ _____ Max values per trailer \$ _____ Max terminal exposure \$ _____

Is cargo ever stored on dock or in terminal yard over 72 hours? Yes No If Yes, _____% of time.

Is cargo ever left unattended on the road? Yes No If Yes, unattended _____% of time.

Is standard Bill of Lading issued? Yes No If No, attach copy of form used.

Do you haul under a full value bill of lading or a released value bill of lading? Full Value Released Value

List your top 3 shippers and % of total revenue: _____

Describe any specific cargo, including high hazard (hazardous, radioactive, waste materials) and high value: _____

AGREEMENTS

Are any Permanent Lease, Trip Lease, Hold-Harmless, Interline, Intermodal, Interchange, or Sub Hauler agreements in place? Yes No
 (If Yes, attach copies.)

TRIP LEASES

Do you trip lease drivers & equipment from others to haul freight under your authority? Yes No

If Yes, _____% of revenue. Please explain how you locate your trip lessors and how you control the return of your placards:

Do you inspect trip lessors' equipment? Yes No

Do you trip lease your drivers & equipment to others to haul freight under the other motor carrier's authority? Yes No

If Yes, _____% of total revenue.

Do you require authorization to be granted to a driver before they may enter into a trip lease agreement? Yes No

Please explain your controls: _____

BROKERAGE

Do you arrange for the transportation of property, by other motor carriers under the other carrier's authority?..... Yes No

If Yes, identify motor carriers utilized: _____

Name of your brokerage entity: _____ Annualized revenue: \$ _____

Licensed? Yes No MC # _____ Are separate accounting records kept?..... Yes No

Do you purchase contingent cargo coverage?..... Yes No

Before brokering loads, do you require any of the following:

Certificate of insurance? Yes No Limits required? \$ _____

Are certificates on file and up to date on all brokered loads? Yes No

Additional Insured endorsements?..... Yes No

Who is named on the Bill of Lading? Applicant -OR- Other Motor Carrier

TRAILER INTERCHANGE

Is Trailer Interchange Legal Liability coverage requested?..... Yes No

If Yes, please provide the following:

Average number of trailers per day: _____ Average number of days trailers are interchanged per month: _____

Average number of tractors hauling interchanged trailers per day? _____

Average value per trailer: \$ _____ Maximum value per trailer: \$ _____

TANKER OPERATIONS

Do you operate a tank wash facility? Yes No Is it operated as a separate entity? Yes No

If Yes, name of entity? _____ Is it insurance coverage requested?..... Yes No

Do you wash tanks for others? Yes No If Yes, provide annualized revenue: \$ _____

Is hazardous waste generated from your tank wash? Yes No

If Yes, explain disposal methods & carrier(s): _____

Who is responsible for loading/unloading of liquid or bulk products? _____

Do you have any blending or storage operations? Yes No

If Yes, provide annualized revenue: \$ _____

If Yes, list products blended or stored: _____

SAFETY & DRIVER HIRING

Safety Director's tenure with applicant: _____ Is Safety Director responsible for hiring?..... Yes No

Years of safety experience: _____ Percent of time devoted to safety: _____%

Safety Director reports to: Name _____ Title: _____

Does Safety Director have the ultimate authority to hire and fire drivers?..... Yes No

Current number of drivers: _____ Employees: _____ Owner/Operators: _____ Sub haulers (CA only): _____

Total: _____

Drivers hired in past 12 months: _____ Drivers replaced: _____ Drivers added : _____
 Minimum driver age: _____ Maximum driver age: _____ Minimum commercial driving experience: _____
 Average Compensation (circle per mile or per year): Company Driver: \$ _____ Owner/Operator: \$ _____
 How often do drivers return home? _____ Are drivers unionized?..... Yes No

Do your driver hiring procedures include:

- Written Application? Yes No Reference Checks?..... Yes No Road Test? Yes No
 Prior Employer Interviews? Yes No Physical Exam?..... Yes No Drug Testing?..... Yes No
 O/O Equipment Inspection? ... Yes No Written Test?..... Yes No MVR Review? Yes No

Do you hire drivers from training schools?..... Yes No

If Yes, describe your on-the-job training program for these drivers:

Does your new driver training include:

- Equipment familiarization? Yes No Handling commodities? Yes No
 Route familiarization? Yes No Emergency procedures? Yes No
 Accident reporting procedure? Yes No Training required for owner/operators? Yes No

New drivers assigned to a senior driver trainer? Yes No If Yes, how long will they drive together? _____

Length of new driver training program? _____

Additional comments on driver recruiting and training: _____

SAFETY TECHNOLOGY

Platform	% of Fleet	Date Installed	Person In Charge
Telematics	_____	_____	_____
Accident Event Recorder-self managed	_____	_____	_____
Accident Event Recorder-third party	_____	_____	_____
Electronic Logging Device	_____	_____	_____
Collision Avoidance	_____	_____	_____
In Vehicle Camera	_____	_____	_____
Anti-rollover Device	_____	_____	_____
Other (describe): _____	_____	_____	_____

Describe how the data and information is incorporated into driver training and disciplinary program: _____

EXPIRING & REQUESTED COVERAGES

Preferred Rating Basis (select one): Revenue Mileage

COVERAGE	EXPIRING				PROPOSED	
	LIMIT	DED/SIR	CARRIER	RATE	LIMIT	DED/SIR
Auto Liability *Uninsured Motorists * Underinsured Motorists	_____	_____	_____	_____	_____	_____
Excess Liability	_____	_____	_____	_____	_____	_____
General Liability	_____	_____	_____	_____	_____	_____
Motor Truck Cargo (per Vehicle / per Occurrence)	_____	_____	_____	_____	_____	_____
Physical Damage Owned Equip. Stated Values = \$ _____	_____ <u>ACV</u> _____ <u>ACV</u>	_____	_____	_____	_____ <u>ACV</u> _____ <u>ACV</u>	_____
Private Passenger Autos & Service: Auto Physical Damage Stated Values = \$ _____	_____ <u>ACV</u> _____ <u>ACV</u>	_____	_____	_____	_____ <u>ACV</u> _____ <u>ACV</u>	_____
Trailer Interchange	_____	_____	_____	_____	_____	_____
Owner/Operator Programs: Non-Trucking Auto Liability O/O Physical Damage Stated Values = \$ _____	_____ <u>ACV</u> _____ <u>ACV</u>	_____	_____	_____	_____ <u>ACV</u> _____ <u>ACV</u>	_____

- * (If Applicant rejects coverage where permitted and accepts minimum limits where rejection is not permissible, write REJ/MIN)
- * (If Applicant selects statutory minimum limits, write MIN)
- * (If Applicant selects policy limits or other limits, fill in limit requested)
- * **Note: In order to bind coverage, applicant will need to sign appropriate UM/UIM rejection/selection forms.**

FILINGS

List the states or Canadian provinces where applicant has Liability or Cargo Filings: _____

Note: Before coverage can be bound, copies of all filings to be made must be received.

General Fraud Statement
(Not applicable in Colorado, Nebraska, Ohio, Oklahoma, Oregon, Utah, and Vermont)

Any person who knowingly and with intent to defraud any insurance company or another 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 and subjects the person to criminal and (NY: substantial) civil penalties. In the District of Columbia, Louisiana, Maine, Tennessee and Virginia, insurance benefits may also be denied.

The Applicant hereby applies to the Company for a policy of insurance as set forth in this application on the basis of statements contained herein. Applicant agrees that such policy shall be null and void if such information is materially false or misleading so that the Company would have rejected the risk prior to inception. Applicant understands that an inquiry may be made which will provide applicable information concerning character, general reputation, financial stability and other pertinent financial data, personal characteristics, mode of living or other background information the company deems necessary in order to determine whether the Company will accept or reject Applicant for coverage. Upon written request, additional information as to the nature and scope of the inquiry, if one is made, will be provided. The Applicant understands this application is a request for quotation and no information provided herein shall be construed by either party as creating a binding contract for insurance.

Signed this _____ day of _____, _____ at _____

By _____ For _____

Name Title

(If Named Insured is other than an individual)

(If a partnership or corporation, signatory must be empowered by articles of Incorporation, et al, to bind insurance agreements.)