



Truck Transportation Application

Agent Information

Date Received _____

Agency _____
 Producer _____

Effective Date _____
 Requested Quote Date _____

General Information

Named Insured _____
 Street Address _____
 State _____
 Phone _____
 Additional Named _____
 Insureds _____

DBA _____
 City _____
 Zip _____
 Fax _____
 Affiliated _____
 Companies _____

Personnel

Position	Name	Years	% of Ownership
President			
Operations Manager			
Safety Director			
Loss Control Contact			
Insurance Contact			

Operations

FEIN # _____
 MC # _____
 DOT # _____
 Years in _____
 Business _____
 Years under _____
 current mgmt _____

Business Type

Sole Proprietor
 Corporation
 Partnership
 Other

Carrier Type

Common
 Contract
 Private
 Other

If 'other', _____
 please explain

If 'other', _____
 please explain

Are you a _____
 subsidiary? Yes No

If 'yes', please _____
 explain

Do you operate as a broker? Yes No If 'yes', what is the MC number? _____
 Do you travel into Canada? Yes No If 'yes', please list province(s) and mileage _____

Filings Requested:

BMC91X Form E OS32 UIIA

All Needed State Filings:

Applicable states:

Terminal Locations

At each location:

#	Address, City, State	# of employees	# of units	\$ of fleet value
1				
<input type="checkbox"/> Fenced <input type="checkbox"/> Lighted <input type="checkbox"/> Security Guard <input type="checkbox"/> Video Surveillance <input type="checkbox"/> Controlled Entrance				
2				
<input type="checkbox"/> Fenced <input type="checkbox"/> Lighted <input type="checkbox"/> Security Guard <input type="checkbox"/> Video Surveillance <input type="checkbox"/> Controlled Entrance				
3				
<input type="checkbox"/> Fenced <input type="checkbox"/> Lighted <input type="checkbox"/> Security Guard <input type="checkbox"/> Video Surveillance <input type="checkbox"/> Controlled Entrance				
4				
<input type="checkbox"/> Fenced <input type="checkbox"/> Lighted <input type="checkbox"/> Security Guard <input type="checkbox"/> Video Surveillance <input type="checkbox"/> Controlled Entrance				

Square footage of office:

Are you involved in any business other than trucking? Yes No

Square footage of garage:

Do you lease property or equipment to others? Yes No

Do you provide service to vehicles other than your own? Yes No

Do you have any storage facilities? Yes No

Projected and Historical Exposures

Radius	%
0 to 50 miles	
51 to 200 miles	
201 to 500 miles	
501+ miles	

What is your average length of haul? _____

What is your maximum length of haul? _____

Metro Areas? Yes No

Major cities entered: _____

Areas

East Coast Midwest

Northeast Southwest

Southeast Northwest

West Coast

Period	Revenue Units*	Total Revenue	Total Mileage
Projection			
Current Year			
1st Prior Year			
2 nd Prior Year			
3 rd Prior Year			
4 th Prior Year			

*Please attach a vehicle schedule including year, make, model, full VIN, and stated value for physical damage.

Revenue Definition: Revenue includes the total amount of money to which you are entitled to for the shipment of goods or property during the policy term.

Mileage Definition: Mileage is the total number of loaded and unloaded miles by vehicles operating under your authority.

Commodity Information- attach additional paper as necessary

Type	Max Value	Avg Value	% of Total	Major Shipper

Please explain 'yes' answers

- 1 Do you haul hazardous materials? Yes No _____
- 2 Do any of your loads require placarding? Yes No _____
- 3 Do your trucks have alarm or theft protection? Yes No _____
- 4 Do any of your commodities require temperature control? Yes No _____
- 5 Do you haul double or triple trailers? Yes No _____
- 6 Do you have any terminal exposure for cargo? Yes No _____
- 7 Do you do any containerized cargo hauling? Yes No _____
- 8 Do you have any oversize-overweight operations? Yes No _____
- 9 Do you have brokerage authority? Yes No _____
- 10 Any team operations? Yes No _____

% of revenue: _____
If 'yes' how many _____

Equipment – owned or leased and operated by insured’s employees, officers, partners or owners.

Company Owned Equipment

Owner Operator Equipment

Power Units	#	Trailers	#	Power Units	#	Trailers	#
Tractors		Flatbed		Tractors		Flatbed	
Heavy Trucks		Dry Van		Heavy Trucks		Dry Van	
Medium Trucks		Hopper		Medium Trucks		Hopper	
Light Trucks		Dump		Light Trucks		Dump	
Pickups		Tank		Pickups		Tank	
PP Auto		Reefers		PP Auto		Reefers	
Other		Other		Other		Other	
Total Value		Total Value		Total Value		Total Value	

Does Equipment supervision include:

- Computerized Engines Yes No
- Satellite Tracking (GPS) Yes No
- Anti-Lock Brakes Yes No
- Safety Decals Yes No
- Specialized Lighting Yes No
- Cell Phones Yes No
- Radio Dispatch Yes No
- Recording Devices Yes No

- Are any vehicles allowed to be used for personal use? Yes No
- Are Owner/Operators required to carry NTL? Yes No
- Do you rent or lease to others? Yes No
- Owner/Operator mileage in IFTA reporting? Yes No
- Electronic Logging Devices Implemented? Yes No
- If No to above, is action plan in place? Yes No
- Please Describe: _____

Driver Information – please attach Driver Schedule

Check all that apply

Fleet Drivers	Drivers Hired	Driver selection procedures
Employees _____	# replaced _____	Written Application <input type="checkbox"/>
Part Time _____	# increased _____	Reference Checks <input type="checkbox"/>
Casual _____		Written Test <input type="checkbox"/>
Leased _____		Road Test <input type="checkbox"/>
Owner-Operator _____	Driver Age	MVR Check <input type="checkbox"/>
Sub Haulers _____	# of drivers under 25 _____	Pre-Hire Physical <input type="checkbox"/>
	# of drivers over 65 _____	Interview <input type="checkbox"/>
Pay scale	Driver Experience required	Drug Test <input type="checkbox"/>
Union <input type="checkbox"/>	# of years _____	Criminal Background Check? <input type="checkbox"/>
Non-Union <input type="checkbox"/>	# of miles driven _____	Does Indoctrination include:
Wage Base	MVR Review	Company rules and procedures <input type="checkbox"/>
Hours <input type="checkbox"/>	New Hires <input type="checkbox"/>	Daily vehicle inspections <input type="checkbox"/>
Miles <input type="checkbox"/>	Annual Review (all drivers) <input type="checkbox"/>	Equipment familiarization <input type="checkbox"/>
Revenue <input type="checkbox"/>	Complete driver files available? <input type="checkbox"/>	Route familiarization <input type="checkbox"/>
Trip <input type="checkbox"/>		Emergency procedures <input type="checkbox"/>
Other <input type="checkbox"/>		Accident reporting procedures <input type="checkbox"/>

Who administers your driver hiring process? _____

What is the length of your driver training program? _____

Is the program required for all drivers? Yes No

Are owner/operators subject to insured’s hiring standards? Yes No

Are owner/operators subject to insured’s maintenance standards? Yes No

Are driver files updated annually? Yes No

What is the disciplinary action for drivers develop that unacceptable records? _____

Do you require Owner/Operators to carry Workers Compensation insurance? Yes No

Safety and Maintenance – include any safety and maintenance programs

Who is responsible for safety? _____

Do you use a safety awards program? Yes No

If 'yes', please describe. _____

How often are safety meetings held? _____

Are safety meetings mandatory? Yes No

Do you maintain an accident register? Yes No

Do you allow guest passengers? Yes No

If 'Yes', is there a current, in-force passenger accident policy? (Please provide a copy) _____

Preventive Maintenance

Who is responsible for maintenance? _____

Is a record kept on each vehicle? Yes No

Controlled inspection frequency? Yes No

Daily vehicle inspection reports? Yes No

Are front axle brakes operative on all units? Yes No

Your maintenance program services:	Vehicle Maintenance is:	Do you have any of the following onsite:
Company Vehicles <input type="checkbox"/>	Internal <input type="checkbox"/>	Parts Department <input type="checkbox"/>
Owner/Operators <input type="checkbox"/>	External <input type="checkbox"/>	Service Bays <input type="checkbox"/>
Others <input type="checkbox"/>	Both <input type="checkbox"/>	Body Shop <input type="checkbox"/>

Are owner/operator vehicles subject to the same maintenance program as owned equipment? _____

Number of mechanics on staff? _____

Annual mechanic payroll? _____

Who services leased vehicles? _____

If you do not have a maintenance facility, please describe how vehicles are serviced. _____

Leasing Supplement			
Do you lease equipment to others on a long term basis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
What revenue do you derive from this equipment?			
-Attach copies of Lease agreements			
Do you allow trip leasing under your authority?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
-% of revenue derived?			
-If 'yes', do you require a Hold Harmless agreement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are certificates of insurance on file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are Permanent/exclusive lease agreements used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Underwriting Questions

Has your insurance been non-renewed or cancelled in the past 5 years? Yes No

Have you filed for bankruptcy in the past 5 years? Yes No

Do you ever haul noxious, caustic, toxic, flammable or explosive commodities? Yes No

Do you haul any waste? Yes No

Do you have any interline, interchange, or intermodal agreements? Yes No

Please describe any 'yes' answers:

Coverage Request Summary

Auto Liability Coverage	Limit Requested	Deductible	Current Carrier	Expiring Premium
Auto Liability				
Hired and Non-Owned Auto				
Personal Injury Protection				
Uninsured Motorists				
Medical Payments				

Physical Damage	Deductible	Current Carrier	Expiring Premium
Comprehensive			
Specified Perils			
Collision			
Total Insured Value of Fleet			

Do you require more than \$1,000,000 of catastrophic coverage? Yes No

Trailer Interchange	Limit Requested	Deductible	Current Carrier	Expiring Premium
<input type="checkbox"/> Yes <input type="checkbox"/> No		1000		

In the event of a loss, trailer interchange agreements will be required.
 # of trailers: _____ # of days per year: _____
 Explain Any Coastal Exposures / Garaging:

Motor Truck Cargo	Limit Requested	Deductible	Current Carrier	Expiring Premium
Per Vehicle				
Catastrophe Limit				
Terminal Limit				

Do you require a limit greater than \$250,000 for any coverage? Yes No

Are any loaded trailers stored at any terminal over 72 hours? Yes No

Do you require refrigeration Breakdown coverage? Yes No

General Liability Coverage	Limit Requested	Deductible	Current Carrier	Expiring Premium
Aggregate Limit				
Per Occurrence Limit				
Per Location Limit				
Per Policy Limit				
Employee Benefits Liability				
Payroll other than Driver				
Coverage for all locations <input type="checkbox"/>				

-please include supplemental General Liability application.

Does the insured have any operations other than trucking, such as:

1. Storage of goods of other (warehousing)? Yes No

2. Storage of vehicles of others? Yes No

3. Space leased to others? Yes No

4. Freight forwarding or consolidation for others? Yes No

5. Any other non-trucking operations? If yes, please provide details: Yes No

6. Mobile Equipment; i.e. snowplows, forklifts, cranes, cherry pickers, Yes No

yard goats, etc.? If yes, please provide details:

7. Does applicant sponsor or participate in racing events?

Yes No

8. Is there an on-site fueling and/or storage of fuels, chemicals, or other products

Yes No

9. Is there a truck wash on-site?

Yes No

Submission Requirements

- Completed Application – signed, including UM/UIM & PIP forms. Other applications will be accepted provided they contain the required underwriting information.
- Current drivers list including:
 - Date of birth, Date of hire, license #/SSN.
 - MVRs are required for all drivers.
 - 25% random sample is acceptable for fleets greater than 50 units with the balance required at binding.
 - MVRs must be no older than 60 days.
 - All drivers must meet eligibility guidelines.
- Current vehicle schedule including: year, make, model, complete VIN, and stated value (if requesting APD).
- Current financial statements, income statement & balance sheet, for current & first previous year. Audited financials are preferred, but not required.
- Five (5) years of currently valued loss runs for all requested lines, issued within 90 days of expiration.
- IFTAs fuel tax reports for the last 4 quarters (8 preferred). If fuel tax reports are not available for the risk, supplemental mileage information must be provided.
- Account narrative describing operations, customers & commodities, and regular routes of travel to better explain insurable exposures.

The Applicant hereby certifies that the information contained in this application is true and agree that a misrepresentation of any of the facts will constitute reason for the Company to void or cancel any policy issued on the basis of this application and will hold the company harmless for the action taken. The Applicant also agrees that if a policy is issued pursuant to this application, the application and any elections or rejections which are included with the application and signed, may be relied upon by the Company as accurate.

The Applicant also understands that an inquiry may be made that will provide information concerning general reputation, financial stability and other pertinent financial data, credit history, driving experience, vehicle usage, and other information in determining whether the Company offers a quote. The Applicant authorizes the Company to obtain such reports in connection with this Applicant.

The Applicant also recognizes that all or part of the operation are subject to Department of Transportation oversight requiring adherence to rules and regulations. The Applicant acknowledges that DOT rules and regulations are understood and adhered to, including, but not limited to, driver hiring, vehicle inspection, maintenance and hours of service.

Agency Name: _____

Date: _____

Producer Name: _____

Producer Signature: _____

Applicant Name: _____

Applicant Signature: _____