



Division of Specialty Program Group, LLC

SMALL FLEET TRUCKING PROGRAM APPLICATION

GENERAL INFORMATION ON INSURED

- | | | |
|---|--|--|
| <input type="checkbox"/> Individual/Sole Proprietorship | <input type="checkbox"/> Corporation | <input type="checkbox"/> LLC (Limited Liability Company) |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Joint Venture | <input type="checkbox"/> Other |

Type of Operation/Radius of Operation:

- For Hire
 Not for Hire
 Private
 Non-Trucking
 Other _____
 _____% 0 to 100 Miles
 _____% 101 to 300 Miles
 _____% 301 to 500 Miles
 _____% 500+ Miles

Requested Effective Date: _____ New Renewal of _____

Select the Coverages to be included in the quotation:

- Primary Auto Liability
 Non-Trucking Liability
 Physical Damage
 Cargo
 General Liability

Name of Insured:			
Mailing Address: City, State, Zip			
Principal Garaging Address: <input type="checkbox"/> Same as mailing			
This location occupied as:	<input type="checkbox"/> Office	<input type="checkbox"/> Garage	<input type="checkbox"/> Terminal
	<input type="checkbox"/> Repair/Maintenance	<input type="checkbox"/> Warehouse	
Principal Business Phone #:		Website:	
Business Email:		Fax #:	
Tax ID # (SSN or FEIN):		US DOT #:	MC #:
Primary Contact or Owner:	Email address:		
	Phone #:		
Address:			<input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other
Safety Inspection Contact:	Email address:		
	Phone #:		

GENERAL QUESTIONS

How many years has the applicant operated under this authority or for this Named Insured?	Years
Has the applicant operated under a different name or authority in the past 4 years? <i>(If yes, explain in remarks)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many years of trucking management experience does the applicant have?	Years
Has any of the requested insurance ever been cancelled or non-renewed? <i>(Missouri residents do not need to answer this question.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have there been any operations sold, acquired, or discontinued in the past 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has this entity or prior owned entities filed for bankruptcy protection in the past five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you hire other companies or independent owner-operators to haul for you? If "Yes" Are the hired vehicles permanently leased to your company? Are the hired vehicles listed on this application? Do the leased vehicles include drivers?	<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
Do you require leased owner-operators to purchase non-trucking bobtail liability insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you hire other drivers or equipment to haul under a trip lease or sublease agreement? If "Yes", estimated number of trips per year	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Estimated cost of hire per year	\$ _____

SCHEDULE OF ADDITIONAL INTERESTS

For each unit that requires an added interest holder, complete the following. Use for the "Type" identification:
ANI – Additional Named Insured, **AI** – Additional Insured, **AL** – Lessor – Additional Insured & Loss Payee, **LP** – Loss Payee, **WOS** – Waiver of Subrogation

For any Additional Named Insured include relationship, operations, and authority numbers in remarks.

Unit #	Type	Name of Interest Holder	Address of Interest Holder

AUTO COVERAGE INFORMATION

Type of Coverage	Limit of Coverage Requested	
<input type="checkbox"/> Primary Auto Liability	\$ CSL	
<input type="checkbox"/> Liability for Non-Trucking Use	\$ CSL	
<input type="checkbox"/> Employers Non-Ownership Liability	Number of Employees:	
<input type="checkbox"/> Hired Auto Liability	Cost of Hire: \$	
<input type="checkbox"/> Trailer Interchange Liability	<input type="checkbox"/> Include <input type="checkbox"/> Do Not Include	
<input type="checkbox"/> Medical Payments Coverage	\$	
Uninsured/Underinsured Motorists and No-Fault Options		
<input type="checkbox"/> Uninsured Motorists	\$	
<input type="checkbox"/> Underinsured Motorists	\$	
<input type="checkbox"/> Personal Injury Protection	\$	
<i>The state-specific UM/UIM/PIP selection/rejection form must be completed prior to binding.</i>		
Physical Damage Coverages	Deductible	
<input type="checkbox"/> Comprehensive	\$	
<input type="checkbox"/> Specified Causes of Loss	\$	
<input type="checkbox"/> Collision	\$	
<input type="checkbox"/> Hired Vehicle Physical Damage	Maximum Limit \$	
<input type="checkbox"/> Trailer Interchange	Maximum Limit \$	
Other Options:		
<input type="checkbox"/> Rental Reimbursement	Amount per day \$	<input type="checkbox"/> 30 days <input type="checkbox"/> 120 days coverage
<input type="checkbox"/> Business Interruption	\$	<input type="checkbox"/> With <input type="checkbox"/> Without Extra Expense
<input type="checkbox"/> Garagekeepers	\$	
<input type="checkbox"/> Drive Other Car	Names:	<input type="checkbox"/> Liability Only <input type="checkbox"/> Full Coverage
<input type="checkbox"/> Waiver of Subrogation		
<input type="checkbox"/> Limited Silica Coverage		
<input type="checkbox"/> Broad Form Pollution		
<input type="checkbox"/> Other		
Premium Basis	<input type="checkbox"/> Scheduled Auto; Reporting form on <input type="checkbox"/> Gross Revenue <input type="checkbox"/> Mileage <input type="checkbox"/> Other <i>(describe below)</i>	

TRUCKING OPERATION INFORMATION

Identify Metropolitan areas traveled through or into:

<input type="checkbox"/> Atlanta	<input type="checkbox"/> Dallas/Ft. Worth	<input type="checkbox"/> Little Rock	<input type="checkbox"/> New Orleans	<input type="checkbox"/> Portland	<input type="checkbox"/> Tulsa
<input type="checkbox"/> Baltimore	<input type="checkbox"/> Denver	<input type="checkbox"/> Los Angeles	<input type="checkbox"/> New York City	<input type="checkbox"/> Richmond	
<input type="checkbox"/> Boston	<input type="checkbox"/> Detroit	<input type="checkbox"/> Louisville	<input type="checkbox"/> Oklahoma City	<input type="checkbox"/> St. Louis	Principal Operations in
<input type="checkbox"/> Buffalo	<input type="checkbox"/> Hartford	<input type="checkbox"/> Memphis	<input type="checkbox"/> Omaha	<input type="checkbox"/> Salt Lake City	
<input type="checkbox"/> Charlotte	<input type="checkbox"/> Houston	<input type="checkbox"/> Miami	<input type="checkbox"/> Orlando	<input type="checkbox"/> San Diego	<input type="checkbox"/> ZONE 1
<input type="checkbox"/> Chicago	<input type="checkbox"/> Indianapolis	<input type="checkbox"/> Milwaukee	<input type="checkbox"/> Philadelphia	<input type="checkbox"/> San Francisco	<input type="checkbox"/> ZONE 2
<input type="checkbox"/> Cincinnati	<input type="checkbox"/> Jacksonville	<input type="checkbox"/> Minneapolis	<input type="checkbox"/> Phoenix	<input type="checkbox"/> Seattle	<input type="checkbox"/> ZONE 3
<input type="checkbox"/> Cleveland	<input type="checkbox"/> Kansas City	<input type="checkbox"/> Nashville	<input type="checkbox"/> Pittsburgh	<input type="checkbox"/> Tampa	<input type="checkbox"/> ZONE 4

ZONE DEFINITIONS: 1: CT, DE, DC, FL, LA, ME, MD, MA, MS, NH, NJ, RI, V, WY
 2: AL, AZ, AR, CA(*), GA, IL, IN, MI, MO, OH, PA, TX(*), VA, WA (*) *Parts of state not in Zone 1*
 3: CO, KY, MN, NV, NC, OK, OR, SC, TN, WI
 4: ID, IA, KS, MT, NE, NM, ND, SD, UT, WY

Zone 1 includes metro areas of Riverside, CA and Austin, Beaumont, Corpus Christi, Dallas, El Paso, Ft. Worth, Galveston, Houston & San Antonio, TX, as well as the CA counties of Alameda, Los Angeles, Orange, San Diego, San Francisco and San Mateo.

SCHEDULE OF VEHICLES

All units you own or are leased to you must be scheduled and insured. Be sure that the Stated Value includes the attached electronics or other equipment. Attach a separate schedule if necessary.

Unit #	Year	Make	Type	VIN #	Stated Value	Radius
	GVW/GCW	Reg State	Status			
			<input type="checkbox"/> Owned <input type="checkbox"/> Leased with driver <input type="checkbox"/> Leased without driver <input type="checkbox"/> Employee Owned			
Unit #	Year	Make	Type	VIN #	Stated Value	Radius
	GVW/GCW	Reg State	Status			
			<input type="checkbox"/> Owned <input type="checkbox"/> Leased with driver <input type="checkbox"/> Leased without driver <input type="checkbox"/> Employee Owned			
Unit #	Year	Make	Type	VIN #	Stated Value	Radius
	GVW/GCW	Reg State	Status			
			<input type="checkbox"/> Owned <input type="checkbox"/> Leased with driver <input type="checkbox"/> Leased without driver <input type="checkbox"/> Employee Owned			
Unit #	Year	Make	Type	VIN #	Stated Value	Radius
	GVW/GCW	Reg State	Status			
			<input type="checkbox"/> Owned <input type="checkbox"/> Leased with driver <input type="checkbox"/> Leased without driver <input type="checkbox"/> Employee Owned			
Unit #	Year	Make	Type	VIN #	Stated Value	Radius
	GVW/GCW	Reg State	Status			
			<input type="checkbox"/> Owned <input type="checkbox"/> Leased with driver <input type="checkbox"/> Leased without driver <input type="checkbox"/> Employee Owned			
Unit #	Year	Make	Type	VIN #	Stated Value	Radius
	GVW/GCW	Reg State	Status			
			<input type="checkbox"/> Owned <input type="checkbox"/> Leased with driver <input type="checkbox"/> Leased without driver <input type="checkbox"/> Employee Owned			

TRAILER INFORMATION

Enter the percentage of operations by trailer types shown below: *(must total 100%)*

Dry Van	%	Flatbed	%
Refrigerated	%	Intermodal Containers/Chassis	%
Auto Hauler	%	Tank	%
Grain	%	Livestock	%
Dump (backend/bottom dump)	%	Lowboy	%
Other (Describe)	%		%

OPERATION AND SAFETY OPERATION QUESTIONS

How are drivers compensated?			
Do you pull doubles?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you pull triples?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are filings required? <i>(if "yes", please complete the FILING INFORMATION SCHEDULE)</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is all equipment operated under Insured's authority included for coverage?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is all owned or leased equipment included for coverage?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is all the scheduled equipment owned by the insured?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you act as a freight forwarder or freight broker or arrange loads for others?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you haul partial loads? (LTL)		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what % of total loads?
			%
Do you haul intermodal containers?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any part of your operation seasonal?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what operation?			
Do you lease to another motor carrier?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, name of the motor carrier:			
Does the lease agreement require you to provide primary liability?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If you have owner operators under contract, does the contract require the owner operator to provide primary liability?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what limit is required?			\$
How do you verify coverage and limit?			<input type="checkbox"/> Certificates of Insurance <input type="checkbox"/> Other
Do you require an additional insured endorsement & 30-day notice of cancellation?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you use team or relay driver operations? <i>(If yes, explain in remarks.)</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
Minimum Driver Age:		Years	Maximum Driver Age:
			Years
Minimum CDL Experience:		Years	Do you have driver trainees?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do your driver files conform to DOT requirements?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is pre-employment screening part of your hiring process?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the following included?			
<input type="checkbox"/> Employment Background Check <input type="checkbox"/> Pre-Employment Drug Test <input type="checkbox"/> Road Test <input type="checkbox"/> Criminal Background Check <input type="checkbox"/> MVR Review <input type="checkbox"/> PSP Report from FMCSA <input type="checkbox"/> Pre-employment physical <input type="checkbox"/> Written Test <input type="checkbox"/> In-person interview			
Does your driver performance management process include any of the following?			
<input type="checkbox"/> Annual review of driver's record (MVR) <input type="checkbox"/> Review of Electronic Engine Data <input type="checkbox"/> Periodic review of Safe/Stat CSA Reports <input type="checkbox"/> Incentives for violation & accident free driving <input type="checkbox"/> Periodic review of accidents or incidents <input type="checkbox"/> Formal corrective action procedures <input type="checkbox"/> Driver Safety Training <input type="checkbox"/> Emergency Procedures review <input type="checkbox"/> Random Drug Testing <input type="checkbox"/> Pre-trip & post-trip inspection process			
Do you allow passengers?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any covered vehicles equipped with speed governors?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Max Speed?
Does applicant have satellite tracking devices?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe number & usage in remarks
Does management have a formal process to review all incidents resulting in a loss?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have there been any changes to operation or safety oversight in the past 12 months?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any of your contracts require the use of escort vehicles? <i>(If yes, explain in remarks.)</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you haul over-size or over-weight loads? <i>(If yes, explain commodity & frequency in remarks)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If other motor carriers or owner operators haul for you, whose name is on the Bill of Lading?	<input type="checkbox"/> Yours <input type="checkbox"/> Theirs
Do you have a written, formal vehicle inspection and maintenance program? <i>(Attach a copy)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Who performs service or maintenance on your vehicles?	<input type="checkbox"/> You <input type="checkbox"/> Others
Do you have a written, formal safety program? <i>(Attach a copy)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
How often do you hold safety meetings?	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other
Are all drivers required to attend safety meetings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Who monitors driver log records for accuracy?	
Are all vehicles equipped with on-board recording devices compliant with Dec 2017 requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any vehicles equipped with video monitoring devices?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any vehicles equipped with alarms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does applicant currently use any other advanced safety technologies? <i>(If yes, indicate the percentage of the fleet that is equipped with these kinds of technologies.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Collision avoidance systems	_____ %
Lane departure warning devices	_____ %
Advanced vehicle stability equipment	_____ %
Advanced brake monitoring equipment	_____ %
Geo fencing	_____ %
Other <i>(Describe)</i>	_____ %

Please estimate the mileage and revenue for the current year and four previous years:

REVENUE & MILEAGE	# of Units	Revenue per Unit	Mileage per Unit	Total Revenue	Total Mileage
Current 12 Months		\$		\$	
1 st Prior 12 Months		\$		\$	
2 nd Prior 12 Months		\$		\$	
3 rd Prior 12 Months		\$		\$	
4 th Prior 12 Months		\$		\$	

CARGO AND COMMODITIES INFORMATION

PLEASE COMPLETE COMMODITY INFORMATION EVEN IF CARGO COVERAGE IS NOT REQUIRED.

Category	Max Value Per Load	Average Load Value	% of all Loads	Category	Max Value Per Load	Average Load Value	% of all Loads
Agricultural Products	\$	\$	%	Grain, Feed, Hay Cotton	\$	\$	%
Auto/Machine Parts	\$	\$	%	Hazardous Materials	\$	\$	%
Beverages	\$	\$	%	Livestock	\$	\$	%
Building Materials	\$	\$	%	Mail	\$	\$	%
Chemicals/Petroleum	\$	\$	%	Mobile Equipment	\$	\$	%
Construction Aggregate	\$	\$	%	Mobile/Modular Homes	\$	\$	%
Containers	\$	\$	%	Motorized Vehicles	\$	\$	%
Dry Freight	\$	\$	%	Nursery Stock	\$	\$	%
Electronics/Appliances	\$	\$	%	Paper/Plastic Products	\$	\$	%
Food-Frozen	\$	\$	%	Pharmaceuticals	\$	\$	%
Food-Refrigerated	\$	\$	%	Scrap Metal	\$	\$	%
Food-All Other	\$	\$	%	Wood	\$	\$	%
Generators/AC Units	\$	\$	%	Other	\$	\$	%

CARGO COVERAGE LIMITS AND OPTIONS

Type of Coverage	Per Loss Limit of Coverage Requested	Deductible Requested
Basic Cargo Coverage	\$	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/>

CARGO OPTIONS

Contingent Cargo Coverage	\$	<input type="checkbox"/> Include <input type="checkbox"/> Do Not Include
Terrorism Coverage	<input type="checkbox"/> Include <input type="checkbox"/> Do Not Include	
Include Terminal Coverage	\$	<input type="checkbox"/> Include <input type="checkbox"/> Do Not Include
Hired Auto Cargo	\$	<input type="checkbox"/> Include <input type="checkbox"/> Do Not Include
Equipment (tarps, straps, etc.)	\$	<input type="checkbox"/> Include <input type="checkbox"/> Do Not Include
Refrigeration Breakdown	\$	<input type="checkbox"/> Include <input type="checkbox"/> Do Not Include
Additional Earned Freight Charges	\$	<input type="checkbox"/> Include <input type="checkbox"/> Do Not Include
Other Special Coverages	Indicate what options are required	

Do your drivers ever load or unload? If yes, explain	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are loaded trailers ever left unattended for more than 1 hour? <i>(If yes, explain in remarks.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all loaded trailers secured with padlocks or other locking devices?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have Designated Shippers? <i>(If yes, in remarks section show names, addresses, commodities hauled, average load values, & what percentage of total hauling revenue each represents.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any shippers ever require a higher limit or special conditions for a specific load? <i>(If yes, explain conditions and highest limit ever requested in remarks.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you ever haul any high valued metals such as copper, aluminum, etc. <i>(If yes, provide details of this exposure.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any contracts with shippers give them the right to determine cargo salvage values or declare cargo to be a total loss regardless of the actual damage? <i>(If yes, explain in remarks.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
For refrigerated loads – Do you keep maintenance records for the refrigeration units?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe maintenance program for refrigeration units:	
Describe emergency procedures for spoilage	

GENERAL LIABILITY COVERAGE INFORMATION

General Aggregate	\$	Products & Completed Operations Aggregate:	\$
Each Occurrence	\$	Personal & Advertising Injury:	\$
Employee Benefits Liability Coverage:	\$	Damage to Premises Rented to You:	\$100,000
Estimated Number of Employees:		Medical Expense (Any One Person)	\$5,000
Stop-Gap Coverage:	\$		

SCHEDULE OF LOCATIONS AND HAZARDS

PLEASE LIST YOUR TERMINALS, DROP YARDS, WAREHOUSES, AND OTHER FACILITIES. USE ADDITIONAL SCHEDULE IF NECESSARY.

Address	Occupancy	Payroll	Classifications
	<input type="checkbox"/> Office <input type="checkbox"/> Terminal <input type="checkbox"/> Warehouse <input type="checkbox"/> Yard	\$	<input type="checkbox"/> Truckers <input type="checkbox"/> Warehouses <input type="checkbox"/> Auto Repair & Service
	<input type="checkbox"/> Office <input type="checkbox"/> Terminal <input type="checkbox"/> Warehouse <input type="checkbox"/> Yard	\$	<input type="checkbox"/> Truckers <input type="checkbox"/> Warehouses <input type="checkbox"/> Auto Repair & Service
	<input type="checkbox"/> Office <input type="checkbox"/> Terminal <input type="checkbox"/> Warehouse <input type="checkbox"/> Yard	\$	<input type="checkbox"/> Truckers <input type="checkbox"/> Warehouses <input type="checkbox"/> Auto Repair & Service
	<input type="checkbox"/> Office <input type="checkbox"/> Terminal <input type="checkbox"/> Warehouse <input type="checkbox"/> Yard	\$	<input type="checkbox"/> Truckers <input type="checkbox"/> Warehouses <input type="checkbox"/> Auto Repair & Service

UNDERWRITING INFORMATION

Total Annual Revenue from trucking operations: \$

Total Annual Revenue from non-trucking operations (listed below): \$

Operations other than trucking:

Repair of goods of others	<input type="checkbox"/> Yes <input type="checkbox"/> No	Storage of Goods of others (warehousing)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Storage of vehicles for others	<input type="checkbox"/> Yes <input type="checkbox"/> No	Service or repair of other trucking firm's vehicles	<input type="checkbox"/> Yes <input type="checkbox"/> No
Space leased to others	<input type="checkbox"/> Yes <input type="checkbox"/> No	Climate controlled storage or cold storage	<input type="checkbox"/> Yes <input type="checkbox"/> No
Farming	<input type="checkbox"/> Yes <input type="checkbox"/> No	Freight forwarding, consolidating or brokering	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sale of fuel or any other products	<input type="checkbox"/> Yes <input type="checkbox"/> No	Towing – your owned vehicles or for others	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are there any unrelated business operations at any of the described locations? Yes No

Are there any contracts that require you to assume the liability of another party? Yes No

Do you own or operate any mobile equipment such as forklifts, graders, snowplows, yard goat? Yes No

Do you loan or rent any machinery, equipment or motor vehicles to others? Yes No

Do you operate any mobile equipment that is required to be road licensed? Yes No

Are there any operations that involve distributing, storing, treating, discharging, disposing or transporting hazardous materials, substances or waste? Yes No

Are all employees covered by Workers Compensation? Yes No

Identify type of fire protection Sprinkler System Smoke Detectors Fire Extinguishers Other

Identify type of security protection Fenced Security Cameras Security Guards or Service Guard Dogs Other

AN EXPLANATION IS REQUIRED FOR ANY "YES" ANSWER; ADDITIONAL QUESTIONS MAY BE REQUIRED FOR SIGNIFICANT WAREHOUSING OR AUTO REPAIR EXPOSURES.

PRIOR INSURANCE HISTORY

Experience Information: Furnish currently valued (within the last 90 days) insurance company produced loss information for each type of insurance applied for. If possible, include loss information for the current year as well as four prior policy years. Provide detailed information only any loss exceeding \$15,000 and on any fatalities regardless of fault.

In addition to the insurance company loss runs, you may complete the following summary.

Commercial Auto Liability

Insurance Co.	From Date	To Date	Claim Reserves	Paid Claims	No. of Claims
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	

Auto Physical Damage Coverage

Insurance Co.	From Date	To Date	Claim Reserves	Paid Claims	No. of Claims
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	

Cargo Insurance Coverage

Insurance Co.	From Date	To Date	Claim Reserves	Paid Claims	No. of Claims
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	

Commercial General Liability

Insurance Co.	From Date	To Date	Claim Reserves	Paid Claims	No. of Claims
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	

DRIVER INFORMATION

Driver Information: Part 1 -- Furnish a listing of all drivers that contains information as outlined below.

Driver Name (Last, first, middle)	Date of Birth	License Number	Issuing State	Date of Hire	# of years CDL Experience

Part 2 – For each driver in the above list, provide violation history

Driver Name	Violations and Accidents				Date of most recent violation or accident	Prior Employment (*)
	# of Minor Speeds	# of Minor non-speeding	# of Major s	# of Accidents		

(*) For drivers with less than 3 years' experience with insured, show prior employer.

REMARKS (IDENTIFY SECTION)

FILING INFORMATION SCHEDULE

Filings must be made under the exact name and address filed with each state in which the insured has or has applied for authority.

FMCSA FILING INFORMATION: BMC 91 or BMC 91X MCS 90 BMC 32

- Name as shown on Page 1 of application – If different, enter correct info: _____
- Address as shown on Page 1 of application _____
- Authority Numbers as shown on Page 1 of application _____

Indicate the type of authorities held:

- | | |
|--|---|
| <input type="checkbox"/> Motor Carrier Property | <input type="checkbox"/> For-Hire Property Motor Carrier Exempt Commodities |
| <input type="checkbox"/> Broker, Property | <input type="checkbox"/> Freight Forwarder, Property |
| <input type="checkbox"/> Motor Carrier, Property Household Goods | <input type="checkbox"/> Private Property Motor Carrier Hazardous Materials |
| <input type="checkbox"/> Broker, Household Goods | <input type="checkbox"/> Freight Forwarder, Household Goods |
| <input type="checkbox"/> Other: | |

EXEMPT, PRIVATE OR INTRASTATE FILING INFORMATION:

- Intrastate Common Carrier Intrastate Contract Carrier Private Exempt

LIABILITY FILINGS -- Check any state that requires a filing and indicate permit numbers where necessary.

State	Permit #	State	Permit #	State	Permit #	State	Permit #	State	Permit #
<input type="checkbox"/> AL		<input type="checkbox"/> IN		<input type="checkbox"/> MO		<input type="checkbox"/> NY		<input type="checkbox"/> TN	
<input type="checkbox"/> AR		<input type="checkbox"/> KS		<input type="checkbox"/> MS		<input type="checkbox"/> OH		<input type="checkbox"/> TX	
<input type="checkbox"/> CA		<input type="checkbox"/> KY		<input type="checkbox"/> MT		<input type="checkbox"/> OK		<input type="checkbox"/> VA	
<input type="checkbox"/> CO		<input type="checkbox"/> LA		<input type="checkbox"/> NC		<input type="checkbox"/> OR		<input type="checkbox"/> WA	
<input type="checkbox"/> GA		<input type="checkbox"/> ME		<input type="checkbox"/> NH		<input type="checkbox"/> PA		<input type="checkbox"/> WI	
<input type="checkbox"/> IA		<input type="checkbox"/> MI		<input type="checkbox"/> NM		<input type="checkbox"/> RI		<input type="checkbox"/> WV	
<input type="checkbox"/> IL		<input type="checkbox"/> MN		<input type="checkbox"/> NV		<input type="checkbox"/> SC		<input type="checkbox"/> WY	

CARGO FILINGS -- Check any state that requires a filing and indicate permit numbers where necessary.

State	Permit #	State	Permit #	State	Permit #	State	Permit #
<input type="checkbox"/> AL		<input type="checkbox"/> KS		<input type="checkbox"/> PA		<input type="checkbox"/> VA	
<input type="checkbox"/> IL		<input type="checkbox"/> OR		<input type="checkbox"/> SC		<input type="checkbox"/> WY	

CANADIAN FILINGS – All Canadian Provinces require minimum \$1 million CSL Liability limit.

Province	Permit #	Province	Permit #	Province	Permit #
<input type="checkbox"/> AB		<input type="checkbox"/> NT		<input type="checkbox"/> QC	
<input type="checkbox"/> BC		<input type="checkbox"/> NS		<input type="checkbox"/> SK	
<input type="checkbox"/> MB		<input type="checkbox"/> NU		<input type="checkbox"/> YT	
<input type="checkbox"/> NB		<input type="checkbox"/> ON			
<input type="checkbox"/> NL		<input type="checkbox"/> PE			

ACKNOWLEDGEMENT AND SIGNATURE

In connection with this application for commercial automobile insurance, we may review a credit report or obtain or use a credit-based insurance score based on the information contained in that credit report. We may use a third-party connection with the development of the insurance score. Your credit report will not be used for any purpose other than the underwriting of the commercial automobile insurance policy for which you have applied.

I/we authorize the request and use of such credit information along with other information required to complete the underwriting process for this insurance.

I/we hereby certify that to the best of my knowledge and recollection, the foregoing statements and answers are a just, full and true exposition of all of the facts and circumstances with regard to the insurance requested in this application.

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 SUBJECT THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PEALTIES. INSURANCE BENEFITS MAY ALSO BE DENIED.

By signing below, I/we affirm full knowledge of and adhere to current D.O.T. Safety Regulations, and hereby apply for insurance with respect to the coverages stated herein.

APPLICANT SIGNATURE _____ DATE _____

APPLICANT SIGNATURE _____ DATE _____

NAME OF AGENCY _____

PRODUCER SIGNATURE _____ DATE _____

ADDITIONAL FRAUD WARNING STATEMENTS

ALABAMA: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION, FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF."

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 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 THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES."

DISTRICT OF COLUMBIA: "WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

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."

HAWAII: "FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH."

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."

LOUISIANA: "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."

MAINE: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR DENIAL OF INSURANCE BENEFITS."

MARYLAND: "ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

NEW JERSEY: "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

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 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, WITH THE INTENT TO KNOWINGLY DEFRAUD AN INSURER, MAKES A WILLFUL OR INTENTIONAL MISSTATEMENT, MISREPRESENTATION, OMISSION OR CONCEALMENT OF INFORMATION THAT IS MATERIAL TO THE RISK INSURED MAY BE GUILTY OF INSURANCE FRAUD. MISSTATEMENTS, MISREPRESENTATIONS, OMISSIONS OR CONCEALMENTS MUST EITHER BE FRAUDULENT OR MATERIAL TO THE INTERESTS OF THE INSURER IN ORDER FOR THE INSURER TO ASSERT A RIGHT TO REMEDY."

PENNSYLVANIA: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE OR DEFRAUD ANY INSURER FILES AN APPLICATION OR CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION SHALL, UPON CONVICTION, BE SUBJECT TO IMPRISONMENT FOR UP TO SEVEN YEARS AND PAYMENT OF A FINE OF UP TO \$15,000."

RHODE ISLAND: "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,"

TENNESSEE: "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."

VIRGINIA: "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."

WEST VIRGINIA: "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."