NEW CONTRACT CARRIER QUESTIONNAIRE

BizCHOICE TRANSPORTATION
A Division of SPG Insurance Solutions, LLC

For Coverage Questions, please call 800.852.1968 or fax to 707.252.5905
Email To: NSRMCA@BizChoiceTransportation.com

REQUESTED EFFECTIVE DATE: _____
***Please note that we cannot backdate coverage prior to date of receipt of application.**

REQUESTED COVERAGE: ☐ **GENERAL LIABILITY** ☐ **AUTO LIABILITY** ☐ **CARGO** ☐ **RENTAL REIMBURSEMENT**
☐ **WORKERS COMPENSATION** ☐ **OCCUPATIONAL ACCIDENT**

APPLICANT INFORMATION – PLEASE PRINT

COMPANY NAME:_____ MC#:_____
COMPANY OWNER NAME:_____ MALE: ☐ FEMALE: ☐
BUSINESS ADDRESS:_____ HOME PHONE:_____
CITY:_____ STATE: _____ ZIP:_____ CELL PHONE:_____
FEIN:_____ SSN:_____ DOT#:_____ STATE UNEMPLOYMENT ID #:_____
EMAIL:_____ DATE BUSINESS STARTED:_____
DRIVER LICENSE#:_____ D.O.B:_____ STATE ISSUED:_____ YEAR FIRST LICENSED:_____
EST. WEEKLY MILEAGE FOR ALL OPS:_____ EST. ANNUAL MILEAGE FOR ALL OPS:_____
GROSS REVENUE FOR ALL OPS:_____ GROSS REVENUE FOR PRIMARY OPS:_____
ESTIMATED ANNUAL 1099 REVENUE:_____

SECTION 1 – GENERAL INFORMATION

1. COMPANY TYPE: ☐ Sole Proprietor/Individual ☐ Partnership ☐ Limited Liability Corporation ☐ Corporation

PARTNER or OFFICER NAME	% OF OWNERSHIP	SSN	Non-driving
	%		☐ YES ☐ NO
	%		☐ YES ☐ NO
	%		☐ YES ☐ NO
	%		☐ YES ☐ NO

*All owners must be eligible per program guidelines. Please provide Driver License info for Non-driving owners or secondary owners in "Driver and Unit Info" section or "Additional Info/Special Requests" box.

2. CORPORATION TYPE OR VOLUNTARY INTEREST: ☐ SUBCHAPTER S ☐ SUBCHAPTER C ☐ VOLUNTARY

3. WHAT STATES WILL YOU DELIVER IN:_____

4. PERCENTAGE OF TRIPS WHERE THE FINAL DESTINATION MILES FALL INTO BELOW SPECIFIC RADIUS (ONE WAY, TOTAL100%):

0-75 _____% 151-300 _____% 500+ Zone1_____% 500+ Zone3_____%
76-150 _____% 301-500 _____% 500+ Zone2_____% 500+ Zone4_____%

Zone 1: CT, DE, DC, FL, LA, ME, MD, MA, MS, NH, NJ, NY, RI, VT, WV; CA Cities: Riverside; CA Counties: Alameda, Los Angeles, Orange, San Diego, San Francisco, San Mateo; TX Cities: Austin, Beaumont, Corpus Christi, Dallas, El Paso, Fort Worth, Galveston, Houston, San Antonio; **Zone 2**: AL, AR, AZ, AK, CA (remainder), GA, IL, IN, MI, MO, OH, PA, TX (remainder), VA, WA
Zone 3: CO, KY, MN, NV, NC, OR, SC, TN, WI; **Zone 4**: ID, IA, KS, MT, NE, NM, ND, SD, UT, WY

5. PLEASE DESCRIBE OPERATION TYPE, COMMODITY TYPE, PERCENTAGE AND SHIPPER(S) ALONG WITH THE INSURANCE REQUIREMENTS FOR EACH BELOW. TOTAL MUST BE 100%.

Operation Type	Commodity Type	Operation % of Revenue	Shipper(s)
Dry Freight LTL		%	
Dry Freight TL		%	
Flatbed		%	
Tank		%	
Refrigerated		%	
Business To Threshold		%	
All Other*		%	

*If all other, please explain: _____

6. ARE YOU INVOLVED WITH ANY RESIDENTIAL DELIVERIES (TO THE THRESHOLD OR OVER THE THRESHOLD)? ☐ YES ☐ NO

7. ARE YOU INVOLVED WITH THE SETUP OR INSTALLATION OF ANY FURNITURE OR APPLIANCE? ☐ YES ☐ NO

8. DO YOU REQUIRE A CARGO LIMIT WOULD BE GREATER THAN $100,000? ☐ YES ☐ NO
If yes, please complete the enclosed additional page for cargo information.

9. DO YOU OWN ANY INTEREST IN ANY OTHER BUSINESS? ☐ YES ☐ NO
If yes, please complete the following:
Business name:_____ FEIN#/SSN# _____
Address: _____ Years in business: _____
Primary Business Operation:_____
Is there an interchange of vehicles or employees between this business and the company you are applying for? ☐ YES ☐ NO

10. DO ALL DRIVERS HAVE 2 YEARS EXPERIENCE DRIVING SIMILAR EQUIPMENT? ☐ YES ☐ NO
If no, how many of your drivers have less than 2 years experience driving similar equipment?_____

11. WHAT KIND OF TECHNOLOGY INSTALLED IN ALL VEHICLES?
- ☐ Crash avoidance and/or lane departure warning systems
- ☐ Hard braking, hard turning, speeding over posted limit, video capturing systems
- ☐ Hours of service monitoring, mileage reporting, GPS systems
- ☐ Compatible ELD installed for all power units

12. IS THERE MORE THAN ONE COMPATIBLE ELD SERVICE PROVIDER INSTALLED IN YOUR COMPANY OR INDEPENDENT CONTRACTOR EQUIPMENTS? (please provide ELD vendor name by unit on schedule below) ☐ YES ☐ NO

13. DO YOU COMPLETE IFTA STATEMENTS? ☐ YES ☐ NO
If no, please explain and provide estimated mileage not reported on IFTA_____
If yes, please provide last four quarters IFTA reports and advise if 100% of miles driven represented on IFTA statements (including intrastate mileage, independent contractor mileage, etc.)

14. DO YOU ACT AS A FREIGHT BROKER, FREIGHT FORWARDER OR ARRANGE ANY TRANSPORTAION FOR TOTHERS? ☐ YES ☐ NO

15. DO YOU UTILIZE INDEPENDENT CONTRACTORS? ☐ YES ☐ NO
If yes, please provide a copy of your Independent Contractor Agreement and advise below:
a) Does your independent contractor agreement require a compatible ELD device? ☐ YES ☐ NO
b) Do your IFTA reports include independent contractor mileage? ☐ YES ☐ NO
c) Do your current contractors have their compatible ELD device reported with your IFTA miles? ☐ YES ☐ NO
If no, does your independent contractor agreement require your contractors to report their IFTA miles quarterly? ☐ YES ☐ NO
d) Are your independent contractors required to purchase truckers liability or bobtail coverage? ☐ YES ☐ NO
e) Do your independent contractors purchase physical damage coverage themselves? ☐ YES ☐ NO
f) Do you provide Workers' Compensation for employees? ☐ YES ☐ NO
g) Do you provide Occupational Accident for employees? ☐ YES ☐ NO

16. DO YOU HAVE A WRITTEN SAFETY PROGRAM? ☐ YES ☐ NO

17. DO YOU HAVE A FORMAL ACCIDENT REVIEW PROGRAM? ☐ YES ☐ NO
a) Do you conduct post-accident investigations? ☐ YES ☐ NO

18. DO YOU HAVE FORMAL HIRING PROGRAM? ☐ YES ☐ NO
a) Do you have a driver application? ☐ YES ☐ NO
b) Do you check references? ☐ YES ☐ NO
c) Do you obtain MVRs prior to hire? ☐ YES ☐ NO
d) Do you require drug tests? ☐ YES ☐ NO
e) Do you receive copies of medical certificates? ☐ YES ☐ NO
f) Do you conduct a road test? ☐ YES ☐ NO

19. DO YOU HAVE A PREVENTATIVE MAINTENANCE PROGRAM? ☐ YES ☐ NO

a) Do you utilize an in-house or outside service provider? ☐ YES ☐ NO

b) If yes, who do you use?_____

c) Are maintenance records kept? ☐ YES ☐ NO

d) Do you conduct pre-trip inspections? ☐ YES ☐ NO

e) Are Independent Contractors included? ☐ YES ☐ NO

f) If you rent vehicles, do you inspect before taking possession? ☐ YES ☐ NO

20. DO YOU EVER LEASE VEHICLES OR DRIVERS TO OTHER COMPANIES? ☐ YES ☐ NO

21. ARE ALL REGISTERED, LEASED OR USED VEHICLES FOR THIS NAMED INSURED INCLUDED IN THIS APPLICATION FOR COVERAGE? ☐ YES ☐ NO

If no, please explain_____

22. HAVE YOU EVER BEEN CANCELLED FOR NON-PAYMENT OF PREMIUM? ☐ YES ☐ NO

23. HAS APPLICANT FILED FOR BANKRUPTCY IN THE LAST 7 YEARS? ☐ YES ☐ NO

24. HAVE YOU HAD ANY INSURANCE IN THE PAST 5 YEARS? ☐ YES ☐ NO

If yes, please provide loss runs for all lines of coverage valued within in 90 days and complete historical exposure per below

Year	# of unit	Mileage	Revenue
Expiring Year			
1st Prior Year			
2nd Prior Year			
3rd Prior Year			
4th Prior Year			

SECTION 2 – DRIVER AND UNIT INFORMATION

UNIT INFORMATION		DRIVER INFORMATION	
YEAR		NAME	
MAKE		DATE OF BIRTH	
MODEL		YEAR FIRST LICENSED	
VIN		LICENSE #	
VALUE		STATE ISSUED	
PLATE#		YEARS EXPERIENCE	
STATE OF REGISTRATION		REGISTERED UNIT OWNER	

ADDRESS WHERE THIS UNIT IS GARAGED			
DO YOU INTENT TO USE THIS UNIT LESS THAN 30 DAYS	☐ YES ☐ NO		
LESSOR/FINANCE COMPANY NAME/ADDRESS			
WHOSE ELD DEVICE WILL BE USED IN THIS UNIT	☐ YOUR OWN ☐ LESSOR	IF LESSOR, LESSOR MASTER ACCOUNT#	
ELD SERVICE PROVIDER NAME FOR THIS UNIT			
NAME OF THIS UNIT REGISTERED WITH ELD PROVIDER			

SECTION 3 – WORKERS COMPENSATION/OCCUPATIONAL ACCIDENT

1. DO YOU CURRENTLY HAVE WORKERS' COMPENSATION COVERAGE? ☐YES ☐NO
   A) EFFECTIVE DATE & INSURER OF THE CURRENT WC COVERAGE _____
   B) DOES IT INCLUDE COVERAGE FOR YOU? ☐YES ☐NO
2. HOW ARE YOU PAID? ☐W-2 ☐1099
3. DO YOU RESIDE OR CONDUCT ANY OF YOUR BUSINESS in ND, OH, WA, or WY? ☐YES ☐NO
4. ARE ALL CONTRACTORS, DRIVER AND ADDITIONAL QUALIFIED DRIVERS BETWEEN THE AGE OF 23 AND 75? ☐YES ☐NO
5. ARE ALL HELPERS BETWEEN THE AGE OF 18 AND 70? ☐YES ☐NO
6. DO YOU EVER USE HELPERS? ☐YES ☐NO
7. DO YOU EVER USE MORE THAN 1 HELPER PER DELIVERY? ☐YES ☐NO
8. DO YOU EVER USE MORE THAN 2 HELPERS PER DELIVERY? ☐YES ☐NO
9. PLEASE COMPLETE THE CHART BELOW, LIST ANY FULL TIME OR PART TIME LABOR YOU USE ON REGULAR BASIS (INCLUDE YOURSELF, PARTNERS, FELLOW CORPORATE OFFICERS, SPOUSE, EMPLOYEES, AND ANY SUBCONTRACTORS PAID BY 1099) FOR ANY AND ALL OPERATIONS.

NAME	DUTIES*	ANNUAL SALARY	FULL OR PART TIME	PAID BY W-2 OR 1099	DOES THIS 1099 PERSON PAY FOR A LONG TERM LEASE OR PROVIDE THEIR OWN UNIT FOR THEIR DAILY USE?	Terminal State**

***Duties:** **CDR –** Contractor operates as a driver **CND –** Contractor non driver/non helper **ODR –** Corporate Officer operates as a driver **OND –** Officer non driver/non helper **PDR –** Partner driver **PND –** Partner non driver/non helper **CL–** Clerical **CD –** Co Driver who drives **same unit** with contractor **FD –** Fleet Driver who is a full time driver with **own power unit.**

****Terminal State** = the state in which the driver regularly goes to load and/or unload packages.

*****Please attach a copy of your driver's license and a copy of your entire employees' drivers' license to this questionnaire.**

Additional Info/Special Requests

The Road to Success is through The Success of our Customers

P 800-852-1968 · F 707-252-5905 · www.bizchoicetransportation.com · 222 Gateway Road W, Napa, CA 94558

Doing business in California as SPG Insurance Solutions, LLC · License #0L09546

SECTION 4 – ACKNOWLEDGEMENT AND SIGNATURE

I REPRESENT THE ABOVE INFORMATION TO BE COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I HEREBY ACKNOWEDGE THAT (A) I AM THE SOLE OR PRIMARY OPERATOR OF A POWER UNIT, UNDER A CONTRACT CARRIER AGREEMENT WITH A FREIGHT BROKER (B) I AM NOT AN EMPLOYEE OF THE FREIGHT BROKER.

I AGREE TO USE A COMPATIBLE TELEMATICS DEVICE FOR ALL UNITS THAT REPORTS MILEAGE FOR BILLING PURPOSES. I AGREE TO INSTALL THE COMPATIBLE ELD DEVICE IN ALL UNITS, INCLUDING TEMPORARY UNITS THAT (INCLUDING TEMPORARY UNITS THAT ARE USED FOR MORE THAN 10 DAYS.).

I ALSO AGREE THAT IN THE EVENT OUR FIRM USES AN INDEPENDENT CONTRACTOR (IC) OUR IC LEASE AGREEMENT REQUIRES A DUTY TO INSTALL, MAINTAIN AND CONTINUOUSLY USE A COMPATIBLE TELEMATICS DEVICE. I AGREE TO COLLECT AND REMIT ANY IFTA STATEMENTS QUARTERLY FROM IC'S, OR CONFIRM THAT ALL IC MILEAGE IS REPORTED UNDER OUR COMPANY IFTA FILING.

I AGREE THAT THIS POLICY IS SUBJEC TO WEEKLY, MONTHLY OR FINAL AUDIT BASED ON MILEAGE FOR ALL OPERATIONS INCLUDING THOSE OF ANY INDEPENDENT CONTRACTOR. I AGREE TO COOPERATE WITH DATA REQUESTED BY THE INSURER IN THESE AUDITS WHETHER TELEPHONIC, IN WRITING OR PHYSICAL.

IN ADDITION, I GRANT PERMISSION TO PAUL HANSON PARTNERS, A DIVISION OF SPG INSURANCE SOLUTIONS, LLC TO RELEASE MOTOR VEHICLE REPORTS ON MY EMPLOYEES AND INDEPENDENT CONTRACTORS TO INSURERS FOR THE PURPOSE OF OBTAINING QUOTATIONS FOR OBTAINING AN INSURANCE QUOTATION AND UNDERWRITING INSURANCE POLICIES. MY EMPLOYEE AND INDEPENDENT CONTRACTOR ONBOARDING DOCUMENTS INCLUDES A PRIVACY RELEASE ADVISING THEM OF THIS REQUIREMENT, ANY SUCH PRIVACY NOTICES FOR ALASKA WILL BE FORWARDED TO PAUL HANSON PARTNERS, A DIVISION OF SPG INSURANCE SOLUTIONS, LLC FOR THEIR FILE.

NOTICE TO 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 ACT, WHICH IS A CRIME, AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ALABAMA APPLICANTS: 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.

NOTICE TO ARKANSAS, LOUISIANA, RHODE ISLAND, AND WEST VIRGINIA APPLICANTS: 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.

NOTICE TO CALIFORNIA APPLICANTS: FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

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

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO KANSAS APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE THAT SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

NOTICE TO KENTUCKY APPLICANTS: 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.

NOTICE TO MAINE APPLICANTS: 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 A DENIAL OF INSURANCE BENEFITS.

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

NOTICE TO MINNESOTA APPLICANTS: A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

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

NOTICE TO NEW MEXICO APPLICANTS: 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.

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 ALSO 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 OHIO APPLICANTS: 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.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO OREGON 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, MAY BE GUILTY OF A FRAUDULENT ACT, WHICH MAY BE A CRIME, AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO PENNSYLVANIA 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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: 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.

NOTICE TO VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

THE UNDERSIGNED DECLARES TO THE BEST OF HIS OR HER KNOWLEDGE THAT THE STATEMENTS SET FORTH HEREIN ARE ACCURATE, TRUE AND COMPLETE. THE UNDERSIGNED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS.

X _____ _____

Signature of Applicant **Date**

Agent/Producer **Paul Hanson Partners, a division of SPG Insurance Solutions, LLC** Address **222 Gateway Rd W, Napa, CA 94558**

License Number **0L09546**

ALL STATE LICENSE NUMBERS AVAILABLE AND ON FILE WITH COMPANY.

BizCHOICE TRANSPORTATION
A Division of SPG Insurance Solutions, LLC

Any mid-term change to this application, including address, payroll, units, drivers, and exposures need to be submitted to the company to affect a change in coverage. Enrollment forms are required on qualified drivers prior to provision of any services by that driver.

ADDITIONAL UNIT/DRIVER PAGE

UNIT INFORMATION		**DRIVER INFORMATION**	
YEAR		NAME	
MAKE		DATE OF BIRTH	
MODEL		YEAR FIRST LICENSED	
VIN		LICENSE #	
VALUE		STATE ISSUED	
PLATE#		YEARS EXPERIENCE	
STATE OF REGISTRATION		REGISTERED UNIT OWNER	
ADDRESS WHERE THIS UNIT IS GARAGED			
DO YOU INTENT TO USE THIS UNIT LESS THAN 30 DAYS	☐ YES ☐ NO		
LESSOR/FINANCE COMPANY NAME/ADDRESS			
WHOSE ELD DEVICE WILL BE USED IN THIS UNIT	☐ YOUR OWN ☐ LESSOR	IF LESSOR, LESSOR MASTER ACCOUNT#	
ELD SERVICE PROVIDER NAME FOR THIS UNIT			
NAME OF THIS UNIT REGISTERED WITH ELD PROVIDER			

UNIT INFORMATION		**DRIVER INFORMATION**	
YEAR		NAME	
MAKE		DATE OF BIRTH	
MODEL		YEAR FIRST LICENSED	
VIN		LICENSE #	
VALUE		STATE ISSUED	
PLATE#		YEARS EXPERIENCE	
STATE OF REGISTRATION		REGISTERED UNIT OWNER	
ADDRESS WHERE THIS UNIT IS GARAGED			
DO YOU INTENT TO USE THIS UNIT LESS THAN 30 DAYS	☐ YES ☐ NO		
LESSOR/FINANCE COMPANY NAME/ADDRESS			
WHOSE ELD DEVICE WILL BE USED IN THIS UNIT	☐ YOUR OWN ☐ LESSOR	IF LESSOR, LESSOR MASTER ACCOUNT#	
ELD SERVICE PROVIDER NAME FOR THIS UNIT			
NAME OF THIS UNIT REGISTERED WITH ELD PROVIDER			

UNIT INFORMATION		**DRIVER INFORMATION**	
YEAR		NAME	
MAKE		DATE OF BIRTH	
MODEL		YEAR FIRST LICENSED	
VIN		LICENSE #	
VALUE		STATE ISSUED	
PLATE#		YEARS EXPERIENCE	
STATE OF REGISTRATION		REGISTERED UNIT OWNER	
ADDRESS WHERE THIS UNIT IS GARAGED			
DO YOU INTENT TO USE THIS UNIT LESS THAN 30 DAYS	☐ YES ☐ NO		
LESSOR/FINANCE COMPANY NAME/ADDRESS			
WHOSE ELD DEVICE WILL BE USED IN THIS UNIT	☐ YOUR OWN ☐ LESSOR	IF LESSOR, LESSOR MASTER ACCOUNT#	
ELD SERVICE PROVIDER NAME FOR THIS UNIT			
NAME OF THIS UNIT REGISTERED WITH ELD PROVIDER			

CARGO INFORMATION PAGE

1. CARGO LIMITS AND DEDUCTIBLE:

LIMIT: $_____ ANY ONE UNIT			$ _____ ANY ONE LOSS	
DEDUCTIBLE	☐ $1,000	☐ $2,500	☐ $5,000	☐ OTHER $

2. DO YOU NEED REFRIGERATION BREAKDOWN COVERAGE? ☐ YES ☐ NO
If yes, is there temperature alarms installed on vehicles? ☐ YES ☐ NO

3. DO YOU HAUL ANY HAZARDOUS OR EXTRA HAZARDOUS SUBSTANCES OR MATERIALS? ☐ YES ☐ NO
If yes, please explain_____

4. DOES YOUR COMPANY ISSUE A BILL OF LADING AND/OR CONTRACT FOR ALL SHIPMENTS/GOOD OR HAVE A MASTER AGREEMENT WITH ALL CUSTOMERS TO ESTABLISH VALUATON IN TRANSIT? ☐ YES ☐ NO
If yes, please provide a copy of the front and back of each.

5. DO YOU USE TRANSPORTATION COMPANIES?
What % under your Bill of Lading_____% What % by Independent Transportation Company_____%

6. WHAT % OF CARGO REVENUE IS RELEASED BETWEEN:

$.60/LB. OR UNDER	$0.61 - $1.25/LB.	$1.26 - $2.50/LB.	$2.50/LB. AND OVER
____%	____%	____%	____%

7. TYPES OF GOODS:

AGRICULTURAL PRODUCTS	_____ %	INDUSTRIAL EQUIPMENT	_____ %
APPLIANCES	_____ %	RUBBER PRODUCTS (EXCL Tires)	_____ %
AUTO PARTS	_____ %	BEER / WINE	_____ %
BUILDING MATERIALS	_____ %	LIQUOR / SPIRITS	_____ %
CANNED FOOD	_____ %	PHARMACEUTICALS	_____ %
CLOTHING	_____ %	RED LABEL / HZD.PRODUCTS	_____ %
OTHER FOOD	_____ %	TOBACCO PRODUCTS	_____ %
ELECTRONICS	_____ %	TIRES	_____ %
FURNITURE	_____ %	HIGH VALUED METALS	_____ %
HOME CHEMICAL PRODUCTS	_____ %	OTHER, PLEASE LIST BELOW	_____ %
INDUSTRIAL CHEMICALS	_____ %	REFRIGERATED OR FROZEN	_____ %
PAPER PRODUCTS	_____ %	OTHERS*	_____ %

*If others, please explain_____

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