



### MOTOR CARRIER APPLICATION

Name of Applicant: \_\_\_\_\_  
 D/B/A: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Garaging Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 DOT No.: \_\_\_\_\_  
 Loss Control contact name and telephone number: \_\_\_\_\_  
 \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_  
 Insured Website: \_\_\_\_\_

Agent Name: \_\_\_\_\_  
 Producer: \_\_\_\_\_  
 Phone No.\*: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Agent No.: \_\_\_\_\_  
 \*Required on Fleets to assist Loss Control

**PROPOSED EFFECTIVE DATE:**

From \_\_\_\_\_ To \_\_\_\_\_  
 12:01 A.M., Standard Time, at the mailing address of the Applicant.

**PLEASE ANSWER ALL QUESTIONS**

**DESCRIPTION OF OPERATIONS**

1. **Applicant is:**  Individual  Partnership  Corporation  LLC  Other: \_\_\_\_\_

2. **How long has this operation been in business?** \_\_\_\_\_ **Years trucking management experience:** \_\_\_\_\_

3. **Any other business currently owned or operated by the insured currently or in the past five years?**.....  Yes  No  
 If yes, provide name and description of operations: \_\_\_\_\_

4. **Has there been any change in operations, ownership, management, or name during the last five years?**.....  Yes  No  
 If yes, provide details: \_\_\_\_\_

5. **Radius of operations:**  
 0-100 mi.: \_\_\_\_\_%  101-300 mi.: \_\_\_\_\_%  301-500 mi.: \_\_\_\_\_%  Over 500 mi.: \_\_\_\_\_%

If more than 500 miles, approximately what percent of your miles will you travel to or through these four zones:

<b>ZONE 1:</b> CA, NV, OR, WA	<b>ZONE 2:</b> AZ, CO, IA, ID, IL, IN, KS, MI, MN, MO, MT, ND, NE, NM, OH, SD, UT, WI, WY	<b>ZONE 3:</b> AL, AR, FL, GA, KY, LA, MS, NC, OK, PA, SC, TN, TX, VA, WV	<b>ZONE 4:</b> CT, DE, MA, MD, ME, NH, NJ, NY, RI, VT
%	%	%	%

6. **Are filings required?**.....  Yes  No  
 If yes, provide list: \_\_\_\_\_

7. **Are any vehicles owned, operated or leased that are not included in the vehicle schedule?** .....  Yes  No  
 If yes, provide details: \_\_\_\_\_



8. **Do you have motor carrier brokerage authority?**.....  Yes  No  
 If yes, in what name? \_\_\_\_\_ and under what DOT number? \_\_\_\_\_  
 What name appears on the bill of lading as the carrier? \_\_\_\_\_  
 Brokerage revenue for the last twelve (12) months: \_\_\_\_\_  
 Estimated brokerage revenue next twelve (12) months: \_\_\_\_\_
9. **Do you have a signed trailer interchange agreement?** (If yes, provide copy of agreement) .....  Yes  No
10. **Are any vehicles or equipment loaned, rented, or leased to others?** (If yes, provide copy of agreement) .....  Yes  No  
 Are these units scheduled on this policy?.....  Yes  No
11. **Do you use owner/operators?**.....  Yes  No  
 If yes, are they scheduled on the policy?.....  Yes  No
12. **Do you use sub-haulers?** (If yes, provide copy of sub-haul agreement) .....  Yes  No
13. **Do you hire, rent, or borrow any vehicles from others?** .....  Yes  No  
 If yes, will they be scheduled on the policy? .....  Yes  No  
 What is the average term of the lease? \_\_\_\_\_  
 Provide your annual cost to lease, hire, rent, or borrow vehicles:  
 With drivers \$ \_\_\_\_\_ Without drivers \$ \_\_\_\_\_
14. **Do you use double trailers?**.....  Yes  No **Do you use triple trailers?** .....  Yes  No
15. **Are passengers allowed?** .....  Yes  No  
 If yes, what controls are in place? \_\_\_\_\_  
 If yes, what is the frequency of passengers? \_\_\_\_\_

**COMMODITIES HAULED**

Commodity	Percentage (%) of Loads	Average Value	Maximum Value

16. **Are hazardous materials or hazardous waste hauled?** (If yes, provide details in table above) .....  Yes  No  
 If yes, do you require a \$1 million (\$1.2 million in CA) or \$5 million filing? .....  \$1 million  \$5 million

**DRIVER INFORMATION**

17. **Criteria for hiring drivers:** Minimum age: \_\_\_\_\_ Minimum years of experience: \_\_\_\_\_  
 Describe your MVR standards: \_\_\_\_\_  
 Do you use PSP (Pre-Employment Screening Program) in your hiring process? .....  Yes  No  
 \* Note: If operating in this name less than two years, Driver Employment Histories are required for all drivers (Form ADM 1003).
18. **The driver list provided includes drivers of all vehicles requested to be covered under the policy including employees, leased employees, mechanics, family members, as well as any other person allowed to drive an insured vehicle. I agree to notify my agent of any additional drivers before they are allowed to drive an insured vehicle.**.....  Yes  No

19. List below all drivers employed as of the proposed effective date:

Driver's Name	Date of Birth	Driver's License No.	State	No. of Years Driving Similar Vehicle	Date of Hire	List Past Three Years of Accidents and Traffic Violations

**INSURANCE AND LOSS HISTORY**

20. Have you had any insurance canceled, declined or non-renewed or filed bankruptcy in the last three years? (Not applicable in Missouri) .....  Yes  No

If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_

21. Provide loss history for prior five years:

Policy Period	Prior Carrier	Policy No.	No. of Units Insured	No. of Losses	Liability Losses Paid/Open	Phys. Dam. Losses Paid/Open	Cargo Losses Paid/Open

**OPERATION HISTORY**

22. Provide prior three years, current and projected business history:

Year	Gross Receipts	Mileage	Number of Power Units
Current Year			
Projected for Coming Year			

**SCHEDULE OF COVERED AUTOS**

23. Provide autos to be scheduled on policy:

No.	Year	Make/Model	VIN No. (17 Digits)	GVW/GCW	Stated Value	Radius	Owner's Name	Trailer Type*
					\$			
					\$			
					\$			
					\$			

\*Trailer Types: Car Carrier-CC, Container-CO, Dump Belly-DB, Dump End-DE, Flat Bed-FB, Hopper/Grain-HP, Livestock-LV, Log-LG Mobile/Modular Homes-MH, Tank, Dry Bulk/Pneumatic-TD, Tank, Liquid-TL, Van, Dry-VD, Van, Reefer-VR

**LIENHOLDER INFORMATION**

No.	Name	Address	City	State	Zip Code

24. Does equipment have safety features such as Collision Avoidance Systems, Lane Departure Warning, GPS, Advance Stability Equipment, Brake Monitoring, etc.? .....  Yes  No  
 If yes, describe: \_\_\_\_\_

**LIMIT AND COVERAGE INFORMATION**

25. **Liability:** Combined Single Limits \$ \_\_\_\_\_
26. **Non-Trucking:** \$ \_\_\_\_\_ **Leased to:** \_\_\_\_\_
27. **Hired Auto: Cost of Hire:** \$ \_\_\_\_\_ (Hired auto coverage is subject to audit)
28. **Hired Auto Physical Damage Limit:** \$ \_\_\_\_\_ **Deductible:** \$ \_\_\_\_\_
29. **Non-owned Auto: Number of Employees:** \_\_\_\_\_ (Non-owned auto coverage is subject to audit)
30. **Uninsured Motorist:**  Rejected  Limits Accepted: \$ \_\_\_\_\_
31. **Underinsured Motorist:**  Rejected  Limits Accepted: \$ \_\_\_\_\_  
 (Complete appropriate state UM/UIM Selection/Rejection Form)
32. **Mandatory no-fault state:** (Complete appropriate Personal Injury Protection Selection/Rejection Form.)  
 PIP basic limits accepted? .....  Yes  No
33. **Optional no-fault state:** PIP rejected? .....  Yes  No
34. **Medical Payments:**  Rejected  Limits Accepted: \$ \_\_\_\_\_
35. **Trailer Interchange:** Limit: \$ \_\_\_\_\_ Deductible: \$ \_\_\_\_\_ No. of Trailer Days: \_\_\_\_\_
36. **Deductibles:**  Comp. \$ \_\_\_\_\_  SCOL \$ \_\_\_\_\_  Coll. \$ \_\_\_\_\_
37. **Cargo:** Limit: \$ \_\_\_\_\_ Deductible: \$ \_\_\_\_\_  
 Check all boxes that apply if coverage desired while hauling these commodities:  
 Copper  Aluminum  Autos  Mobile Homes  Reefer Breakdown  Spoilage  Owned Goods
38. **Policy Type:**  
 Scheduled Unit  Reporting Form basis: Per Power Unit  Receipts  Mileage

This application does not bind YOU or US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:** 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. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND 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.

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**IMPORTANT NOTICE**

As part of the underwriting procedure, a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.