



Mid Valley General Agency LLC  
 888 Madison St NE, Ste 100, Salem, OR 97301  
 Phone: 888-565-7001 ♦ Fax: 888-265-7353  
 quotes@midvalleyga.com

**DRIVE-A-WAY/TOTER SUPPLEMENTAL APPLICATION**  
 (Complete in addition to the Commercial Automobile Application)

Applicant Name: \_\_\_\_\_

Motor Carrier Number: \_\_\_\_\_

**1. Account Profile**

	Current Year Estimate	Next Year Estimate	First Prior Year	Second Prior Year
Revenue				
Total number of miles				
Total number of deliveries				

**2. Transporter Plates**

	Current Year Estimate	Next Year Estimate	First Prior Year	Second Prior Year
Total number of transporter plates				
<b>Average number of transporter plates on the road at any one time:</b>				
Heavy season				
Light season				

3. Do you own all plates shown on this application?.....  Yes  No  
 If no, list owner: \_\_\_\_\_

4. How are the plates returned after completion of delivery? \_\_\_\_\_  
 \_\_\_\_\_

**5. Radius of Operation**

Number of deliveries by mileage:

Up to 100 miles: \_\_\_\_\_ 101-300 miles: \_\_\_\_\_ 301-500 miles: \_\_\_\_\_

501-1,000 miles: \_\_\_\_\_ More than 1,000 miles: \_\_\_\_\_

Average distance each way for each delivery: \_\_\_\_\_

Maximum miles of any delivery (one way): \_\_\_\_\_ How often?..... \_\_\_\_\_%

Do deliveries go outside the United States? .....  Yes  No

If yes, describe: \_\_\_\_\_

6. Do you tow a return vehicle? .....  Yes  No

If yes, how often? \_\_\_\_\_

If yes, list owner: \_\_\_\_\_

7. How often are units stacked/piggybacked? \_\_\_\_\_

**8. Type of Vehicle Transported**

<b>Drive-A-Way Types</b>	<b>Number of Deliveries</b>	<b>Percentage of Total Deliveries</b>
Motorhomes/RVs		%
Tractor/Trailer or Truck/Trailer Combinations		%
Vans/Custom Vans		%
Cars/Private Passengers		%
Luxury or Sports Cars		%
Trucks: 10,000 GWV 10,001 to 20,000 GWV 20,001 to 45,000 GWV More than 45,000 GWV		% % % %
Tractors: Single Axle Double Axle		% %
Buses		%
Other		%

<b>Toters</b>	<b>Number of Deliveries</b>	<b>Percentage of Total Deliveries</b>
Campers/Fifth Wheels		%
Mobile Homes		%
Cars/Private Passengers		%
Luxury or Sports Cars		%
Vans/Custom Vans		%
Motorcycles/ATVs		%
Boats		%
Other		%
Trucks: 10,000 GWV 10,001 to 20,000 GWV 20,001 to 45,000 GWV More than 45,000 GWV		% % % %
Trailers, other than Semitrailers		%
Semitrailers		%

**9. Client Information**

	Name	Percentage of Revenue	Number of Deliveries
<b>Manufacturers</b>	1.	1.	1.
	2.	2.	2.
	3.	3.	3.
<b>Dealers</b>	1.	1.	1.
	2.	2.	2.
	3.	3.	3.
<b>Auctions</b>	1.	1.	1.
	2.	2.	2.
	3.	3.	3.
<b>Wholesalers</b>	1.	1.	1.
	2.	2.	2.
	3.	3.	3.
<b>Rental Agencies</b>	1.	1.	1.
	2.	2.	2.
	3.	3.	3.
<b>Others</b>	1.	1.	1.
	2.	2.	2.
	3.	3.	3.

**10. Drivers/Operators**

Driver's Name	D/C*	Date of Birth	Driver's License No.	State	Class of License	No. of Years Driving Similar Vehicle	Length of Employment	List Past Three Years of Accidents & Traffic Violations

\*Designation Code: O—Owner/Officer, P—Partner, E—Employee

11. Number of full time: \_\_\_\_\_ Number of part time: \_\_\_\_\_

12. Number of employees using their own vehicles when working for applicant: \_\_\_\_\_

Are certificates of insurance required? .....  Yes  No

13. **Criteria for hiring drivers:** Minimum age: \_\_\_\_\_ Years of experience: \_\_\_\_\_

Describe MVR standards: \_\_\_\_\_

14. **Is there an MVR review procedure for potential new hires and for current drivers?**.....  Yes  No

If yes, what standards are used when evaluating a driver's MVR for acceptability? \_\_\_\_\_

15. **Are there written contracts with each driver or operator?**.....  Yes  No

Does the contract prohibit unauthorized use of your transporter plates? .....  Yes  No

**Attach a copy of the contract.**

**16. Equipment Used by Toters**

	Number of Power Units		Number of Units
Tractors		Semitrailers	
Trucks with fifth wheels		Trailers	
Pickups with fifth wheels		Car Carriers	
Cars/Private Passengers		Other	

**17. Drive-A-Way Physical Damage Coverage Limit**

Maximum value of any single unit being driven:.....\$ \_\_\_\_\_

Average value of any single unit being driven:.....\$ \_\_\_\_\_

Maximum value on the road at any one time: .....\$ \_\_\_\_\_

**18. Toter—Cargo Coverage Limit**

Maximum value of any single unit being delivered:.....\$ \_\_\_\_\_

Average value of any single unit being delivered:.....\$ \_\_\_\_\_

Maximum value on the road at any given time:.....\$ \_\_\_\_\_

**19. Maximum value of all units at any one terminal location:** .....\$ \_\_\_\_\_

Describe security/protective devices at terminal location: \_\_\_\_\_

**ADDITIONAL INFORMATION**

**20. Management's years of experience in the drive-a-way/toter business:**..... \_\_\_\_\_

**21. Are there operations other than drive-a-way or toting?**.....  Yes  No

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

**22. Are there any towing or repossession operations?**.....  Yes  No

**23. Does applicant have brokerage authority?** .....  Yes  No

If yes, is the brokerage authority held under the same name and Motor Carrier number as the drive-a-way or toter operation? .....  Yes  No

If no, provide DOT number for the brokerage authority operation: \_\_\_\_\_

What is the brokerage authority revenue?

Most recent twelve (12) months: ..... \_\_\_\_\_

Next twelve (12) months: ..... \_\_\_\_\_

**FILING INFORMATION**

24. Do you hold an ICC/FHWA permit or UCRA/DOT registration? .....  Yes  No  
 If yes, provide: US DOT No.: \_\_\_\_\_, MC No.: \_\_\_\_\_, Base State: \_\_\_\_\_
25. State filings required? .....  Yes  No  
 If yes, list states and provide necessary state motor carrier number, if applicable: \_\_\_\_\_
26. Show exact name and address in which permits are to be issued: \_\_\_\_\_
27. Are there any special requirements needed for city permits, certificates of insurance, oversize and/or over weight permits? .....  Yes  No  
 If yes, provide details: \_\_\_\_\_

**PRIOR CARRIER AND LOSS EXPERIENCE SUMMARY**

28. Include a minimum of four years currently valued company loss runs for all accounts.

The following Prior Carrier and Loss Experience Section must be completed:

Policy Period	Prior Carrier	Policy No.	Past Deductible Amount	Liability Premium	Physical Damage Premium	No. of Losses	Liability Losses Paid/ Open	Phys. Damage Losses Paid/Open

Refer to the application form for State Fraud Warnings.

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

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