



# TRUCKING APPLICATION

350 10<sup>th</sup> Avenue, Suite 1450 | San Diego, CA 92101  
Submission should be emailed to [quotes@aligngeneral.com](mailto:quotes@aligngeneral.com)

**All questions must be answered completely. Unanswered questions are not acceptable. An incomplete application will be declined.**

## SUBMISSION REQUIREMENTS

- ❖ Completed Application.
  - As a condition upon binding both the insured and producer must sign this application.
- ❖ Company loss runs including loss details on all claims in excess of \$25,000. Loss runs must be valued within 90 days of the coverage effective date.
  - 10 power units or less: 3 years of loss runs are required
  - 11 power units or more: 5 years of loss runs are required
- ❖ Current MVR's for all drivers. MVR's must be valued within 90 days of the coverage effective date.
- ❖ If a fleet (11 power units or more), please include the following:
  - Current driver schedule in excel format
  - Current vehicle schedule in excel format. Be sure to include year, make, model, complete VIN, garaging location, and current stated value.
- ❖ IFTA's for the last 4 quarters if risk is traveling out of state
- ❖ If applicable, current financial statements (income statement & balance sheet) for current year.

## **GENERAL INFORMATION**

Effective Date: \_\_\_\_\_ Need by Date: \_\_\_\_\_ Do you currently control this risk?  Yes  No

Applicant is:  Individual  Corporation  Partnership  LLC  OTHER: \_\_\_\_\_

Name: \_\_\_\_\_ FEIN # \_\_\_\_\_

DBA: \_\_\_\_\_ Telephone # \_\_\_\_\_

Mailing Address: \_\_\_\_\_

STREET CITY STATE ZIP

Garaging Address: \_\_\_\_\_

STREET CITY STATE ZIP

DOT #: \_\_\_\_\_ MC #: \_\_\_\_\_ CA #: \_\_\_\_\_ Brokerage Authority?  Yes  No

Loss Control Services Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Year Business Started: \_\_\_\_\_ Years in business with insurance: \_\_\_\_\_

Gross receipts last year: \$ \_\_\_\_\_ Estimate for upcoming year: \$ \_\_\_\_\_

## **INSURANCE HISTORY AND LOSS EXPERIENCE**

| Prior Carrier Name | Eff dates From - To | Policy Number | Coverage Type | # of losses | Loss Amount | Driver Involved in Loss |
|--------------------|---------------------|---------------|---------------|-------------|-------------|-------------------------|
|                    |                     |               |               |             |             |                         |
|                    |                     |               |               |             |             |                         |
|                    |                     |               |               |             |             |                         |
|                    |                     |               |               |             |             |                         |
|                    |                     |               |               |             |             |                         |

1. Have you filed bankruptcy within the last 5 years?  Yes  No  
If yes, please explain: \_\_\_\_\_
2. Have you ever had insurance of this type cancelled, declined, lapsed or non-renewed?  Yes  No  
If yes, please explain: \_\_\_\_\_
3. Have you ever had truck insurance under a different entity name?  Yes  No  
If yes, please explain: \_\_\_\_\_

**AUTO COVERAGES (Note – Coverages offered may differ from the requested coverage.)**

AUTO LIABILITY Limit: \$ \_\_\_\_\_  
 MED PAY Limit: \$ \_\_\_\_\_  
 UM/UIM Limit: \$ \_\_\_\_\_  
 HIRED AUTO LIABILITY  Yes  No Cost of Hire: \$ \_\_\_\_\_  
 NON-OWNED AUTO LIABILITY  Yes  No Number of Employees: \_\_\_\_\_  
 HIRED AUTO PHYSICAL DAMAGE  Yes  No Limit: \$ \_\_\_\_\_  
 DEDUCTIBLES: Comp \$ \_\_\_\_\_ SCOL \$ \_\_\_\_\_ Collision \$ \_\_\_\_\_  
 NON-OWNED TRAILER Limit \$ \_\_\_\_\_  
 CARGO Limit: \$ \_\_\_\_\_ Deductible: \$ \_\_\_\_\_

**CARGO COMMODITIES HAULED AND PERCENTAGES**

(General descriptions like Dry Freight, Building Materials, General Freight, etc are NOT acceptable)

| COMMODITY | % | AVERAGE VALUE | MAX VALUE | COMMODITY | % | AVERAGE VALUE | MAX VALUE |
|-----------|---|---------------|-----------|-----------|---|---------------|-----------|
|           |   |               |           |           |   |               |           |
|           |   |               |           |           |   |               |           |
|           |   |               |           |           |   |               |           |
|           |   |               |           |           |   |               |           |

4. Do you require terminal coverage?  Yes  No  
If yes, please provide address(es): \_\_\_\_\_
5. Are vehicles left unlocked when unattended?  Yes  No
6. Do you require refrigeration breakdown coverage?  Yes  No
7. Are any trailers/containers left loaded overnight?  Yes  No

**DRIVER INFORMATION**

| FULL NAME | DOB | License Number | State | Date of Hire | # of Years Driving Similar Equipment |
|-----------|-----|----------------|-------|--------------|--------------------------------------|
|           |     |                |       |              |                                      |
|           |     |                |       |              |                                      |
|           |     |                |       |              |                                      |
|           |     |                |       |              |                                      |
|           |     |                |       |              |                                      |
|           |     |                |       |              |                                      |
|           |     |                |       |              |                                      |
|           |     |                |       |              |                                      |

\*\*\*ALL ACCIDENTS SHOWN ON THE MVR WILL BE CHARGED AS AT-FAULT, UNLESS PROOF OF NOT-AT-FAULT IS PROVIDED.\*\*\*

\*\*If more space is needed, please attach the driver schedule separately in excel format\*\*

8. During the past year, how many drivers have you: Added? \_\_\_\_\_ Replaced? \_\_\_\_\_
9. Which of the following is part of your driver screening/hiring process:
- Written Application                       Background Check                       Pre-Employment Drug Test
- MVR Check                                       Road Test                                       Reference Checks
- Interview by Management                       Enrolled in Pull Notice Program
10. Do all drivers have at least 3 years of like driving experience?  Yes  No
11. Maximum number of driving violations allowed within the last 3 years: \_\_\_\_\_
12. Maximum number of accidents allowed within the last 3 years: \_\_\_\_\_
13. Are all drivers/employees covered by Worker's Compensation?  Yes  No
14. Do you have a Written Safety Program in place?  Yes  No
15. Do you have a Driver Safety Incentive plan in place?  Yes  No
16. Are accident investigation & review procedures, including records, maintained?  Yes  No
17. Do the review procedures include driver disciplinary procedures?  Yes  No
- If yes, please explain: \_\_\_\_\_
18. Do you allow passengers other than company employees?  Yes  No
- If yes, attach a copy of passenger program or explain program (frequency, requirements), etc.

**VEHICLE INFORMATION**

| YEAR | MAKE | VIN | GVW | STATED VALUE | TRAILER TYPE<br>(Tanker, Semi, Van,<br>etc) |
|------|------|-----|-----|--------------|---|
|      |      |     |     |              |   |
|      |      |     |     |              |   |
|      |      |     |     |              |   |
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|      |      |     |     |              |   |
|      |      |     |     |              |   |
|      |      |     |     |              |   |

\*\*\*If more space is needed, please attach the vehicle schedule separately in excel format\*\*\*

| Unit # | AI: Add'l Ins'd<br>LP: Loss Payee | Name | Address |
|--------|-----------------------------------|------|---------|
|        |                                   |      |         |
|        |                                   |      |         |
|        |                                   |      |         |
|        |                                   |      |         |
|        |                                   |      |         |

\*\*\*If more space is needed, please attach a separate list\*\*\*

19. Please provide the total number of vehicles owned and operated by the applicant for the past 3 years:  
    Estimate for coming year: \_\_\_\_\_ Current year: \_\_\_\_\_ 1st Prior year \_\_\_\_\_
20. Total annual mileage last year: \_\_\_\_\_ Estimate for upcoming year: \_\_\_\_\_
21. Describe all lot security where vehicles are parked at night:
- Fenced       Gated       Lights       Cameras       Security Guard       Guard Dogs
22. Are drivers allowed to take vehicles home at night?  Yes  No
23. Do you service your own vehicles?  Yes  No If no, who does? \_\_\_\_\_
24. Do you adhere to a written vehicle inspection and maintenance program?  Yes  No
- If yes, describe or attach program: \_\_\_\_\_
25. Are vehicles equipped with any of the following:

Satellite Tracking (GPS)    Governors    E-logs    Theft Alarms    Cameras    Anti-lock brakes

26. Do you lease, hire or borrow vehicles from others?  Yes  No  
If yes, explain: \_\_\_\_\_
27. Do you lease, hire out or loan your vehicles to others?  Yes  No  
If yes, explain: \_\_\_\_\_
28. Do you allow "owner-operators" to pull trailers owned by you?  Yes  No  
If yes, are you listed as an additional insured?  Yes  No  
How many trailers are being utilized by others: \_\_\_\_\_
29. Do you operate in more than one state?  Yes  No  
If yes, list states: \_\_\_\_\_
30. Do you operate over a regular route?  Yes  No
31. Are all units that you own and operate scheduled on the policy?  Yes  No
32. Are all scheduled units registered to the named insured?  Yes  No  
If not registered to the named insured, please explain: \_\_\_\_\_

**OPERATIONS INFORMATION**

33. Radius of operations:      0 – 100 miles \_\_\_\_\_% 101 – 300 miles \_\_\_\_\_% 301 - 500 miles \_\_\_\_\_% 501+ Miles \_\_\_\_\_%

34. Operating Territory: Percent City \_\_\_\_\_%   Percent Rural \_\_\_\_\_%   Percent Night \_\_\_\_\_%

35. Any driving between 10pm and 5am?  Yes  No

36. Please list your 3 largest contracts and their percentage of your revenue.

1. \_\_\_\_\_ %
2. \_\_\_\_\_ %
3. \_\_\_\_\_ %

37. Please list the largest cities you will be operating within:

1. \_\_\_\_\_      4. \_\_\_\_\_
2. \_\_\_\_\_      5. \_\_\_\_\_
3. \_\_\_\_\_      6. \_\_\_\_\_

38. Do you haul containerized freight?  Yes  No  
If yes, will you require the Uniform Intermodal Interchange Endorsement (UIIE)?  Yes  No

39. Will you haul commodities on flatbed trailers?  Yes  No  
If yes, what percentage of commodities is hauled on flatbeds: \_\_\_\_\_%

Do you haul coiled steel, rolls, pipes, logs or beams?  Yes  No  
If yes, please list which you haul and percentages of each \_\_\_\_\_

40. Are any of your operations seasonal?  Yes  No

41. Do you require filings associated with the hauling of hazardous materials?  Yes  No

42. Do you pull double trailers?  Yes  No   Triple trailers?  Yes  No

43. Do you haul any oversized or overweight loads?  Yes  No  
If yes, explain: \_\_\_\_\_

44. Do you utilize any pilot cars and/or escort vehicles?  Yes  No  
If yes, explain: \_\_\_\_\_

45. Do you haul any liquid material?  Yes  No   If yes, explain: \_\_\_\_\_

46. Do you haul your own cargo exclusively?  Yes  No   If not, who owns it? \_\_\_\_\_

47. Do you use sub-haulers and/or owner operators? (If no, please skip remaining questions)  Yes  No  
If yes, what %: \_\_\_\_\_   Cost of Hire: \$ \_\_\_\_\_

Are certificates of insurance required?  Yes  No

If yes, what is the minimum liability limit required? \_\_\_\_\_

Is the Applicant named as an Additional Insured?

Yes  No

Is there a Hold Harmless agreement in place?

Yes  No

**GENERAL LIABILITY COVERAGE**

General Aggregate Limit (Other than Products-Completed Operations)      \$2,000,000  
 Products-Completed Operations:      EXCLUDED  
 Personal & Advertising Injury Limit:      \$1,000,000  
 Each Occurrence Limit:      \$1,000,000  
 Fire Damage Limit:      \$100,000  
 Medical Expense Limit:      \$2,000

Business Locations (if different than garaging location on page one)

| # | Complete Address | Describe Function |
|---|------------------|-------------------|
| 1 |                  |                   |
| 2 |                  |                   |
| 3 |                  |                   |

Non-driver Payroll for Each Location:

| # | Dispatcher(s) | All Other Clerical | All Other Non-Driver, Non-Clerical |
|---|---------------|--------------------|------------------------------------|
| 1 |               |                    |                                    |
| 2 |               |                    |                                    |
| 3 |               |                    |                                    |

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

Storage of goods of others (warehousing)?

Yes  No

Storage of vehicles of others?

Yes  No

Space leased to others?

Yes  No

Freight forwarding or consolidation for others?

Yes  No

Any other non-trucking operations?

Yes  No

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

Any mobile equipment (i.e. snowplows, forklifts, cranes, cherry pickers, yard goats, etc)?

Yes  No

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

The completion of this application creates no express or implied obligation on the part of the company or its' manager to offer a quotation or provide insurance.

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 thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

It is specifically represented that the statements in this application are true and correct. It is further understood that the representations in this application have been made to the Company and the Company is relying upon the truthfulness of the statements in making the decision to accept this risk. **ANY MISREPRESENTATION OF STATEMENTS MAY VOID THE POLICY.**

\_\_\_\_\_  
Signature of Insured

\_\_\_\_\_  
Date

**By signing this application, you are representing that you have reviewed this application with the insured and that the answers accurately reflect the insured's operations.**

\_\_\_\_\_  
Signature of Producer

\_\_\_\_\_  
Date