



TRUCKING APPLICATION

350 10th Avenue, Suite 1450 | San Diego, CA 92101
Submission should be emailed to 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: _____
4. Have you been involved in any accident(s)/claims in the last 3 years? Yes No
If yes, please provide details and advise if at fault or not at fault. _____
5. Have any accident(s)/claims resulted in litigation where you were required to provide a statement or deposition? Yes No
If yes, please provide details: _____
6. Work history for the past 5 years including the name of any trucking firms where you were covered under their policy and for how long.

| Employer | Date From | Date To |
|----------|-----------|---------|
| | | |
| | | |
| | | |
| | | |
| | | |

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 |
|-----------|---|---------------|-----------|-----------|---|---------------|-----------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

7. Do you require terminal coverage? Yes No
If yes, please provide address(es): _____
8. Are vehicles left unlocked when unattended? Yes No
9. Do you require refrigeration breakdown coverage? Yes No
10. 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

11. During the past year, how many drivers have you: Added? _____ Replaced? _____
12. 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
13. Do all drivers have at least 3 years of like driving experience? Yes No
14. Maximum number of driving violations allowed within the last 3 years: _____
15. Maximum number of accidents allowed within the last 3 years: _____
16. Are all drivers/employees covered by Worker's Compensation? Yes No
17. Do you have a Written Safety Program in place? Yes No
18. Do you have a Driver Safety Incentive plan in place? Yes No
19. Are accident investigation & review procedures, including records, maintained? Yes No
20. Do the review procedures include driver disciplinary procedures? Yes No
- If yes, please explain: _____
21. 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 (Tanker, Semi, Van, etc) |
|------|------|-----|-----|--------------|---------------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

| Unit # | AI: Addt'l Ins'd LP: Loss Payee | Name | Address |
|--------|---------------------------------|------|---------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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

- 22. 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 _____
- 23. Total annual mileage last year: _____ Estimate for upcoming year: _____
- 24. Describe all lot security where vehicles are parked at night:
 Fenced Gated Lights Cameras Security Guard Guard Dogs
- 25. Are drivers allowed to take vehicles home at night? Yes No
- 26. Do you service your own vehicles? Yes No If no, who does? _____
- 27. Do you adhere to a written vehicle inspection and maintenance program? Yes No
 If yes, describe or attach program: _____
- 28. Are vehicles equipped with any of the following:
 Satellite Tracking (GPS) Governors E-logs Theft Alarms Cameras Anti-lock brakes
- 29. Do you lease, hire or borrow vehicles from others? Yes No
 If yes, explain: _____
- 30. Do you lease, hire out or loan your vehicles to others? Yes No
 If yes, explain: _____
- 31. 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: _____
- 32. Do you operate in more than one state? Yes No
 If yes, list states: _____
- 33. Do you operate over a regular route? Yes No
- 34. Are all units that you own and operate scheduled on the policy? Yes No
- 35. Are all scheduled units registered to the named insured? Yes No
 If not registered to the named insured, please explain: _____

| |
|-------------------------------|
| OPERATIONS INFORMATION |
|-------------------------------|

- 36. Radius of operations: 0 – 100 miles _____% 101 – 300 miles _____% 301 - 500 miles _____% 501+ Miles _____%
- 37. Operating Territory: Percent City _____% Percent Rural _____% Percent Night _____%
- 38. Any driving between 10pm and 5am? Yes No
- 39. Please list your 3 largest contracts and their percentage of your revenue.
 - 1. _____ %
 - 2. _____ %
 - 3. _____ %
- 40. Please list the largest cities you will be operating within:

| | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |
- 41. Do you haul containerized freight? Yes No
 If yes, will you require the Uniform Intermodal Interchange Endorsement (UIIE)? Yes No

42. 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 _____
43. Are any of your operations seasonal? Yes No
44. Do you require filings associated with the hauling of hazardous materials? Yes No
45. Do you pull double trailers? Yes No Triple trailers? Yes No
46. Do you haul any oversized or overweight loads? Yes No
 If yes, explain: _____
47. Do you utilize any pilot cars and/or escort vehicles? Yes No
 If yes, explain: _____
48. Do you haul any liquid material? Yes No If yes, explain: _____
49. Do you haul your own cargo exclusively? Yes No If not, who owns it? _____
50. 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 | | | |

51. 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: _____

I/We hereby make an application to the Company for the insurance coverages indicated above. I/We understand that this insurance will not become effective until accepted by the Company. I/We certify that the above statements are true and that my/our policy will be issued based on this information. 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