

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: \$ _____ PIP 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

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