

Agent Name _____
 and Address _____
 Phone (____) _____ - _____

MOTOR CARRIER PHYSICAL DAMAGE AND MOTOR TRUCK CARGO APPLICATION

GENERAL INFORMATION

 Proposed effective date ____ / ____ / ____
 Legal Name of Applicant _____
 DBA Name (if applicable) _____
 Mailing Address _____
 Applicant is Individual Joint Venture Corporation LLC Partnership Other, Describe _____
 Years In Business _____
 Inspection Contact _____ Phone (____) _____ - _____

LOCATION INFORMATION

#	Street Address, City, County, State, Zip	Use of Location
1		
2		
3		
4		
5		

1. Type of Carrier: Common Contract Private Long-Term Lease Other _____
2. Is this a new policy? Yes No (if renewal, current policy #) _____
3. What is your DOT#? _____ MC# _____
4. Number of years in trucking industry? _____
5. Time in business with insurance coverage under your current name? _____ years
6. Are you a New Venture for insurance - Previously leased to another motor carrier or restart? Yes No
 If yes, see page 6 of this application and complete.)
7. Has this business operated under another name? Yes No
 (if yes, explain) _____
8. Have you ever filed for bankruptcy? Yes No
 (if yes, explain) _____
9. Has any company cancelled or non-renewed applicant's policy in the last three years? Yes No
 MO and OH residents need not respond.)
 If yes, explain) _____
10. Do you lease out your equipment? Yes No
 (If yes, detail how often and to whom) _____

11. Do you use rented, leased or borrowed equipment requiring cargo? Yes No

If yes, explain) _____

12. Number of vehicles operated:

Tractors _____ Semi-Trailers _____ Trucks _____ Full Trailers _____

13. Number of units in each radius group:

	100	300	600	Over 600
Tractors				
Trucks				

Maximum Radius _____ Miles Average Radius _____ Miles

14. Principal Haul From _____ To _____

To _____

15. Do you own any vehicles that will not be covered under this policy? Yes No

(If yes, describe other vehicles) _____

16. Do you plan on adding additional vehicles during the policy term? Yes No How many? _____

17. **Commodities / Products Hauled**
(Provide full description of goods hauled)

	Commodities	Percentage	Maximum Value	Average Value
1.		%	\$	\$
2.		%	\$	\$
3.		%	\$	\$
4.		%	\$	\$
5.		%	\$	\$
6.		%	\$	\$

18. During this policy period, will you transport any hazardous or extra hazardous materials as defined by the EPA and DOT? Yes No

If yes, explain) _____

19. Regulatory Filings (State/Federal) i.e. BMC34 Are filings required? Yes No

20. Selection of Coverage and Limits

Coverages	Limits Requested	
Motor Truck Cargo	_____ Limit	_____ Deductible
Refrigeration Breakdown	<input type="checkbox"/>	_____ Deductible
Specified Causes of Loss	<input type="checkbox"/>	_____ Deductible
Comprehensive	<input type="checkbox"/>	_____ Deductible
Collision	<input type="checkbox"/>	_____ Deductible
Combined Deductible Physical Damage	<input type="checkbox"/>	
Commercial Towing	<input type="checkbox"/> 5,000 <input type="checkbox"/> 10,000 <input type="checkbox"/> 15,000 <input type="checkbox"/> 20,000	
Trailer Interchange	_____ Limit	_____ Deductible
Hired Physical Damage	_____ Limit	_____ Deductible

Do you have a trailer interchange agreement in place? Yes No

21. Prior Insurance Carriers (Previous three years, plus current)

Policy Period	Insurance Company	Policy Number	Premium

22. Loss Experience Please Provide / Attach Loss Runs

Period	Number of Vehicles	Cargo		Physical Damage	
		# of Occurrences	Total Incurred	# of Occurrences	Total Incurred
Current			\$		\$
1 Year Prior			\$		\$
2 Year Prior			\$		\$
3 Year Prior			\$		\$
Total			\$		\$

23. Provide details of any loss in excess of \$25,000 (also submit loss runs)

Driver Information (Controls and Safety)

24. Do you comply with U.S. Dept of Transportation driver regulations (Driver Files, Drug Screening, Pre-Employment Check, MVRs, etc.)? Yes No
25. Do you monitor your Safety Management Scores? Yes No
26. Minimum age and years experience required for new hires? Age _____ Years Experience _____
27. Do you have any team drivers? Yes No

Vehicle Maintenance / Safety & Security Controls

28. Is a formal inspection and maintenance program in effect? Yes No
29. What type of controls do you have to protect and secure cargo hauled?
- Alarms Yes No
- GPS Tracking System Yes No
- Kingpin Locks Yes No

Describe any other anti-theft and security devices installed on equipment: _____

30. **Schedule of Vehicles**

Schedule of Equip		Trade Name	Body	VIN	Indicate (O)wned or (L)ease	Stated Amount	Deductible		Loc #
#	Year						Coll	SCOL / Comp	
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
13.									
14.									
15.									

Body Types Legend

Trailer Type Legend

- | | | | | |
|-----------------|---------------------------------|--------------|------------------------------|-------------------------------|
| CC Car Carrier | DS Dump Side | LV Livestock | TA Tanker Asphalt/Hot Oil | |
| CD Curtain Side | FB Flat Bed | LG Log | TC Tanker Chemical/Acid | |
| DL Dolly | HP Hopper/Grain | LB Lowboy | TG Tanker Gasoline/Fuel | |
| DV Dry Van | IC Intermodal Container Chassis | PP Pup | TP Tanker Pneumatic/Dry Bulk | WT Wedge Trailer/3 Car Hauler |
| DE Dump End | LW Live/Walking Floor | RF Reefer | TO Tanker Other | |

Power Unit Legend

- | | | |
|------------|----------|-----------|
| TR Tractor | TK Truck | PU Pickup |
|------------|----------|-----------|

31. Do you pull Double, Pup, or Triple Trailers? Yes No

32. Describe any special mounted/attached equipment and value _____

33. For refrigerated trailers, what is the average age of the cooling systems? _____ Years

34. Do you perform regular maintenance on all refrigeration units? Yes No

35. Driver Information

NOTES: Provide MVR copies on all drivers

Drivers 65 years of age and over must submit DOT Medical Certification

All NEW drivers hired during the term of this policy must be IMMEDIATELY REPORTED to the company prior to driving.

Failure to report may result in termination of this policy. Report new drivers to your agent.

						Accidents and moving violations, past 3 yrs	
Name of Driver	DOB	DL Number	State	Yrs Comm Driving	Hire Date	Number of accidents	Number of violations
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

Provide separate list if more than 15 drivers

36. Additional Interests (Shippers, Brokers, Lessee, Loss Payee)

Are you required to add others for coverage under this policy? Yes No

Who and why? _____

Please list any of the following types of entities and unit number, if applicable

Name	Address	Additional Interest Types	Unit #, if applicable (see vehicle schedule)

37. **NEW VENTURE / PREVIOUSLY LEASED / RESTARTING** Not Applicable

Truck Driving Previous Employment	Employment Date (Month/Year)	Type of Equipment	Commodities Hauled	Maximum Radius of Operation
Name and Address	From _____			
	To _____			
MC/DOT#				

38. While operating commercial vehicles for other motor carriers listed, did you have any accidents? Yes

If yes, provide details and amounts paid for each accident _____

No **I, certify that I did not have any accidents or losses while driving for other motor carriers listed.**

Applicant's Signature

Date

SIGNATURE SECTION AND AUTHORIZATION FOR INFORMATION

FRAUD STATEMENTS

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 material thereto commits a fraudulent insurance act, which is a crime.

**** STATE SPECIFIC PROVISIONS ****

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CA: It is unlawful to make or cause to be made a knowingly false or fraudulent material statement or material representation for the purpose of obtaining or amending an insurance policy under any line of insurance regulated by the department. A violation of this section is a public offense, punishable by a fine not to exceed ten thousand dollars (\$10,000), by imprisonment pursuant to subdivision (h) of Section 1170 of the Penal Code, or in a county jail not to exceed one year, or by both that fine and imprisonment.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: 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 to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing

In connection with the processing of this Application, the Company may undertake an investigation of the credit worthiness of the Applicant and other matters contained herein. By signing this Application, Applicant authorizes Company to undertake such investigation which may include contacting credit references and other with knowledge of Applicant's affairs.

I hereby authorize the Company, Broker and/or the Producing Agent to obtain from the proper authority a copy of an investigative report for use in rating and/or underwriting the insurance for which I do hereby apply and any renewal thereof. I understand that in obtaining such report a consumer reporting agency may be used by insurer and I do hereby authorize such use. I hereby certify that the named drivers under this policy have or will have authorized me to consent on their behalf for the insurer to obtain Motor Vehicle Reports for rating and/or underwriting and I hereby certify that the information above is true. I also agree that if a policy is issued pursuant to this application and any restrictive and/or Exclusion Endorsement text, which included on the application and signed by me, shall become a part of such policy.

The Applicant hereby covenants and agrees that the statements and answers contained in this Application are a just, full and true exposition of all the facts and circumstances with regard to the risk to be insured, insofar as the same are known to the Applicant. This Application and the information provided herein are made the basis and the condition of the insurance, and are representations on the part of the insured. Material or fraudulent representations may prevent recovery on the policy.

The terms of this Application shall apply not only to the original policy or policies issued in connection with this application, but also to any renewals or extensions thereof.

It is mutually understood and agreed between the Company and the Applicant that any inspection of premises, operations, or any matter pertaining to insurance provided by the Company is made for the use and benefit of the Company only, and is not to be relied upon by the Applicant in any respect.

THE APPLICANT, BY HIS/HER SIGNATURE CONFIRMS FULL KNOWLEDGE OF ALL OF THE ABOVE, AND FULL KNOWLEDGE OF, AND ADHERENCE TO, CURRENT D.O.T. SAFETY REGULATIONS.

Signature of Applicant	Title	Date
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PRODUCER / BROKER INFORMATION

Signature of Producer	Agency Name	Phone Number
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Address	City	State	Zip Code
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