



Specialty Trucking Application

General Information:

Effective Date:

Expiration Date:

Applicant Name:

Street Address:

Mailing Address:

Carrier Type: Enter other:	Years in Business
Under Current Operating Authority	
Managing or Owning a Trucking Business	

Federal ID #	USDOT#	MC#

Contact Type	Name & Title	Phone	Email
Primary			
Claims			
Safety			
Other			

Applicant Web Address:

List all subsidiaries & affiliated entities:

Entity Name	USDOT#	Operations/Relationship to Applicant	Include Y/N:

Does insured have a conditional DOT rating? Yes No If yes explain,

Is there common majority ownership for all entities? Yes No If no explain,

Has applicant ever had insurance using another name? Previous DOT#

Parent Company Name (if applicable):

Is this applicant one of your current insureds?

Other than a competitive premium, what are your client's key concerns?

Operational & Historical Questionnaire

Deliveries	
% Truckload	
% Less Than Truckload	

Do you have any of these Operations?	Yes/No	% of Operation
Bobtail/NTL Exposure		
Haul doubles or triples		
Use driver teams		
Oversize/Overweight		

Type of Operation	
Type of Vehicles/Trailers Used	
Dry Van	
Refrigerated	
Flatbed	
Dump	
Tank Liquid	
Intermodal	
Dry Bulk	
Waste / Debris / Scrap	
Energy/Oilfield:	
Other:	

Current Fleet Description

Equipment	Power Units	Trailers
Company (Owned)		
Owner Operator (hired or leased)		
Other		
Total		

Vehicle Type (describe if needed):	Enter Count #
Extra Heavy (over 45,000 GVW)	
Heavy (20,001 to 45,000 GVW)	
Medium (10,001 to 20,000 GVW)	
Light/Service (0-10,000 GVW)	
Private Passenger	
Other:	
Total	

Please list the following for Terminal Locations

Street Address	City	State	Zip Code	Peak # of Units Stored at this location?	Is this address located in a FEMA Special Flood Hazard Area? https://www.fema.gov/flood-zones

Range of Operations & Travel Lanes

Do you travel into Canada Yes No What % of miles traveled

Do you travel into Mexico Yes No What % of miles traveled

What is the percentage of nighttime driving

Travel Areas:

Metro Area:	%	Metro Area:	%	Metro Area:	%	Metro Area:	%	Regions	%
ATL		Detroit		Miami		Pittsburgh		Mountain	
Baltimore		Hartford		Milwaukee		Portland		Midwest	
Boston		Houston		Minn/St. Paul		Richmond		Southwest	
Buffalo		Indianapolis		Nashville		St. Louis		N. Central	
Charlotte		Jacksonville		New Orleans		Salt Lake City		Mid-Atlantic	
Chicago		Kansas City		NY Metro		San Francisco		Southeast	
Cincinnati		Little Rock		OK City		Tulsa		Northeast	
Cleveland		Los Angeles		Omaha				New England	
Dallas/Ft Worth		Louisville		Phoenix				Pacific Coast	
Denver		Memphis		Philadelphia				Northwest	

Radius of Operations:

Radius	%
0-50 Miles	
51-200 Miles	
201-500 Miles	
501-1,000 Miles	
Over 1,000 Miles	

Average Length of haul:

Maximum Length of haul:

Drivers, Operations, Safety and Maintenance:

Type	% of drivers	Driver Age	% of drivers	Driver Experience	% of drivers
Employed (W-2)		<21		< 2 years	
Owner Operator (1099)		21-59		3-5 years	
Leased/Contract Drivers (1099)		60-65		6+ years	
Non-CDL Drivers		66+			

Please describe insured's accountability program regarding the following:

CSA violations	
Moving violations	
At-fault accidents	

Describe how the applicant uses telematics to improve driver behavior:

Please attach a driver schedule including full name, DOB, state of licensing, driver license #, DOH and YOE

Driver screening/general safety and operations: **(attach driver hiring and applicable safety material)**

Item	Comments	Y/N
Applicant utilizes the PSP program		<input type="checkbox"/> Y <input type="checkbox"/> N
Applicant self-handles claims		<input type="checkbox"/> Y <input type="checkbox"/> N
Applicant has a formal and written driver's manual		<input type="checkbox"/> Y <input type="checkbox"/> N
Prior employment checks		<input type="checkbox"/> Y <input type="checkbox"/> N
Written application		<input type="checkbox"/> Y <input type="checkbox"/> N
Reference checks		<input type="checkbox"/> Y <input type="checkbox"/> N
Road test		<input type="checkbox"/> Y <input type="checkbox"/> N
Written test		<input type="checkbox"/> Y <input type="checkbox"/> N
Drug testing		<input type="checkbox"/> Y <input type="checkbox"/> N
Policy for poor drivers		<input type="checkbox"/> Y <input type="checkbox"/> N
Physical examinations		<input type="checkbox"/> Y <input type="checkbox"/> N
Driver DOT files maintained		<input type="checkbox"/> Y <input type="checkbox"/> N
Driver DOTs current & updated regularly		<input type="checkbox"/> Y <input type="checkbox"/> N
Are all drivers fluent in English		<input type="checkbox"/> Y <input type="checkbox"/> N
Any driver trainees used		<input type="checkbox"/> Y <input type="checkbox"/> N
Applicant has a formal and written safety program		<input type="checkbox"/> Y <input type="checkbox"/> N
Formal driver orientation		<input type="checkbox"/> Y <input type="checkbox"/> N
Emergency procedures		<input type="checkbox"/> Y <input type="checkbox"/> N
Mandatory safety meetings held		<input type="checkbox"/> Y <input type="checkbox"/> N
Driver safety bonus program in place		<input type="checkbox"/> Y <input type="checkbox"/> N
Written vehicle maintenance program in place		<input type="checkbox"/> Y <input type="checkbox"/> N

Exposure Data:

Policy Period:	# Power Units	Mileage	Revenue	AL Deductible Level	Phyd Deductible Level	TIV (Total Physical Damage Value)
Projected Policy Period						
Most Recent Period						
2 Most Recent Period						
3rd Most Recent Period						
4th Most Recent Period						
5th Most Recent Period						

Trailer Interchange Information: (Specify Limits in the Coverage Section below)

Do you pull non-owned trailers?

Average # of days trailers are interchanged per month:

Average # trailers per day:

Types of Commodities Hauled:

All % entries must be entered in decimal format (enter .05 not 5)

Commodity	Max Value	Average Value	% Of total	Major Shipper/Customer

Hazmat:

Do you haul hazardous materials?

If yes, what are you hauling?

Please list the classification(s):

What % of loads are hazardous material

What is the quantity hauled?

How often is it hauled?

How is it packaged?

Does applicant allow passengers to ride along with drivers?

If yes does applicant allow anyone under the age of 18 to ride along?

If yes is passenger accident insurance required?

Item	Comments	Y/N
Pre and post trip inspections		<input type="checkbox"/> Y <input type="checkbox"/> N
Does the applicant employ full time mechanics?		<input type="checkbox"/> Y <input type="checkbox"/> N
How many mechanics are employed?		<input type="checkbox"/> Y <input type="checkbox"/> N
Do mechanics perform 3rd party services?		<input type="checkbox"/> Y <input type="checkbox"/> N
Has applicant filed bankruptcy in the past 7 years?		<input type="checkbox"/> Y <input type="checkbox"/> N
Have any entities or operations been purchased, sold, acquired, merged, consolidated or discontinued?		<input type="checkbox"/> Y <input type="checkbox"/> N

Are any of the following telematics in use? Check if applicable.

Lane Change Technology	Video Dash Cameras – Rear Facing Driver	Sonar Technology (Assists braking & lane change)
Speed Governing	Automatic Braking Technology	Video Cameras Rear Facing Traffic %
Video Dash Cameras – Front %		

Brokerage Operations:

Does applicant arrange for the transportation of any property under the other carrier’s authority?

If so what % of revenue do brokered loads represent? 0% % Insured separately under a separate operating authority?

Brokerage DOT #:

Non-employee Drivers (1099 Drivers)

Typical Lease Term Any Trip Lease? No % of Total Drivers on a trip lease?

Are owner operators required to meet the same standards as Employee drivers?

Please provide percentage of owners/operators % Please provide percentage of contract drivers

How many of your drivers have driven for you for more than 3 years?

Are the miles for all Non-employee Drivers (1099) included in your IFTA reports?

Filing Requests:

Item/Endorsement	Y/N
MCS-90	<input type="checkbox"/> Y <input type="checkbox"/> N
BMC-91x	<input type="checkbox"/> Y <input type="checkbox"/> N
Other Filings:	<input type="checkbox"/> Y <input type="checkbox"/> N
Oversize/Overweight Filings	<input type="checkbox"/> Y <input type="checkbox"/> N

Form E (Enter all states that are required)

Requested Coverages & Limits:

ITEM TWO Schedule of Coverages And Covered Autos

Coverages	Enter your Desired Autos Symbols For Requested Coverages	Enter your Desired Limits
Motor Truck Cargo Coverage?		
Commercial Auto Liability Coverage?		
Physical Damage Coverage?		
Trailer Interchange Elected Coverage?		
General Liability Coverage?		
Non-Trucking Liability Coverage?		
Reefer Breakdown Elected Coverage?		

Misc Endorsements:

Item/Endorsement	Y/N
Broadened Pollution Endorsement CA9948	<input type="checkbox"/> Y <input type="checkbox"/> N
Include Hired/Non-Owned Liability Coverage	<input type="checkbox"/> Y <input type="checkbox"/> N
Blanket Additional Insured and/or Loss Payee	<input type="checkbox"/> Y <input type="checkbox"/> N
Blanket Waiver of Subrogation	<input type="checkbox"/> Y <input type="checkbox"/> N
UIIA Endorsement	<input type="checkbox"/> Y <input type="checkbox"/> N

ITEM THREE

Schedule Of Covered Autos You Own, Borrow, Lease or Hire

Please submit a completed Excel vehicle schedule along with this application. Please Include the year, make, vehicle type, model, VIN, GVW, garaging location & stated amount of each vehicle. Important Note: Stated amount excludes towing costs. We provide towing as a supplemental coverage & limit of \$10,000 with higher limits available for additional premium.

ITEM FOUR

Schedule Of Hired Or Borrowed Covered Auto Coverage And Premiums

Covered Autos Liability Coverage	Cost Of Hire Rating Basis For Autos Used In Your Motor Carrier Operations	Cost Of Hire Rating Basis For Autos NOT USED In Your Motor Carrier Operations
Primary Coverage		
Excess Coverage		
If Physical Damage Coverage is required for Hired Auto Enter Limit: Comprehensive & Collision Deductibles will follow those of your owned Autos.		

Additional Required Submission items:

Currently valued loss runs for the previous four years plus the current year. Valuation must be within 90 days of effective date. Financial statements including balance sheet and income statement (interims if available). Audited and reviewed statements are preferred.

IFTA reports for the most current four quarters **MUST** be included if IFTA reports are filed.

ELD mileage reports are also acceptable.

Please provide a copy of the lease agreement (if owner/operator or contract drivers are used)

Acknowledgement & Signatures:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY:SUBSTANTIAL] CIVIL PENALTIES (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, VT or WA; in DC, LA, ME, TN and VA, insurance benefits may also be denied).

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES.

IN FLORIDA, 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 IN THE THIRD DEGREE.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

WE HAVE RELIED ON INFORMATION YOU HAVE PROVIDED TO US ON THE APPLICATION AND OTHER MATERIALS SUBMITTED TO PROVIDE THIS QUOTE. WILLFUL CONCEALMENT OR MISREPRESENTATION OF A MATERIAL FACT OR CIRCUMSTANCE SHALL BE GROUNDS TO RESCIND THE INSURANCE POLICY.

Applicant Signature & Title: _____

Date: _____

Agent/Broker Signature: _____

Date: _____