**AMERICAN SENTINEL INSURANCE COMPANY**

**Specialty Transportation Program**

**Commercial Motor Carrier Application for Insurance**

***(Note: Space is available on Page 7, if needed, to provide additional information.)***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | | Name of Applicant: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Business Phone: | | | | |  | | | | |
| 2. | | Address: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Fax: | | | | |  | | | | |
|  | | Street City | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Home Phone: | | | | |  | | | | |
|  | | County State Zip Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | |
| 3. | | Garaging locations(s) if different than above: | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | |  | | | |
| **Effective Dates:** | | | | | | **Month** | | | |  | | **Day** | | | | | |  | | **Year 20** | | | |  | **To** | | | | | | | | **Month** | | |  | | **Day** |  | | **Year 20** | | | |  |  |
|  | | At 12:01 AM At 12:01 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. | | Entity Type: | | | | Individual | | | | | | | | Partnership | | | | | | | | | Corporation | | | | | | | L.L.C. | | | | | | | | | | | Other: | | | |  | | |
| 5. | | Type of Carrier: | | | | Common | | | | | | | | Contract | | | | | | | | | Private | | | | | | | Long-Term Lease | | | | | | | | | | | Other: | | | |  | | |
| 6. | | Is this a new policy? | | | | | | | | | | | | | Yes  No | | | | | | | | | Renewal? | | | | | | | | | Yes  No | | | | | | | | | | | | | | |
|  | | (If Renewal, current policy #) | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. | | What is your DOT#? | | | | | | | |  | | | | | | | | | | | | | | | | | MC#: | | | | | | | |  | | | | | | | | | | | | |
| 8. | | Number of years in trucking industry: | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | |
| 9. | | Time in business with insurance coverage under your current name? | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | years | | | | | | | | | | | |
| 10. | | Are you a New Venture for insurance - Previously Leased to  Another Motor Carrier or Restart? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | | | | |
|  | | (If yes, see Page 5 of this application and complete) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. | | Has this business operated under another name? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | |  | | | | |  | | | |
|  | | (If yes, explain) | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. | | Have you ever filed for bankruptcy? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | |  | | | | |  | | | |
|  | | (If yes, explain) | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13. | | Has any company cancelled or non-renewed applicant’s policy in the last three years? (MO and OH residents need not respond.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | |  | | | | |  | | | |
|  | | (If yes, explain) | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14. | | Do you lease out your equipment? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | |  | | | | |  | | | |
|  | | (If yes, detail how often and to whom) | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15. | | a. Do you use rented, leased or borrowed equipment? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | |  | | | | |  | | | |
|  | | (If yes, explain) | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | b. What is the estimated cost of hire? | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | c. Do you use trip lessors? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | |  | | | | |  | | | |
|  | | (If yes, explain) | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 16. Number of Vehicles Operated: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Please attach IFTA Reports – Last 4 Quarters** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | Tractors | | | | |  | | | | | | | | | Semi-Trailers | | | | | | | | | | | | |  | | | | | | | | | | | | Trucks | | | | | | | | | | | | | |  | | | | | | | | | | Full Trailers | | | | | | | |  | | | | | | | |
| 17. Number of units in each radius group: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | 100 | | | | | | | | | | | | | | | | 300 | | | | | | | | | | | | | | | | | | | | 600 | | | | | | | | | | | | | | | | | | | | | | | | | Over 600 | | | | | | | | | | | | | | | | | | | |
| Tractors | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Trucks | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| 18. Mileage/Revenue: | | | | | | | | | | | | | | | Estimated Annual Mileage: | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | miles | | | | | | | | | | Annual Gross Revenue: $ | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| 19. Type of Routes: | | | | | | | | | | | | | | | Fixed/Regular: | | | | | | | | | | | |  | | | | | | | | | % | | | | | | Controlled: | | | | | | | | | | | | |  | | | | | | | % | | | | | | | | | Irregular: | | | | | | | | | |  | | | | | % | | | | |
|  | | | | | | | | | | | | | | | (Out & back or loop) | | | | | | | | | | | | | | | | | | | | | | | (4-6 drop/pick-up points) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | (7 or more drop/pick-up points) | | | | | | | | | | | | | | | | | | | | |
| 20. Commodities transported (list specific commodities and percentages of time transported): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | % | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | % | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | % | | | | | | | | | | |
|  | | | | | | | | | | | | | | % | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | % | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | % | | | | | | | | | | |
| 21. 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) | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Radius of Operation and Destinations** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22. Maximum distance you haul is: | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | miles | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23. What is your average length of haul? | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | miles | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24. Principal Haul: From: | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | To: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | To: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | To: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25. Cities you deliver into and pick up from: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | Albuquerque | | | |  | | | | Chicago | | | | | | | | |  | | | | | | Hartford | | | | | | | | | | | |  | | | | | Los Angeles | | | | | | | | | | | | |  | | | | | | | New York City | | | | | | | |  | | | | | | Salt Lake City | | | | | | | | | | | | | |
|  | | | | | Atlanta | | | |  | | | | Cincinnati | | | | | | | | |  | | | | | | Houston | | | | | | | | | | | |  | | | | | Louisville | | | | | | | | | | | | |  | | | | | | | Phoenix | | | | | | | |  | | | | | | San Diego | | | | | | | | | | | | | |
|  | | | | | Baltimore | | | |  | | | | Cleveland | | | | | | | | |  | | | | | | Indianapolis | | | | | | | | | | | |  | | | | | Memphis | | | | | | | | | | | | |  | | | | | | | Philadelphia | | | | | | | |  | | | | | | San Francisco | | | | | | | | | | | | | |
|  | | | | | Birmingham | | | |  | | | | Dallas/Ft W | | | | | | | | |  | | | | | | Jacksonville | | | | | | | | | | | |  | | | | | Milwaukee | | | | | | | | | | | | |  | | | | | | | Pittsburgh | | | | | | | |  | | | | | | Seattle | | | | | | | | | | | | | |
|  | | | | | Boston | | | |  | | | | Denver | | | | | | | | |  | | | | | | Kansas City | | | | | | | | | | | |  | | | | | Mpls/St Paul | | | | | | | | | | | | |  | | | | | | | Portland | | | | | | | |  | | | | | | Tampa | | | | | | | | | | | | | |
|  | | | | | Buffalo | | | |  | | | | Detroit | | | | | | | | |  | | | | | | Las Vegas | | | | | | | | | | | |  | | | | | Nashville | | | | | | | | | | | | |  | | | | | | | Richmond | | | | | | | |  | | | | | | Tulsa | | | | | | | | | | | | | |
|  | | | | | Charlotte | | | |  | | | | D. C. | | | | | | | | |  | | | | | | Little Rock | | | | | | | | | | | |  | | | | | New Orleans | | | | | | | | | | | | |  | | | | | | | St Louis | | | | | | | |  | | | | | |  | | | | | | | | | | | | | |
| Fill in other cities or towns not listed: | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26. States you travel into or through: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | Alabama | | | |  | | | | Delaware | | | | | | | | | | |  | | | | Kentucky | | | | | | | | | | | |  | | | | | Nevada | | | | | | | | | | | | | | | |  | | | | | | | Oklahoma | | | | | |  | | | | | | Utah | | | | | | | | | | | | |
|  | | | | | Arizona | | | |  | | | | Florida | | | | | | | | | | |  | | | | Louisiana | | | | | | | | | | | |  | | | | | New Hampshire | | | | | | | | | | | | | | | |  | | | | | | | Oregon | | | | | |  | | | | | | Vermont | | | | | | | | | | | | |
|  | | | | | Arkansas | | | |  | | | | Georgia | | | | | | | | | | |  | | | | Maryland | | | | | | | | | | | |  | | | | | New Jersey | | | | | | | | | | | | | | | |  | | | | | | | Rhode Island | | | | | |  | | | | | | Virginia | | | | | | | | | | | | |
|  | | | | | California | | | |  | | | | Idaho | | | | | | | | | | |  | | | | Massachusetts | | | | | | | | | | | |  | | | | | New Mexico | | | | | | | | | | | | | | | |  | | | | | | | South Carolina | | | | | |  | | | | | | West Virginia | | | | | | | | | | | | |
|  | | | | | Colorado | | | |  | | | | Illinois | | | | | | | | | | |  | | | | Mississippi | | | | | | | | | | | |  | | | | | New York | | | | | | | | | | | | | | | |  | | | | | | | Tennessee | | | | | |  | | | | | | Washington | | | | | | | | | | | | |
|  | | | | | Connecticut | | | |  | | | | Indiana | | | | | | | | | | |  | | | | Missouri | | | | | | | | | | | |  | | | | | North Carolina | | | | | | | | | | | | | | | |  | | | | | | | Texas | | | | | |  | | | | | | Wyoming | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 27. Do you own any vehicles that will not be covered under this policy? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (If yes, describe other vehicles and liability insurance) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 28. Do you plan on adding additional vehicles during the policy term? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | | | | | | | | How Many? | | | | | | |  | | | | | | | | | | | |
| 29. Is brokerage authority held? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | (If yes, specify name and docket #) | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 30. Regulatory Filings (State/Federal) Are filings required? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No (If yes, complete Filing Supplement). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 31. Do you need an MCS90? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Selection of Coverage and Limits** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Coverages | | | | | | | | | | | | | | | | | Limits Requested | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Other Available Coverages  (Check all that apply) | | | | | | | | | | | | | | | | | | |
| Liability Combined Single Limit (BI & PD) | | | | | | | | | | | | | | | | | $ | | | | | |  | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | 1. Motor Truck Cargo  (Complete App.)  2. Combined Deductible  Physical Damage  Physical Damage  and Cargo  3.  Truckers General  Liability   (Complete Supp.)  4.  Non-Trucking Liability  5.  Hired Auto Liability  6.  Non-Owned Liability  7.  Trailer Interchange  (Specify Limit under “Other Coverages”)  8.  Hired / Non-Owned Physical Damage   (Specify Limit under “Other Coverages”) | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | Each Accident | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Uninsured & Underinsured Motorists Combined Single Limit (BI & PD) | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | Each Accident | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Uninsured/Underinsured  Motorists – BI | | | | | | | | | | | | | | | | | $ | | | | |  | | | | | | | | | | | | | |  | | | | $ | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | Each Person | | | | | | | | | | | | | | | | | | | | | | | Each Accident | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Uninsured/Underinsured  Motorists – PD | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | Each Accident | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Comprehensive | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | |  | | | | | | | $ | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | Stated Amount Less | | | | | | | | | | | | | | | | | | | | | | | Deductible | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Specified Cause of Loss | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | |  | | | | | | | $ | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | Stated Amount Less | | | | | | | | | | | | | | | | | | | | | | | Deductible | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Collision | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | |  | | | | | | | $ | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | Stated Amount Less | | | | | | | | | | | | | | | | | | | | | | | Deductible | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Medical payments | | | | | | | | | | | | | | | | | $ | | | | |  | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | Each Person | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Personal Injury Protection | | | | | | | | | | | | | | | | | $ | | | | |  | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | Each Person | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Other Coverages (Specify): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Deductible(s) if any: | | | | | | | | | | | | | | | | | | |

NOTICE REGARDING PIP AND UM/UIM COVERAGES: If required in your state, you must complete an additional form(s) rejecting coverage or selecting limits of liability desired for uninsured/underinsured motorists and personal injury protection coverage. Selecting coverage will increase your premium. Be sure your agent provides you with the necessary form(s), explains the options and advises you of the cost of your selection(s). ATTACH FORMS TO THIS APPLICATION.

32. Prior Insurance Carriers (Previous three years plus current)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Prior Carriers | Year | Policy No. | Premium | Reason Coverage Moved |
|  |  |  | $ |  |
|  |  |  | $ |  |
|  |  |  | $ |  |
|  |  |  | $ |  |

**Please Provide / Attach Loss Runs**

33. Loss Experience

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Period | | Number of Vehicles | | Liability | | | | Auto Physical | | | |
|  | |  | | # of Occurrences | | Total Incurred | | # of Occurrences | | | Total Incurred |
| Current | |  | |  | | $ | |  | | | $ |
| 1 Year Prior | |  | |  | | $ | |  | | | $ |
| 2 Year Prior | |  | |  | | $ | |  | | | $ |
| 3 Year Prior | |  | |  | | $ | |  | | | $ |
| Total | |  | |  | | $ | |  | | | $ |
|  | | |  | |  | |  | |  | | |  | | |
| 34. Provide details of any loss in excess of $25,000 by line of coverage (submit loss runs, if necessary): | | | | | | | | | | |
|  | | | | | | | | | | | | | | |

**Driver Information (Controls and Safety)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 35. | Do you comply with U.S. Dept of Transportation driver regulations (Driver Files, Drug Screening, Pre-Employment Check, MVRs, etc.)? | | | | | | | | | Yes  No | | |  | | |  | |
| 36. | Number of drivers you employed last year? | | | |  | | | Quit? | | | |  | | Released? | | |  |
| 37. | What is the basis for drivers’ pay? | | Mileage  Trip  Hourly  Other | | | | | | | | | | | |  | | |
| 38. | Do you monitor your Safety Management Scores? | | | | | | | | | Yes  No | | |  | | |  | |
| 39. | Minimum age and years experience required for new hires? | | | | | | Age: | | | | Years Experience: | | | | |  | |
| 40. | Do you have a written safety program? | | | | | | | | | Yes  No | | |  | | |  | |
| 41. | Does it address accident reporting procedures? | | | | | | | | | Yes  No | | |  | | |  | |
| 42. | Do you have any team drivers? | | | | | | | | | Yes  No | | |  | | |  | |
| 43. | Do you ever allow relatives or others to ride? | | | | | | | | Yes  No | | | | | | | | |
|  | (If yes, explain) |  | | | | | | | | | | | | | | | |
| 44. | Are all employees covered by workers compensation? | | | | | | | | Yes  No | | | | | | | | |
| **Vehicle Maintenance** | | | | | | | | | | | | | | | | | |
| 45. | Is a formal inspection and maintenance program in effect? | | | | | | | | | Yes  No | | |  | | |  | |
| 46. | Number of power units with electronic log books: | | |  | |

47. Please indicate the 3 shippers, brokers, or entities you haul the most for:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | | | | Commodity | | | Percentage of Hauls | |
|  | | | |  | | |  | |
|  | | | |  | | |  | |
|  | | | |  | | |  | |
|  | | | | | | | | | |
| **Additional Interests (Shippers, Brokers, Lessee, Loss Payee)** | | | | | | | | | |
| 48. | 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 - Type | | | Unit #, If Applicable (See Page 6) | |
|  | |  | |  | | |  | |
|  | |  | |  | | |  | |
|  | |  | |  | | |  | |

**NEW VENTURE / licable (See Page 6any accidents or losses while driving for other motor carrier listed.PREVIOUSLY LEASED / RESTARTING**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Truck Driving Previous Employment | | Employment Date (Month/Year) | | | Type of Equipment | | | Commodities Hauled | | Maximum Radius of Operation | | | |
| Name: | | From:  To: | | |  | | |  | |  | | | |
| Address: | |
|  | |
| MC # / DOT #: | |
| Name: | | From:  To: | | |  | | |  | |  | | | |
| Address: | |
|  | |
| MC # / DOT #: | |
| Name: | | From:  To: | | |  | | |  | |  | | | |
| Address: | |
|  | |
| MC # / DOT #: | |
| Do you object to our verifying the above information? | | | | Yes  No | | | | | | | | | |
| 49. | While operating commercial vehicles for other motor carriers listed, did you have any accidents? | | | | | | | | | | | 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** | | |  | |

|  |  |
| --- | --- |
|  | Restarting with new policy in own name. |

|  |  |  |
| --- | --- | --- |
|  | Explanation: |  |

**Schedule of Vehicles**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Schedule of**  **Equip** | | **Trade Name** | **Body** | **VIN Serial Number** | **INDICATE OWNED (O) OR LEASED (L)** | **Stated Amt  of Ins/**  **Phys Dam** | **Deductible Type /Amount** | | |
| # | **YR** |  |  |  |  |  | **Coll** | **SCOL** | **Comp** |
| 1. |  |  |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |  |  |  |
| 6. |  |  |  |  |  |  |  |  |  |
| 7. |  |  |  |  |  |  |  |  |  |
| 8. |  |  |  |  |  |  |  |  |  |
| 9. |  |  |  |  |  |  |  |  |  |
| 10. |  |  |  |  |  |  |  |  |  |
| 11. |  |  |  |  |  |  |  |  |  |
| 12. |  |  |  |  |  |  |  |  |  |
| 13. |  |  |  |  |  |  |  |  |  |
| 14. |  |  |  |  |  |  |  |  |  |
| 15. |  |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Towing Coverage (Physical Damage) limit per vehicle:** | $10,000  $15,000  No Coverage  Unlimited Coverage |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| All Equipment is garaged: | Location 1. |  |  |  |
|  |  | Address | City | State |
|  | Location 2. |  |  |  |
|  |  | Address | City | State |

**Trailer Type Legend:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| CC | | | - Car Carrier | | | DE | | - Dump End | IC | | - Intermodal Container Chassis | | LB | | - Lowboy | | | | TC | | | | - Tanker Chemical/Acid | |
| CD | | | - Curtain Side | | | DS | | - Dump Side | LW | | - Live/Walking Floor | | PP | | - Pup | | | | TG | | | | - Tanker Gasoline/Fuel | |
| DL | | | - Dolly | | | FB | | - Flat Bed | LV | | - Livestock | | RF | | - Reefer | | | | TP | | | | - Tanker Pneumatic/Dry Bulk | |
| DV | | | - Dry Van | | | HP | | - Hopper/Grain | LG | | - Log | | TA | | - Tanker Asphalt/Hot Oil | | | | TO | | | | - Tanker Other | |
|  | | |  | | |  | |  |  | |  | |  | |  | | | | WT | | | | - Wedge Trailer / 3 Car Hauler | |
| **Power Unit Legend:** | | | | | | | | | | | | | | | | | | | | | | | | |
| TR | | | | - Tractor | TK | | - Truck | | PU | - Pickup | | | |  | |  | | | |  | |  | | |
| 50. | Do you pull Double, Pup, or Triple Trailers? | | | | | | | | Yes  No | | | |  | | | |  | | | | |
|  |  | | | | | | | |  | |  | | | | |  | | | |
| 51. | Describe any special mounted/attached equipment and value | | | | | | | | | |  | | | | | | | | | | | |
|  | | | |  |  | |  | |  |  | | | |  | |  | | | |  | |  | | |

**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. 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** | | **Date of Birth** | **SSN** | **DL Number** | **State** | **Yrs Com**  **Driving** | **Hire Date** | **Number of Accidents** | **Number of Violations** |
| 1. |  |  |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |  |  |  |
| 6. |  |  |  |  |  |  |  |  |  |
| 7. |  |  |  |  |  |  |  |  |  |
| 8. |  |  |  |  |  |  |  |  |  |
| 9. |  |  |  |  |  |  |  |  |  |
| 10. |  |  |  |  |  |  |  |  |  |
| 11. |  |  |  |  |  |  |  |  |  |
| 12. |  |  |  |  |  |  |  |  |  |
| 13. |  |  |  |  |  |  |  |  |  |
| 14. |  |  |  |  |  |  |  |  |  |
| 15. |  |  |  |  |  |  |  |  |  |

**Please use space below, if, needed to provide additional information:**

|  |  |
| --- | --- |
| **Item # or Category** | **Information** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**SIGNATURE SECTION AND AUTHORIZATION FOR INFORMATION**

**PLEASE READ \* \* \* \* \* \* \* FRAUD WARNING \* \* \* \* \* \* \* PLEASE READ**

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.

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 others with knowledge of Applicant’s affairs.

I hereby authorize the Company 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 a 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 (names specified on Page 7 of this application and/or drivers hired during the term of this insurance) 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.

This Application shall not be binding unless and until a down payment is made and then only as of the commencement date of the policy and in accordance with the terms of this Application and of the 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.

If the laws or regulations of any city, county, regulatory body, state or states in which the Applicant intends to operate or of the Department of Transportation or Federal Motor Carrier Safety Administration require any special endorsement or rider to be attached to the policy, the Applicant hereby agrees that if the Company shall be obliged to pay any claim which it would not have been required to pay except for such endorsement or rider, the Applicant shall reimburse the Company for any and all claims and disbursements of every kind, including loss payments, costs and expenses paid in connection with such claim, and expenses incurred by the Company in enforcing the terms of this Application and 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 |

**PRODUCER/BROKER INFORMATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| Signature of Producer |  | Agency Name |  | (Area Code) | Phone Number |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Address | City | State | Zip Code |