



FLEET APPLICATION

LOCAL AND INTERMEDIATE TRUCKING APPLICATION

GENERAL INFORMATION:

Effective Date: _____ Need quote by: _____
Name of Applicant: _____
Street & Mailing Address: _____ County: _____

Table with 3 columns: Additional Terminal/agent locations, # of power units, % of revenue. Rows 1, 2, 3.

Table with 3 columns: Name of all entities to be insured, Description of operations, Common ownership. Rows 1, 2, 3.

Number of years in business: _____ Union or non-union operation: Non union _____

Type of business: Individual _____ Corporation _____ Partnership _____

Loss prevention contact: _____ Phone: () _____

Current U.S. D.O.T. safety rating: Satisfactory [] Conditional [] Unsatisfactory []

OPERATIONS

Type of authority: Common [] Contract [] Private [] Exempt [] Broker [] Intrastate []

If broker, under what name? _____ Broker ICC#: _____

Annual brokerage receipts: _____ Approximate # of firms dealt with: _____

Have contingent liability coverage? _____

COMMODITIES TRANSPORTED:

<u>Commodity</u>	<u>% of revenue</u>	<u>Major shipper</u>	<u>From what city?</u>	<u>To what city?</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If carrier transports hazardous commodities, please provide details: _____

Describe oversize-overweight operations, if any: _____

If carrier trip leases, what % of receipts is generated? _____

<u>Radius of operations</u>	<u>Major cities entered</u>	<u>% of revenues</u>
Local (0 – 75 miles)	_____	_____
Intermediate (76 – 300 miles)	_____	_____
Long haul (over 300 miles)	_____	_____

Average length of haul: _____

EQUIPMENT/DRIVER SUMMARY

Owned:

Tractors _____ Trucks _____ Trailers _____ Service _____ Private passenger auto _____

Owner/Operator

Tractors _____ Trucks _____ Trailers _____ Service _____ Private passenger auto _____

Number of drivers: _____ Number of team or slip seat units: _____

Does carrier allow passengers? _____

If hired equipment is used, what is the cost? _____

FILING INFORMATION

Exact name as it appears on authority: _____

ICC docket #: _____ S.S.R.S. base state: _____

Which of the following non S.S.R.S. states need filings?
Arizona _____ Florida _____ Oregon _____ Vermont _____

Intrastate filings needed in: _____

Canadian filings needed in: _____

OPERATIONS HISTORY

Policy term	Mileage	Trucking gross receipts	Avg. # of power units
Projected			
Current year			
1 st prior			
2 nd prior			
3 rd prior			

Describe any anticipated growth in operations and how this will be accomplished. _____

PREVIOUS INSURANCE HISTORY

POLICY TERM				LIABILITY		PHYSICAL DAMAGE		CARGO		
FROM		TO		COMPANY NAME	NO OF	AMOUNT	NO OF	AMOUNT	NO OF	AMOUNT
MO.	YR.	MO.	YR.		CLAIMS	INCURRED	CLAIMS	INCURRED	CLAIMS	INCURRED

Has insurance ever been cancelled or non-renewed? Yes _____ No _____

If yes, give company name, date and reason: _____

Current receipt, mileage or per mile rate: _____ Deductible _____

COVERAGE DESIRED

	<u>LIMIT</u>	<u>DEDUCTIBLE</u>
Auto liability		
Personal injury protection		
Medical payments		
Uninsured/underinsured motorist		
Hired & non-owned auto		
Cargo		
Specified perils		
Comprehensive		
Collision		
General Liability		

Est. number of days in possession _____ Est. # of trailers at any one time _____ Deductible _____

Maximum value per trailer _____

Average value of trailer _____

AGENT CHECKLIST

The following information must be submitted with the application:

- _____ 1. Currently valued loss runs from all insurance carriers for the past five years. Explanation of all losses over \$25,000.
- _____ 2. Copies of financial statements for past three year if 10 or more units. Include balance sheet, income statement and notes.
- _____ 3. The Schedule B Mileage Statement or similar mileage by state report for the past two periods.
- _____ 4. Current equipment list including value of each unit.
- _____ 5. Current driver list including DL#, state of licensing, date of birth and hire date.
- _____ 6. Copies of MVR's for all drivers.

In order to provide you with the best possible quotation, make sure that you have enclosed:

- _____ 1. Driver hiring guidelines.
- _____ 2. Copy of operating authority.
- _____ 3. Copy of latest D.O.T. inspection report.

THANK YOU!!

FRAUD PREVENTION – OHIO – WARNING

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

FRAUD WARNING – FLORIDA

ANY PERSON WHO KONWINGLY AND WITH INTENT TO INJURY, 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.

FRAUD WARNING – KENTUCKY

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.

FRAUD WARNING – MICHIGAN

ANY PERSON KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURER FILES AN APPLICATION OR CLAIM CONTAINING FALSE, INCOMPLETE, OR MISLEADING INFORMATION SHALL, UPON CONVICTION, BE SUBJECT TO IMPRISONMENT FOR UP TO 1 YEAR FOR A MISDEMEANOR CONVICTION OR UP TO 10 YEARS FOR A FELONY CONVICTION AND PAYMENT OF A FINE OF UP TO \$5,000.00.

FRAUD WARNING – PENNSYLVANIA

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 MATERIAL FACT THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

ALL OTHER STATES:

WARNING – ANY PERSON WHO WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

The applicant hereby applies to the Company for a policy of insurance set forth in this application on the basis of statements contained herein. Applicant agrees that such policy shall be null and void if such information is materially false or misleading so that the Company would have rejected the risk, ab initio. Applicant understands that an inquiry may be made which will provide applicable information concerning character, general reputation, financial stability and other pertinent financial data, personal characteristics, mode of living or other background information the Company deems necessary in order to determine whether the Company will accept or reject applicant for coverage. Upon written request, additional information as to the nature and scope, if one is made, will be provided.

THE SIGNATURE OF THE APPLICANT VERIFIED THAT THE INFORMATION CONTAINED ON THIS APPLICATION IS CORRECT AND NO MISREPRESENTATION HAVE BEEN MADE.

Signed this _____ day of _____, 20____. At _____
(City/State)

Applicant's Signature

Producer's Signature