



Truck Application

Proposed Effective Date: _____

Date Quote Needed: _____

Agent _____ Agency _____ E-Mail Address _____

Applicant's Name _____

Street Address _____ City _____ ST _____ Zip Code _____ County _____

Mailing Address _____ City _____ ST _____ Zip Code _____ County _____

Phone _____ Fax _____ Contact _____

Years in Business _____ Federal Tax ID/SSN _____ MC Number _____

Business Entity _____ List Other Named Insureds _____

Operation Information

	Trucking Revenue	Miles Driven	# Tractors	# Service Vehicles	# Private Passengers
Next Year Projections	_____	_____	_____	_____	_____
Current Policy Year	_____	_____	_____	_____	_____
1 Year Prior	_____	_____	_____	_____	_____
2 Years Prior	_____	_____	_____	_____	_____
3 Years Prior	_____	_____	_____	_____	_____
4 Years Prior	_____	_____	_____	_____	_____

Are private passengers and/or service vehicles used for personal use? Yes _____ No _____

If yes, explain: _____

Radius of Operation	
< 50 Miles	_____
50 to 200	_____
200 to 500	_____
500 +	_____
Average Length of Haul	_____ Miles

Trailer Breakdown: # of Units for Each			
Auto Hauler:	_____	Intermodal/Container:	_____
Customized:	_____	Low Boy:	_____
Dry Van:	_____	Refrigerated:	_____
Dump:	_____	Tanker:	_____
Flatbed:	_____	Other:	_____

Trainer/Instructor Information: Attach MVR (s)

(Attach Schedule if more than 5 Drivers)

Driver Name	D.O.B	DL/SSN#	Violations in last 36	State	D.O.H.	Yrs Experience

How often do drivers get home? _____ Number of drivers who have left (fired or own will) in the last 12 months? _____

Do you use driver teams? _____ Yes _____ No If Yes, how many? _____

Do you haul doubles? _____ Yes _____ No Triples? Yes _____ No _____ How Often? _____

Do you enter into Trip Lease Agreements? _____

Authorities: Freight Broker _____ Common Carrier _____ Contract Carrier _____ Private Carrier _____
Operation Type: Regular Route _____ Irregular Route _____ Just-In-Time _____ Hot Shot _____

Mandatory: List major cities frequented (If Any)

Destinations	Percentage %	Destinations	Percentage %

Vehicle Information
 (Attach Vehicle Schedule if more than 5 Vehicles)

Year	Make	Type	VIN	Class Code	Value	Owned/Lease

Physical Damage ~ Previous Insurance Carriers

Term	Carrier	Lines	Claims	Paid Losses/Reserves	Premium

Non-Trucking Liability ~ Previous Insurance Carriers

Term	Carrier	Lines	Claims	Paid Losses/Reserves	Premium

Are you requesting a quote for Non-Trucking Liability? _____
 Requesting Limit of Liability? _____

Motor Truck Cargo ~ Previous Insurance Carriers

Term	Carrier	Lines	Claims	Paid Losses/Reserves	Premium

Are you requesting a quote for Motor Truck Cargo?

Requesting Limit of Liability?

Commodities Hauled (if any)

List type of merchandise hauled and %

1 _____

4 _____

2 _____

5 _____

3 _____

6 Add Additional Cargo Here

Do you haul any electronics, cigarettes, alcohol, tires, or other high value cargo? Yes/No

If yes, explain: _____

Are drivers permitted to take a load home prior to leaving for consignee location?	Yes	No
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Filing Information

Are Cargo Filings Needed? State:

Number of years operating under own authority: _____

Filings and States where the insured has vehicles licensed and/or garaged:

Insurance Program Requested

Insurance Program Request				
	Coverage Offered	Desired Deductible	Symbol/NA (If Any)	Limits of Insurance
Auto Physical Damage				
	<i>Collision</i>			
	<i>Comprehensive</i>			
	<i>Specified Perils</i>			
Non-Trucking Liability				
	<i>UM Min Limits</i>			
	<i>UIM Min Limits</i>			
	<i>PIP</i>			
Cargo Legal Liability				

Applicant's Statement: Important - Read Before Signing

I, the undersigned (applicant), hereby applies for a policy of insurance as set forth in the application on the basis of information and statements contained in the application, all supporting and supplementary documents, and this application statement. The supporting and supplementary documents and this Applicant's Statement are incorporated into and part of the application. The application, all supporting and supplementary documents, and this Applicant's Statement shall be referred to below as the "Application Materials." If a policy is issued, the Application Materials sha be deemed to be attached to and part of the policy.

Applicant understands and acknowledges the following:

That insurer's receipt and consideration of the Application Materials does not obligate insurer to provide a quotation for insurance to applicant.

That any quotations provided will be issued subject to underwriting approval, and will not constitute an offer by the insurer to insure at the quoted rates or prices unless and until such approval has been issued.

That if the initial premium is paid with a check, the coverage provided by the policy is conditioned upon the check being honored when presented for payment, and that if the check is not honored, the policy shall be deemed void from inception due to a lack of consideration.

Applicant declares that it has carefully reviewed the information and statements made in the Application Materials an that such information and statements are true and correct. Applicant agrees that any policy of insurance that may be issued now or in the future will be issued in reliance on the information, statements, warranties, and representations contained therein, and that the policy and renewals thereof may be declared null and void by insurer if the Application Materials, or future statements or documents provided by or on behalf of Applicant, contain information that is incomplete, false, or misleading.

If Applicant applies for a commercial auto policy that is not based on mileage, payroll, or other measure of exposure, Applicant warrants and represents that all vehicles owned by, leased to, or used by the Applicant have been disclose in the Application Materials or otherwise disclosed in writing to insurer, regardless of whether Applicant intends to schedule such vehicles on the policy issued by insurer. If Applicant applies for a commercial auto policy that is exposure rated, Applicant warrants and represents that all mileage, payroll, or other measure of exposure relating Applicant's operations have been disclosed in the Application Materials or otherwise disclosed in writing to insurer for all applicable periods of time.

Applicant understands that an inquiry may be made that will provide information concerning general reputation, financial stability and other pertinent financial data, credit history, driving experience, vehicle usage, and other information considered by insurer in deciding to issue a policy, in determining the rates therefore, and in adjusting claims. Applicant authorizes insurer to obtain such reports in connection with this policy and all renewals thereof. Upon written request, Applicant will be informed of the source of any reports considered by the insurer.

Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act which is a crime.

Agent/Agency Name: _____ / _____

Agent's Signature: _____ **Date:** _____

Applicant's Name: _____ **Date:** _____

Applicant's Authorized Signature: _____