



FOR HIRE/TRUCKERS APPLICATION

Name of Applicant: _____
 D/B/A: _____
 Mailing Address: _____

 Garaging Address: _____
 (if different than mailing) _____
 Phone Number: (____) _____
 DOT No.: _____
 E-Mail Address: _____
 Risk Control contact name and telephone number:

Agent Name: _____

 Address: _____

 Agent No.: _____

PROPOSED EFFECTIVE DATE:

From _____ To _____
**12:01 A.M., Standard Time, at the address of
 the Applicant.**

PLEASE ANSWER ALL QUESTIONS

DESCRIPTION OF OPERATIONS

1. **Applicant is:** Individual Partnership Corporation Joint Venture LLC
 Other: _____
2. **How long has this operation been in business?** _____
3. **How many years of experience does your management have in the truck/transportation business?** _____
4. **Has there been any change in the nature of operations, ownership, management or the name of the operation during the last five years?** Yes No
 If yes, provide details: _____
5. **Radius of operations:**
 0-100 mi. _____% 101-300 mi. _____% 301-500 mi. _____% Over 500 mi. _____%

If more than 500 miles, approximately what % of the time will you spend in each of these four regional zones

ZONE 1: CA, NV, OR, WA	ZONE 2: AZ, CO, IA, ID, IL, IN, KS, MI, MN, MO, MT, ND, NE, NM, OH, SD, UT, WI, WY	ZONE 3: AL, AR, FL, GA, KY, LA, MS, NC, OK, PA, SC, TN, TX, VA, WV	ZONE 4: CT, DE, MA, MD, ME, NH, NJ, NY, RI, VT
%	%	%	%

6. **Liability for Nontrucking Use Leased to:** _____

7. Are filings required?..... Yes No

If yes, complete Form ADM-166.

Docket No.: _____

8. Are any vehicles owned, operated or leased that are not included in the vehicle schedule? Yes No

If yes, provide details: _____

9. Do you have motor carrier brokerage authority?..... Yes No

If yes, is the brokerage authority held under the same name and motor carrier number as your trucking operation?..... Yes No

What is your motor carrier brokerage number? _____

Whose name appears on the bill of lading as the carrier? _____

What is your brokerage revenue for the most recent twelve (12) months? _____

Estimated next twelve (12) months? _____

10. Do you have a signed trailer interchange agreement?..... Yes No

If yes, provide a copy of the signed agreement, cover letter and provider list.

11. Are any vehicles or equipment loaned, rented, or leased to others? Yes No

If yes, explain: _____

12. Do you use double or triple trailers?..... Yes No

If yes, what percentage of trips involves the use of multiple trailers? _____%

13. Do you use sub-haulers?..... Yes No

If yes, provide cost of hire: \$ _____

Provide a copy of the contract.

14. Do you lease, hire, rent, or borrow any vehicles from others without drivers? Yes No

Will they be scheduled on the policy? Yes No

What is the average term of the lease? _____

15. What is your cost to lease, hire, rent or borrow vehicles?

With drivers \$ _____ Without drivers \$ _____

Estimated cost of hired autos:

Next twelve (12) months: \$ _____ Most recent twelve (12) months: \$ _____

COMMODITIES HAULED

16. Provide information for commodities hauled:

Commodity	% of Loads	Average Value	Maximum Value	Trailer Type*

*Trailer Types: Car Carrier-CC Container-CO Dump Belly-DB Dump End-DE Flat Bed-FB
 Hopper/Grain-HP Livestock-LV Log-LG Mobile/Modular Homes-MH Tank, Dry Bulk/Pneumatic-TD
 Tank, Liquid-TL Van, Dry-VD Van, Reefer-VR

DRIVER INFORMATION

17. Criteria for hiring drivers: minimum age: _____ years of experience: _____

Describe MVR standards: _____

18. How are your drivers paid? Per load Per mile Other: _____

19. List below all drivers employed as of the proposed effective date.

Driver's Name	Date of Birth	Driver's License No.	State	No. of Years Driving Similar Vehicle	Date of Hire	List Past Three Years of Accidents & Traffic Violations

INSURANCE AND LOSS HISTORY

20. Provide loss history for prior five years.

Policy Period	Prior Carrier	Policy No.	No. of Units Insured	No. Of Losses	Liability Losses Paid/Open	Phys. Dam. Losses Paid/Open	Cargo Losses Paid/Open

21. Have you had any insurance canceled, declined or non-renewed in the last three years (Not applicable in Missouri)? Yes No

If yes, explain: _____

OPERATION HISTORY

22. Provide prior three years, current and projected business history.

Year	Gross Receipts	Mileage	Number of Power Units

Year	Gross Receipts	Mileage	Number of Power Units
Current Year			
Projected for Coming Year			

SCHEDULE OF COVERED AUTOS

23. Provide autos to be scheduled on policy.

No.	Year	Make/Model	VIN No.	GVW/GCW	Stated Value	Radius	Owner's Name	Trailer Type*
					\$			
					\$			
					\$			
					\$			
					\$			
					\$			
					\$			
					\$			
					\$			

- *Trailer Types:
- | | | | | |
|-----------------|--------------|----------------|-------------------------|-------------------|
| Car Carrier-CC | Container-CO | Dump Belly-DB | Dump End-DE | Flat Bed-FB |
| Hopper/Grain-HP | Livestock-LV | Log-LG | Mobile/Modular Homes-MH | Tank, Dry |
| Tank, Liquid-TL | Van, Dry-VD | Van, Reefer-VR | | Bulk/Pneumatic-TD |

LIENHOLDER INFORMATION

No.	Name	Address	City	State	Zip Code

LIMIT AND COVERAGE INFORMATION

- 24. Liability:** Combined Single Limits \$ _____
- 25. Hired Auto:** Cost of Hire: \$ _____ (Hired auto coverage is subject to audit.)
- 26. Non-owned Auto:** Number of: Partners: _____ (Non-owned auto coverage is subject to audit.)
- 27. Uninsured Motorist:** Rejected Limits Accepted _____
- 28. Underinsured Motorist:** Rejected Limits Accepted _____
 (Complete appropriate UM/UIM Selection/Rejection Form for Questions 27. and 28.)
- 29. Optional no-fault state:** PIP rejected?..... Yes No
- 30. Mandatory no-fault state:** PIP basic limits accepted? Yes No
 (Complete appropriate Personal Injury Protection Selection/Rejection Form for Questions 29. and 30.)
- 31. Medical Payments:** Rejected Limits accepted: _____
- 32. Trailer Interchange:** Limit \$ _____ Number of Trailer Days: _____
- 33. Deductibles:** Comp \$ _____ SCOL \$ _____ Coll \$ _____
- 34. Cargo:** Limit \$ _____ Deductible: \$ _____

This application does not bind YOU or US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

California Notice And Disclosure: Please note a policy fee of \$150 applies to NEW business policies only. This policy fee is fully earned at policy inception.

FRAUD WARNINGS:

FRAUD WARNING: 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 applicable in Nebraska, Oregon and Vermont.**

NOTICE TO COLORADO APPLICANTS: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: 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 addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: 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.

APPLICABLE IN HAWAII: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: 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 or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company 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.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND 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.

NOTICE TO NEW YORK APPLICANTS (Other than automobile): 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK (Automobile):

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, and any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

IOWA LICENSED AGENT: _____
(Applicable in Iowa Only)

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable in Florida Agents Only)

IMPORTANT NOTICE

As part of the underwriting procedure, a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

Return Premium (if any)

\$

REJECTION OF UNINSURED MOTORIST COVERAGE AND UNDERINSURED MOTORIST COVERAGE OR SELECTION OF LOWER LIMIT OF LIABILITY

(Indiana)

The Indiana Insurance Code (Section 27-7-5-2) requires an insurer to provide bodily injury Uninsured Motorist Coverage and Underinsured Motorist Coverage equal to the limit for Bodily Injury Liability Coverage in the policy and Property Damage Uninsured Motorist Coverage at the basic financial responsibility limit. Property Damage Uninsured Motorist Coverage is only available if Bodily Injury Uninsured Motorist Coverage is afforded under the policy.

A named insured can reject either or both Uninsured Motorist Coverage or Underinsured Motorist Coverage, reject the Property Damage portion of the Uninsured Motorist Coverage, or select a limit of liability lower than the limit of Bodily Injury Coverage. (Note: Limit selected for Underinsured Motorist Coverage cannot be less than \$50,000/\$50,000 Split Limit or \$50,000 Single Limit).

Uninsured Motorist Coverage and Underinsured Motorist Coverage provide insurance for the protection of persons insured under the policy who are legally entitled to recover damages from owners or operators of uninsured or underinsured motor vehicles because of bodily injury, sickness, or disease, including death, and for the protection of persons insured under the policy who are legally entitled to recover damages from identifiable owners or operators of uninsured motor vehicles for injury to or destruction of property resulting therefrom.

The undersigned named insured —

(Applicable items marked "X")

- agrees that the Uninsured Motorist Coverage afforded in the policy is rejected.
- agrees that the Underinsured Motorist Coverage afforded in the policy is rejected.
- agrees that both the Uninsured Motorist Coverage and the Underinsured Motorist Coverage afforded in the policy are rejected.
- agrees that the Property Damage only portion of the Uninsured Motorist Coverage provisions afforded in the policy is rejected.
- agrees that the following lower limit of liability applies with respect to the Uninsured Motorist Coverage afforded in the policy.

(Enter lower limit of liability):

\$ each person (enter limit if applicable)

\$ each accident

- agrees that the following lower limit of liability applies with respect to the Underinsured Motorist Coverage afforded in the policy.

(Enter the lower limit of liability):

\$ each person (enter limit if applicable)

\$ each accident

Signature of Named Insured

Date

Policy No. (if known) _____