



## LARGE FLEET TRUCKING APPLICATION CHECKLIST

Agency: \_\_\_\_\_ Agency Website: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Producer Name: \_\_\_\_\_ Producer Email: \_\_\_\_\_

Phone: \_\_\_\_\_ 800: \_\_\_\_\_ Fax: \_\_\_\_\_

Are you the incumbent agent: \_\_\_\_\_ If Yes, for how long? \_\_\_\_\_

Applicant's Expiration Date: \_\_\_\_\_ Proposed Effective Date: \_\_\_\_\_ Quote Date Requested: \_\_\_\_\_

*To underwrite this application, the following materials must be provided and attached to this application:*

- \_\_\_\_\_ 1. **Financial Statements:** Balance sheets and income statements on an accrual basis for the last 2 fiscal year ends and a current interim statement are required. Audited or 3<sup>rd</sup> Party reviewed statements are required. Parent company financials, if applicable, should be provided.
- \_\_\_\_\_ 2. **Loss Runs:** Provide documented loss experience, valued within the past 90 days from proposed inception, for all lines of coverage requested for the current and 4 prior years. Provide claims notes & loss details on all losses in excess of \$50,000. Provide summary of losses on page 7 of this application.
- \_\_\_\_\_ 3. **Expiring Rates:** Provide expiring policy rates by line of coverage. Expiring policy declaration pages for each coverage preferred. Complete the expiring policy premium section on page 3 of this application.
- \_\_\_\_\_ 4. **IFTAs:** Provide fuel tax reports, indicating mileage by state and total mileage for all states for the previous 8 calendar quarters. If not all mileage is captured by IFTAs, then internal mileage reports are required.
- \_\_\_\_\_ 5. **Equipment Schedule:** Attach current listing of all company owned and owner/operator vehicles & trailers, including year, make, model, VIN, current market value, where garaged and licensed. For local/intermediate operations, (up to 300 mile radius) include gross vehicle weight for each unit.
- \_\_\_\_\_ 6. **Drivers List:** Attach listing of all drivers operating equipment to be covered by this proposed insurance: company drivers, owner/operators, drivers of service and private passenger units. List should include full name of driver, date of birth, state of license issued, driver's license number, years of commercial driving experience, and date of hire.
- \_\_\_\_\_ 7. **MVRs:** Current MVRs are required & should be valued no more than 90 days from proposed inception.
- \_\_\_\_\_ 8. **Agreements:** Provide copies of all applicable agreements used by applicant, including permanent lease, trip lease, hold-harmless, interline, interchange, intermodal, and sub-hauler agreements.
- \_\_\_\_\_ 9. **Safety Materials:** Attach copy of most recent state or federal compliance review and current compliance rating document. Provide copies of pertinent fleet safety and maintenance programs and materials.

# LARGE FLEET TRUCKING APPLICATION

Applicant's Name: \_\_\_\_\_  
 (As it appears on all regulatory filings)

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Main Phone: \_\_\_\_\_ Direct Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Web-site: \_\_\_\_\_

Structure:     C Corp     S Corp     Partnership     Proprietorship    Employee ID #: \_\_\_\_\_

MC #: \_\_\_\_\_ Web-site: \_\_\_\_\_

Primary Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

	% of Ownership		% of Ownership
President: _____	_____	Maintenance Manager: _____	_____
VP/Gen'l. Mgr.: _____	_____	Safety/Risk Manager: _____	_____
CFO/Contoller: _____	_____	Inspection Contact(s): _____	_____

Number of years in operation: \_\_\_\_\_ Number of years under current management: \_\_\_\_\_

List all Subsidiaries and Affiliated Companies and explain what they do and if they are to be included on the policy. Add attachment, if necessary.

Company	Type of Business	Included on Policy?
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

LOCATIONS (Address)	Location Type	# Units Assigned	Max Value at Location	Controlled Entrance (Y/N)	24 Hr. Guard (Y/N)	Fenced & Lighted (Y/N)	3 <sup>rd</sup> Party Exposure (Y/N)	Non-Truck Operations (Y/N)
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

**GENERAL**

Please answer the following questions. If you answer Yes to any question, please describe in the **Explanations** section below:

- Have you ever been cancelled or non-renewed within the last 5 years? .....  Yes  No
- Have you filed for bankruptcy protection within the last 5 years?.....  Yes  No
- Do you lease property, vehicles, or mobile equipment to others?.....  Yes  No
- Do you perform any rigging?.....  Yes  No
- Do you perform service or repair work on other than company-owned equipment?.....  Yes  No  
(Describe type of work performed, number of vehicles at any one time, revenue derived, and list any  
Garage Liability Insurance in-force: Insurer, Policy # and Term, Limits)
- Do you have any fuel storage facilities on your premises? .....  Yes  No  
(List products stored, capacity, and list any Pollution Liability Insurance in-force: Insurer, Policy # and Term, Limits)
- Do you sell any product on a wholesale or retail basis? .....  Yes  No
- Do you derive any revenue from warehousing? .....  Yes  No
- Do you allow passengers to accompany drivers?.....  Yes  No  
(If Yes, describe your policy, including authorization and frequency.)
- Do you have any surplus equipment not presently being utilized?.....  Yes  No
- Do you utilize any of the following: Satellite/Tracking Equipment, Communication Devices, or Alarms? .....  Yes  No

**Explanations, if any:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please describe ANY MAJOR CHANGES in the applicant’s operations over the last 5 years and planned for the next 2-3 yrs. Include growth/downsizing, commodities, customers, territories, equipment, driver hiring, personnel, financial, etc:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**OPERATIONS**

- Radius of Operations (% of miles)    0 to 50 \_\_\_\_\_%    51- 200 \_\_\_\_\_%    201 – 500 \_\_\_\_\_%    Over 500 \_\_\_\_\_%
- Average Length of Haul \_\_\_\_\_ miles    Maximum Length of Haul \_\_\_\_\_ miles    % of Deadhead miles \_\_\_\_\_%
- Do you haul doubles?.....  Yes  No    If Yes, \_\_\_\_\_% of total miles.
- Do you haul triples?.....  Yes  No    If Yes, \_\_\_\_\_% of total miles.
- Do you use driver teams?.....  Yes  No    If Yes, \_\_\_\_\_% of tractors seated with teams.

TYPE OF OPERATIONS	% OF HAULS	TYPE OF OPERATIONS	% OF HAULS
LTL		Tanker (Food Grade / Milk)	
Dry Van		Tanker (Hopper / Dry Bulk)	
Reefer		Tanker (Fuel / Chemicals)	
Flatbed		Auto Hauler	
Specialized Carrier		Dump	
Intermodal		Other (Describe):	

*Complete for LTL & Intrastate Operations:*

CITY / STATE	% OF HAULS	CITY / STATES	% OF HAULS
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

**EXPOSURE HISTORY & PROJECTIONS**

Rating Period	Mileage*	Trucking Revenue**	Brokerage Revenue	Company Revenue Units	O/O Revenue Units	Sub Haulers Units	PP & Service Units
Next 12 Mon (Proj.)							
Current Yr. (Est.)							
1 <sup>st</sup> Prior Yr. (Audited)							
2 <sup>nd</sup> Prior Yr. (Audited)							
3 <sup>rd</sup> Prior Yr. (Audited)							
4 <sup>th</sup> Prior Yr. (Audited)							

\*Mileage should include all laden/unladen miles ran by both company owned & owner operator units while operating under your auhtoritie(s).

\*\*Revenue should include trucking receipts only excluding any non-hauling revenue such as fuel surcharges, detention fees, etc.

\*\*\*Units should reflect the annualized average number of active units

**EQUIPMENT INFORMATION**

(Owned / Long Term Leased Equipment Only)

Vehicle Type	Next 12 Mon. Stated Values (Projected)	Current Stated Values (Estimated)	1 <sup>st</sup> Prior Stated Values (Audited)	2 <sup>nd</sup> Prior Stated Values (Audited)	3 <sup>rd</sup> Prior Stated Values (Audited)	4 <sup>th</sup> Prior Stated Values (Audited)
Road Tractors						
Trailers / Chassis						
Straight Trucks						
Yard Trucks						
PP/Service						
Other (Describe)						
Other (Describe)						
TOTAL SVs						

**Deductible**

Current year: \_\_\_\_\_ 1<sup>st</sup> prior: \_\_\_\_\_ 2<sup>nd</sup> prior: \_\_\_\_\_ 3<sup>rd</sup> prior: \_\_\_\_\_ 4<sup>th</sup> prior: \_\_\_\_\_

**MAINTENANCE**

Do you have a written maintenance program? .....  Yes  No  
(If Yes, attach copy)

Do you perform your own repairs? .....  Yes  No

Number of maintenance personnel: \_\_\_\_\_ Are pre/post trip inspections performed? .....  Yes  No

Define your inspection and preventative maintenance schedule intervals: A \_\_\_\_\_ B \_\_\_\_\_ C \_\_\_\_\_

Are owner/operators' equipment subject to the same maintenance requirements as company equipment? .....  Yes  No

Describe your plans to replace or upgrade your equipment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**CARGO**

Commodities	% of Revenue	Hazardous?	Average Value	Maximum Value	% at Max
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____	_____

**Deductible**

Current year: \_\_\_\_\_ 1<sup>st</sup> prior: \_\_\_\_\_ 2<sup>nd</sup> prior: \_\_\_\_\_ 3<sup>rd</sup> prior: \_\_\_\_\_ 4<sup>th</sup> prior: \_\_\_\_\_

Average values per trailer \$ \_\_\_\_\_ Max values per trailer \$ \_\_\_\_\_ Max terminal exposure \$ \_\_\_\_\_

Is cargo ever stored on dock or in terminal yard over 72 hours? .....  Yes  No If Yes, \_\_\_\_\_% of time.

Is cargo ever left unattended on the road? .....  Yes  No If Yes, unattended \_\_\_\_\_% of time.

Is standard Bill of Lading issued? .....  Yes  No If No, attach copy of form used.

Do you haul under a full value bill of lading or a released value bill of lading?  Full Value  Released Value

List your top 3 shippers and % of total revenue: \_\_\_\_\_

Describe any specific cargo, including high hazard (hazardous, radioactive, waste materials) and high value: \_\_\_\_\_

**AGREEMENTS**

Are any Permanent Lease, Trip Lease, Hold-Harmless, Interline, Intermodal, Interchange, or Sub Hauler agreements in place? .....  Yes  No  
(If Yes, attach copies.)

**TRIP LEASES**

Do you trip lease drivers & equipment from others to haul freight under your authority? .....  Yes  No

If Yes, \_\_\_\_\_% of revenue. Please explain how you locate your trip lessors and how you control the return of your placards:

Do you inspect trip lessors' equipment? .....  Yes  No

Do you trip lease your drivers & equipment to others to haul freight under the other motor carrier's authority? .....  Yes  No

If Yes, \_\_\_\_\_% of total revenue.

Do you require authorization to be granted to a driver before they may enter into a trip lease agreement? .....  Yes  No

Please explain your controls: \_\_\_\_\_

**BROKERAGE**

Do you arrange for the transportation of property, by other motor carriers under the other carrier's authority?.....  Yes  No

If Yes, identify motor carriers utilized: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of your brokerage entity: \_\_\_\_\_ Annualized revenue: \$ \_\_\_\_\_

Licensed? .....  Yes  No MC # \_\_\_\_\_ Are separate accounting records kept?.....  Yes  No

Do you purchase contingent cargo coverage?.....  Yes  No

Before brokering loads, do you require any of the following:

Certificate of insurance? .....  Yes  No Limits required? \$ \_\_\_\_\_

Are certificates on file and up to date on all brokered loads? .....  Yes  No

Additional Insured endorsements?.....  Yes  No

Who is named on the Bill of Lading?  Applicant -OR-  Other Motor Carrier

**TRAILER INTERCHANGE**

Is Trailer Interchange Legal Liability coverage requested?.....  Yes  No

If Yes, please provide the following:

Average number of trailers per day: \_\_\_\_\_ Average number of days trailers are interchanged per month: \_\_\_\_\_

Average number of tractors hauling interchanged trailers per day? \_\_\_\_\_

Average value per trailer: \$ \_\_\_\_\_ Maximum value per trailer: \$ \_\_\_\_\_

**TANKER OPERATIONS**

Do you operate a tank wash facility? .....  Yes  No Is it operated as a separate entity? .....  Yes  No

If Yes, name of entity? \_\_\_\_\_ Is it insurance coverage requested?.....  Yes  No

Do you wash tanks for others? .....  Yes  No If Yes, provide annualized revenue: \$ \_\_\_\_\_

Is hazardous waste generated from your tank wash? .....  Yes  No

If Yes, explain disposal methods & carrier(s): \_\_\_\_\_

Who is responsible for loading/unloading of liquid or bulk products? \_\_\_\_\_

Do you have any blending or storage operations? .....  Yes  No

If Yes, provide annualized revenue: \$ \_\_\_\_\_

If Yes, list products blended or stored: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SAFETY & DRIVER HIRING**

Safety Director's tenure with applicant: \_\_\_\_\_ Is Safety Director responsible for hiring?.....  Yes  No

Years of safety experience: \_\_\_\_\_ Percent of time devoted to safety: \_\_\_\_\_%

Safety Director reports to: Name \_\_\_\_\_ Title: \_\_\_\_\_

Does Safety Director have the ultimate authority to hire and fire drivers?.....  Yes  No

Current number of drivers: \_\_\_\_\_ Employees: \_\_\_\_\_ Owner/Operators: \_\_\_\_\_ Sub haulers (CA only): \_\_\_\_\_

Total: \_\_\_\_\_

Drivers hired in past 12 months: \_\_\_\_\_ Drivers replaced: \_\_\_\_\_ Drivers added : \_\_\_\_\_  
 Minimum driver age: \_\_\_\_\_ Maximum driver age: \_\_\_\_\_ Minimum commercial driving experience: \_\_\_\_\_  
 Average Compensation (circle per mile or per year): Company Driver: \$ \_\_\_\_\_ Owner/Operator: \$ \_\_\_\_\_  
 How often do drivers return home? \_\_\_\_\_ Are drivers unionized?.....  Yes  No

Do your driver hiring procedures include:

- Written Application? .....  Yes  No      Reference Checks?.....  Yes  No      Road Test? .....  Yes  No  
 Prior Employer Interviews? ....  Yes  No      Physical Exam?.....  Yes  No      Drug Testing?.....  Yes  No  
 O/O Equipment Inspection? ...  Yes  No      Written Test?.....  Yes  No      MVR Review? .....  Yes  No

Do you hire drivers from training schools?.....  Yes  No

If Yes, describe your on-the-job training program for these drivers:  
 \_\_\_\_\_  
 \_\_\_\_\_

Does your new driver training include:

- Equipment familiarization? .....  Yes  No      Handling commodities? .....  Yes  No  
 Route familiarization? .....  Yes  No      Emergency procedures? .....  Yes  No  
 Accident reporting procedure? .....  Yes  No      Training required for owner/operators? .....  Yes  No

New drivers assigned to a senior driver trainer? .....  Yes  No      If Yes, how long will they drive together? \_\_\_\_\_

Length of new driver training program? \_\_\_\_\_

Additional comments on driver recruiting and training: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SAFETY TECHNOLOGY**

Platform	% of Fleet	Date Installed	Person In Charge
Telematics	_____	_____	_____
Accident Event Recorder-self managed	_____	_____	_____
Accident Event Recorder-third party	_____	_____	_____
Electronic Logging Device	_____	_____	_____
Collision Avoidance	_____	_____	_____
In Vehicle Camera	_____	_____	_____
Anti-rollover Device	_____	_____	_____
Other (describe): _____	_____	_____	_____

Describe how the data and information is incorporated into driver training and disciplinary program: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EXPIRING & REQUESTED COVERAGES**

Preferred Rating Basis (select one):    Revenue    Mileage

COVERAGE	EXPIRING				PROPOSED	
	LIMIT	DED/SIR	CARRIER	RATE	LIMIT	DED/SIR
Auto Liability *Uninsured Motorists * Underinsured Motorists	_____	_____	_____	_____	_____	_____
Excess Liability	_____	_____	_____	_____	_____	_____
General Liability	_____	_____	_____	_____	_____	_____
Motor Truck Cargo (per Vehicle / per Occurrence)	_____	_____	_____	_____	_____	_____
Physical Damage Owned Equip. Stated Values = \$ _____	_____ <u>ACV</u> _____ <u>ACV</u>	_____	_____	_____	_____ <u>ACV</u> _____ <u>ACV</u>	_____
Private Passenger Autos & Service: Auto Physical Damage Stated Values = \$ _____	_____ <u>ACV</u> _____ <u>ACV</u>	_____	_____	_____	_____ <u>ACV</u> _____ <u>ACV</u>	_____
Trailer Interchange	_____	_____	_____	_____	_____	_____
Owner/Operator Programs: Non-Trucking Auto Liability O/O Physical Damage Stated Values = \$ _____	_____ <u>ACV</u> _____ <u>ACV</u>	_____	_____	_____	_____ <u>ACV</u> _____ <u>ACV</u>	_____

- \* (If Applicant rejects coverage where permitted and accepts minimum limits where rejection is not permissible, write REJ/MIN)
- \* (If Applicant selects statutory minimum limits, write MIN)
- \* (If Applicant selects policy limits or other limits, fill in limit requested)
- \* **Note: In order to bind coverage, applicant will need to sign appropriate UM/UIM rejection/selection forms.**



**FILINGS**

List the states or Canadian provinces where applicant has Liability or Cargo Filings: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note: Before coverage can be bound, copies of all filings to be made must be received.**

**General Fraud Statement**  
**(Not applicable in Colorado, Nebraska, Ohio, Oklahoma, Oregon, Utah, and Vermont)**

**Any person who knowingly and with intent to defraud any insurance company or another 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 and subjects the person to criminal and (NY: substantial) civil penalties. In the District of Columbia, Louisiana, Maine, Tennessee and Virginia, insurance benefits may also be denied.**

The Applicant hereby applies to the Company for a policy of insurance as 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 prior to inception. 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 of the inquiry, if one is made, will be provided. The Applicant understands this application is a request for quotation and no information provided herein shall be construed by either party as creating a binding contract for insurance.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_\_

By \_\_\_\_\_ For \_\_\_\_\_

Name Title

(If Named Insured is other than an individual)

(If a partnership or corporation, signatory must be empowered by articles of Incorporation, et al, to bind insurance agreements.)