



No. Years Previous Commercial Driving Experience	Date of Hire	Accidents and Minor Moving Traffic Violations in Past 5 Years				Major Convictions (DWI/DUI, Hit & Run, Manslaughter, Reckless, Driving While Suspended/ Revoked, Speed Contest, other felony)		Employee (E) Ind. Cont. (IC) Owner/Op. (O/O) Franchisee (F)
		No. of Accidents	Date(s)	No. of Violations	Date(s)	Describe Conviction	Date(s)	
1.								
2.								
3.								
4.								
5.								

**PLEASE ATTACH DETAILED EXPLANATION OF ACCIDENTS LISTED ABOVE.**

19. Minimum years driving experience required \_\_\_\_\_ Are vehicles owner-driven only?  Yes  No
20. Are drivers ever allowed to take vehicles home at night?  Yes  No
21. Do you order MVR's on all drivers prior to hiring?  Yes  No Driver's maximum driving hours \_\_\_\_ daily, \_\_\_\_ weekly
22. Do you agree to report all newly hired operators?  Yes  No

SCHEDULE OF AUTOS/VEHICLES (Describe all vehicles for which application is made for insurance)									
Veh. No.	Model Year	Vehicle Make & Model	Body Type (Truck, Tractor, Trailer, etc.)	Full Vehicle Identification Number	Gross Vehicle Weight (GVW)	Total # of rear axles	Principal Garaging Location (City & State)	Radius of Operation	Cargo Limit (If coverage is to attach to vehicle)
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

23. Insured desires cargo coverage to attach to  Power Unit  Trailer/Semi-Trailer
24. Will lessor be added as additional insured?  Yes  No If yes, give name and address of lessor for each vehicle \_\_\_\_\_
25. Number of vehicles owned: Pick-Ups \_\_\_\_\_ Trucks \_\_\_\_\_ Tractors \_\_\_\_\_ Semi-Trailers \_\_\_\_\_ Trailers \_\_\_\_\_ Pup Trailers \_\_\_\_\_
26. Number of vehicles leased: Pick-Ups \_\_\_\_\_ Trucks \_\_\_\_\_ Tractors \_\_\_\_\_ Semi-Trailers \_\_\_\_\_ Trailers \_\_\_\_\_ Pup Trailers \_\_\_\_\_

LOSS EXPERIENCE — Provide prior insurance carriers information for past full three years.								
Policy Term		Insurance Company Name	No. of Motor Powered Vehicles	No. of Accidents	Total Premium	Total Amount Claims Paid & Reserves		
From	To					BI/PD	Comp/Coll	Cargo
/ /	/ /							
/ /	/ /							
/ /	/ /							

27. Is any applicant aware of any facts or past incidents, circumstances or situations which could give rise to a claim under the insurance coverage sought in this application?  Yes  No If yes, provide complete details \_\_\_\_\_
28. Have you ever been declined, cancelled or nonrenewed for this kind of insurance?  Yes  No If yes, date and why \_\_\_\_\_

**FILING INFORMATION**

29. Is an FHWA filing required?  Yes  No If yes, MC number \_\_\_\_\_  
 Common  Contract  Broker Do you require FHWA cargo filing?  Yes  No
30. If you hold a Brokers license, identify name filed with FHWA, FHWA docket no. and receipts from brokerage operations \_\_\_\_\_
31. If you are an interstate regulated carrier, identify your Registration or Base State \_\_\_\_\_
32. Is an intrastate cargo filing needed?  Yes  No If yes, show state and permit number \_\_\_\_\_  
 List states for which insured requires CARGO FILINGS (check name on permits) \_\_\_\_\_
33. Show exact name and address in which permits are issued \_\_\_\_\_

34. Is our policy to cover all vehicles owned, operated or under lease to applicant?  Yes  No If no, explain \_\_\_\_\_
35. Is oversize, overweight cargo hauled?  Yes  No
36. Does your authority allow for transportation of hazardous commodities?  Yes  No
37. Do you allow others to haul hazardous commodities under your authority?  Yes  No

38. Have you ever changed your operating name?  Yes  No Do you operate under any other name?  Yes  No
39. Do you operate as a subsidiary of another company?  Yes  No
40. Do you lease your authority?  Yes  No Do you appoint agents or hire independent contractors to operate on your behalf?  Yes  No
41. Have you purchased, sold or applied for authority over the past 3 years?  Yes  No
42. Have you ever lost or had authority withdrawn, or have you been/are under probation by any regulatory authority (FHWA, PUC, etc.)?  Yes  No
43. Is evidence/certificate(s) of coverage required?  Yes  No
44. Please explain any "yes" answer to questions 38 through 43 \_\_\_\_\_

45. Do you have agreements with other carriers for the interchange of vehicles or transportation of passengers?  Yes  No  
If yes, attach a copy of current agreements and complete the following:  
(a) With whom has such agreement(s) been made? \_\_\_\_\_  
(b) Under whose permit does each of the parties to the agreement(s) operate? \_\_\_\_\_  
(c) Is there a hold harmless in the agreement(s)?  Yes  No
46. Do you barter, hire or lease any vehicles?  Yes  No If yes, explain \_\_\_\_\_

**MUST BE SIGNED BY THE APPLICANT PERSONALLY**

No coverage is bound until the Company advises the Applicant or its representative that a policy will be issued and then only as of the policy effective date and in accordance with all policy terms. The Applicant acknowledges that the **Applicant's Representative named below is acting as Applicant's agent and not on behalf of the Company. The Applicant's Representative has no authority to bind coverage, may not accept any funds for the Company, and may not modify or interpret the terms of the policy.**

The Applicant agrees that the foregoing statements and answers are true and correct. The Applicant requests the Company to rely on its statements and answers in issuing any policy or subsequent renewal. The Applicant agrees that if its statements and answers are materially false, the Company may rescind any policy or subsequent renewal it may issue.

If any jurisdiction in which the Applicant intends to operate or the Interstate Commerce Commission requires a special endorsement to be attached to the policy which increases Company's liability, the Applicant agrees to reimburse the Company in accordance with the terms of that endorsement.

The Applicant agrees that any inspection of autos, vehicles, equipment, premises, operations, or inspection of any other matter relating to insurance that may be 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 or any other party in any respect.

The Applicant understands that an inquiry may be made into the character, finances, driving records, and other personal and business background information the Company deems necessary in determining whether to bind or maintain coverage. Upon written request, additional information will be provided to the Applicant regarding any investigation.

The Applicant represents that she/he has completed all relevant sections of this Application prior to execution and that the Applicant has personally signed below (or if Applicant is a Corporation a corporate officer has signed below).

Will premium be financed?  Yes  No If yes, with whom? \_\_\_\_\_

\_\_\_\_\_  
Witness Applicant's Signature Date

**TO BE COMPLETED BY APPLICANT'S REPRESENTATIVE**

Is this direct business to your office? \_\_\_\_\_ If not, explain: \_\_\_\_\_  
Is this new business to your office? \_\_\_\_\_ If not, how long have you had the account? \_\_\_\_\_  
How long have you known applicant? \_\_\_\_\_

**REQUEST TO COMPANY GENERAL AGENT:**

Please quote  Please bind at earliest possible date and issue policy  
 Please issue policy effective \_\_\_\_\_ Coverage was bound by \_\_\_\_\_  
(Time and Date Bound by General Agent) (Name of Person in Company General Agency's Office Binding Coverage)

\_\_\_\_\_  
Applicant's Representative's Name and Address Phone No.