

Commercial Auto Fleet Insurance Application

General Information

Entire application must be completed and signed

Policy Term From: _____ To: _____

Applicant is: Individual Partnership Corporation LLC Other _____

Name: _____ Yrs. In Trucking Industry _____
Yrs. Under Business Name _____

Mailing Address _____
City _____ State _____ Zip _____

Garaging Location(s) if different: _____
City _____ State _____ ZIP _____

Phone _____ Federal ID # or SSN _____ U.S. DOT Number _____

Description of Operations

Non-Trucking For Hire Private Other (explain) _____

Range of Transport	Commodity
<input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate	<input type="checkbox"/> Property (nonhazardous) <input type="checkbox"/> Refuse/Waste/Garbage <input type="checkbox"/> Hazardous Substances requiring \$1,000,000 liability limits or less <input type="checkbox"/> Hazardous Substances requiring liability limits in excess of \$1,000,000 (if checked, attach explanation)

OPERATIONS LESS THAN 300 MILE RADIUS - List City Destinations: _____

OPERATIONS BEYOND 300 MILE RADIUS: Identify Cities Traveled Through Or Into

- | | | | | | |
|------------------------------------------|-------------------------------------------|---------------------------------------|-----------------------------------------|-----------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Atlanta | <input type="checkbox"/> Cleveland | <input type="checkbox"/> Jacksonville | <input type="checkbox"/> Milwaukee | <input type="checkbox"/> Philadelphia | <input type="checkbox"/> San Diego |
| <input type="checkbox"/> Balt-Washington | <input type="checkbox"/> Dallas/Ft. Worth | <input type="checkbox"/> Kansas City | <input type="checkbox"/> Mpls./St. Paul | <input type="checkbox"/> Phoenix | <input type="checkbox"/> San Francisco |
| <input type="checkbox"/> Boston | <input type="checkbox"/> Denver | <input type="checkbox"/> Little Rock | <input type="checkbox"/> Nashville | <input type="checkbox"/> Pittsburgh | <input type="checkbox"/> Seattle |
| <input type="checkbox"/> Buffalo | <input type="checkbox"/> Detroit | <input type="checkbox"/> Los Angeles | <input type="checkbox"/> New Orleans | <input type="checkbox"/> Portland | <input type="checkbox"/> Tulsa |
| <input type="checkbox"/> Charlotte | <input type="checkbox"/> Hartford | <input type="checkbox"/> Louisville | <input type="checkbox"/> New York City | <input type="checkbox"/> Richmond | <input type="checkbox"/> Eastern Zone |
| <input type="checkbox"/> Chicago | <input type="checkbox"/> Houston | <input type="checkbox"/> Memphis | <input type="checkbox"/> Oklahoma City | <input type="checkbox"/> St. Louis | <input type="checkbox"/> Gulf Zone |
| <input type="checkbox"/> Cincinnati | <input type="checkbox"/> Indianapolis | <input type="checkbox"/> Miami | <input type="checkbox"/> Omaha | <input type="checkbox"/> Salt Lake City | <input type="checkbox"/> Southeast Zone |

Cities other than above or regular routes _____

COMMODITIES TRANSPORTED

Commodity	Percent of Loads	Maximum Value	Commodity	Percent of Loads	Maximum Value

YES NO

- 1. Are filings required? If yes, complete form N-71 0, Filing Information. Docket #: _____
- 2. Do you act as a freight-broker or freight-forwarder or arrange loads for others?
If yes, provide Brokerage Name: _____ Docket #: _____
Annual Brokerage Revenue: \$ _____
- 3. Are all owned trailers equipped with reflective tape? If no, attach a list of those trailers which are not.
- 4. Is all equipment operated under the applicant's authority scheduled on the application? If no, attach explanation.
- 5. Is all owned equipment scheduled on this application? If no, attach explanation.
- 6. Is all of the scheduled equipment owned by you? If no, attach explanation.

YES NO

- 7. Do you lease or hire equipment from others? If yes, is it: Permanently Leased Trip Leased:
 - a. If permanently leased, is it scheduled on this application?
 - b. If permanently leased, are autos hired with drivers? If yes, complete form T-376.
 - c. If trip leased, provide the annual estimated cost of hire: Current Year \$_____ Prior Year \$_____
- 8. Do you lease to others? If yes, who must provide primary insurance? You Other
 If you provide insurance, is coverage desired for: Named Lessee(s) OR All Lessees (Blanket Basis)
 If Named Lessee(s), attach a list of Name and Address for each lessee.
- 9. Do you pull doubles? Yes No Triples? Yes No
- 10. Do you haul containers or containerized freight?
- 11. Do you allow passengers other than company employees? If yes, attach copy of passenger program or explain program (frequency, requirements), etc.
- 12. Do you operate more than one terminal? If yes, provide the following:

Location(s)	# Units	Address, City, State
- 13. Do you use any team, hot seat, slip seating or relay driver operations?
- 14. Do you sign contracts with shippers that give the shipper the right to determine cargo salvage values or declare cargos a total loss regardless of actual damage in the event of a loss? If so, which shippers? What are commodities for each shipper? What is the maximum load value? What is percentage of loads for signed contracts limiting salvage? _____

Leinholder Information

Attach All Lienholder Information For Each Power Unit.

LEASED OR HIRED Attach Samples of Agreements.

Does Applicant/insured do trip leasing to the extent that it comprises more than 5% of his gross receipts? Yes No

If Yes, explain operation in detail: _____

Is equipment leased or hired? Yes No Attach explanation and examples of agreements.

	With Driver	Without Driver	Avg. Duration of a Trip Lease	Ave. # of Trip Lease Per Year	Est. Trip Lease Payments Per Year	Ins. Provided By		With Hold Harmless Naming Other Part As Additional Insured?
						Lessor	Lessee	
From Others								<input type="checkbox"/> Yes <input type="checkbox"/> No
To Others								<input type="checkbox"/> Yes <input type="checkbox"/> No

Under whose Bill of Lading is shipment moved when leased to others? _____

From Others? _____

What % of DEADHEADING? _____ Total miles deadheading _____

Do they backhaul? Yes No What do they backhaul? _____

What are restrictions on backhauling? _____

Schedule of Equipment Operated

Provide a schedule of equipment to include "Make," Model, Year, Type, VIN Number, GVW, Stated Amount, and Radius of Operation. Identify units with Auxiliary Running.

Type	Owned	Leased w/o Drivers	Owner Operators	Local	Inter.	Long Haul	TOTAL UNITS
Light Trucks							
Medium Trucks							
Heavy Trucks							
Tractors							
Semi-Trailers							

- 7. Are you operating your trucks with speed governors? Yes No If yes, what speed are they set at? _____
- 8. Are electronic log programs used to audit driver log books? Yes No
- 9. Are your trucks equipped with fender mirrors? Yes No
- 10. Does your safety program include safe driving incentive awards? Yes No

Current Carrier

Current Carrier Name _____
 Policy Number _____ Policy Dates: _____ To _____
 Policy Limits _____ Gross Receipts Rate/Premium of Prior Carrier _____
 Policy Deductibles: BI _____ PD _____
 Renewal Rate Offered _____ Limits _____
 Name of Carrier Offering _____

Coverages

FINANCED VALUE COVERAGE

The Stated Value of each auto must be **equal to or greater than** the outstanding financial obligation for that auto in order for the Financed Value Coverage to apply.

COVERAGES

- Auto Liability Employers Nonownership Liability (# of employees _____)
- Liability for Nontrucking Use Leased to: _____
- Limits: Combined Single Limit (BI/PD) \$ _____ CSL Deductible \$ _____
 Split Limits BI \$ _____ per person \$ _____ per accident PD \$ _____ each accident
- Hired Auto Liability If Reporting Basis: Revenue Mileage Units
- Deductible Reimbursement Limit _____ Trailer Interchange (Provide a copy of agreement)
- Liability Physical Damage Cargo Maximum trailer value _____ # trailer days _____