



Transportation Application | 11+ Power Units

Proposed effective dates: FROM: _____ TO: _____

GENERAL INFORMATION

☐ Individual ☐ Corporation ☐ Partnership ☐ LLC ☐ Other: _____

Name: _____

Mailing address: _____

City: _____ State: _____ ZIP code: _____ Business phone: _____

E-mail address: _____ Website address: _____

Garaging address (if different): _____

City: _____ State: _____ ZIP code: _____

Yrs. applicant has been operating under the business name: _____

U.S. DOT #: _____ MC #: _____ FEIN #: _____

Do you operate more than one terminal? ☐ Yes ☐ No If yes, provide the following:

Location(s)	# Units	Address, City, State

Safety contact person name: _____ Contact's phone: _____

Safety e-mail address: _____

OWNER/PRINCIPAL

Owner name (first, middle, last): _____ Yrs. experience in trucking: _____

Home address: _____ Apt. #: _____

City: _____ State: _____ ZIP code: _____ Business phone: _____

DESCRIPTION OF OPERATIONS

Type of operation: ☐ For Hire ☐ Not for Hire ☐ Non-trucking ☐ Private ☐ Other: _____

1. Do you engage in operations other than trucking? ☐ Yes ☐ No

If yes, explain: _____

2. 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: _____

Commodities hauled (Check all that apply)

- ☐ Intermodal containers ☐ Hazardous materials requiring \$1,000,000 liability limits or less
☐ Refuse/waste/garbage ☐ Hazardous materials requiring liability limits higher than \$1,000,000

Explain: _____

Commodity	% of loads	Max. value	Commodity	% of loads	Max. value



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Range of transport: ☐ Interstate ☐ Intrastate

Identify metropolitan areas 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"/> _____ |
| <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"/> Cincinnati | <input type="checkbox"/> Indianapolis | <input type="checkbox"/> Miami | <input type="checkbox"/> Omaha | <input type="checkbox"/> Salt Lake City | |

Cities other than above or regular routes: _____

Longest trip one way: _____ miles

Yes **No**

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Are filings required? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Do you act as a freight-broker or freight-forwarder or arrange loads for others in your name or a different name? If yes, brokerage name: _____
MC# _____ Annual brokerage revenue: _____
Indicate % of loads brokered by you to others: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. In circumstances where you are unable to accept a load (i.e., high capacity, unit down, etc.), do you hand off/refer loads to others? If yes: |
| <input type="checkbox"/> | <input type="checkbox"/> | a. Is your name on the bill of lading or shipping documents? |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Do you obtain payment/financial gain from loads referred to others? |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Is there a written agreement? If yes, attach a copy. |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Indicate % of loads referred: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Is all equipment operated under the applicant's authority scheduled on the application?
If no, explain: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Is all owned equipment scheduled on this application?
If no, explain: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. a. Do you lease your power units to others? |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Do you lease your trailers to others? |
| | | c. If yes, who must provide primary liability coverage? <input type="checkbox"/> You <input type="checkbox"/> Lessee |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Do other motor carriers or owner-operators haul for you? If yes, complete the questions below. |
| | | A. Name on the Bill of Lading: <input type="checkbox"/> Yours <input type="checkbox"/> Others |

B. On what basis are they leased?	<input type="checkbox"/> Permanent basis	<input type="checkbox"/> Temporary/ trip basis
C. Provide annual cost of hire or # of trips		
D. Are vehicles leased with driver?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



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E. Are leased vehicles included in this application for insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(1) If yes, do you require leased vehicle owners to purchase non-trucking liability coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) If no:		
a. Is there a written lease agreement stating the lessor will provide primary auto liability coverage while leased to you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Limit of liability required:	\$ _____	\$ _____
c. Do you secure evidence the lessor has primary auto liability coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Does the lease state that the lessor agrees to provide you with 30 days advance notice if their insurance coverage is being canceled or reduced?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Do you require owner operators to purchase Workers' Compensation or Occupational Accident coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Yes **No**

<input type="checkbox"/>	<input type="checkbox"/>	8. Do you pull doubles or triples?
<input type="checkbox"/>	<input type="checkbox"/>	9. Do you engage in any residential deliveries?
		If yes, explain: _____
<input type="checkbox"/>	<input type="checkbox"/>	10. Is any portion of your operation seasonal? If yes, explain: _____
<input type="checkbox"/>	<input type="checkbox"/>	11. a. Do you use any team, hot seat, slip seating or relay driver operations?
<input type="checkbox"/>	<input type="checkbox"/>	b. Do you use owner operators as part of team driving?
<input type="checkbox"/>	<input type="checkbox"/>	12. Do you allow passengers other than company employees? If yes, attach copy of passenger program or explain program (frequency, requirements), etc.
<input type="checkbox"/>	<input type="checkbox"/>	13. Do you operate mobile equipment subject to compulsory or financial responsibility law or other motor vehicle insurance law in the state where it is licensed or principally garaged?
<input type="checkbox"/>	<input type="checkbox"/>	14. Do you require the use of escort vehicles?
		If yes, and escort vehicles are not included in this application for insurance, provide the name of the insurance carrier, policy number and auto liability limits.
		If yes, and the escort vehicles are included in this application, drivers of escort vehicles should be listed in the Driver Information section.
<input type="checkbox"/>	<input type="checkbox"/>	15. Do you haul over-size, overweight loads?
		If yes, please explain: _____
<input type="checkbox"/>	<input type="checkbox"/>	16. Do you haul to/from well drilling sites or mines? If yes:
		a. List commodities hauled: _____
		b. Percent of loads these commodities represent for your business: _____

DRIVER INFORMATION

Provide a list of drivers that includes the driver's name, DOB, license number & state, date of hire, and years of driving experience.

1. Truck Fleet – No. of drivers:	Regularly employed _____	Part time: _____	Owner/operator: _____
	Leased _____	Casual: _____	TOTAL: _____
How are drivers paid?	<input type="checkbox"/> Hourly	<input type="checkbox"/> Trip	<input type="checkbox"/> Mileage
		<input type="checkbox"/> Other	



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2. Drivers hired or leased last year

Company Drivers

Leased Owners/Operators

- a. Number replaced:
- b. Number increased:
- c. Age requirement:

Min. ____ Max. ____

Min. ____ Max. ____

DRIVER HIRING, TRAINING AND SAFETY

1. Which of the following is part of your driver screening/hiring process:

- ☐ Employment background check
- ☐ Pre-employment drug test
- ☐ Criminal background check
- ☐ Road test
- ☐ Motor vehicle record (MVR) review
- ☐ Pre-employment Screening Program (PSP) Report from FMCSA

2. Which of the following is part of your driver performance management process:

- ☐ Annual review of driver's driving record (MVR)
- ☐ Incentives for violation-free and accident-free driving
- ☐ Periodic review of driver and vehicle out-of-service violations
- ☐ Formal corrective action procedures
- ☐ Periodic review of accidents/incidents
- ☐ Driver safety training
- ☐ Review of electronic driver data (telematics)

3. Do you adhere to a written vehicle inspection and maintenance program? ☐ Yes ☐ No

If yes, explain or attach program: _____

4. Are your trucks equipped with technology that enables platooning, semi-autonomous, autonomous operations, or other similar operations? ☐ Yes ☐ No

If yes, explain: _____

5. How often do you replace your equipment? _____

6. Do you have any type of theft avoidance policies? ☐ Yes ☐ No

If yes, explain or attach policy: _____

7. Do you use any of the anti-theft devices to track equipment? ☐ Yes ☐ No

If yes, explain: _____

8. Do you have a Safety Director? ☐ Yes ☐ No

If yes: ☐ Full time ☐ Part time # Years with company: _____

UNITS REVENUE AND MILEAGE – Actual and Estimated

	Period	Units	Revenue per unit	Mileage per unit	Total revenue	Total mileage
Projected						
Current						
1 st Prior						
2 nd Prior						
3 rd Prior						
4 th Prior						

INSURANCE HISTORY AND LOSS EXPERIENCE

1. Has an insurance company canceled or non-renewed your policy in the last 3 years? (Missouri applicants - do not answer this question)

☐ Yes ☐ No If yes, explain: _____



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2. Prior years insurance under business name with: Primary Auto Liability: _____

Non-Trucking Auto Liability: _____

3. List the corporation, LLC or trade name along with MC and DOT numbers you (or if the insured is an LLC or corporation, its principals) have done business under in the past 3 years:

Company names and MC and DOT numbers: _____

Insurance provider(s): _____

EXPERIENCE INFORMATION - Provide currently valued (must be value dated within the last 3 months) insurance company produced detailed loss and experience auto liability, physical damage and cargo loss runs as required.

***Coverage Type:** P = Phys. Dmg. C = Cargo L = Prim. Liab. N = Non-Trk. Liab. GL = Genl Liab. IM = Inland Marine

Prior Carrier Effective Dates	Prior Carrier Name	Policy Number	Coverage Type*	# Units Insured	# Losses
_____ to _____					
_____ to _____					
_____ to _____					
_____ to _____					
_____ to _____					

SCHEDULE OF EQUIPMENT OPERATED

Provide a schedule of equipment, including year, make, vehicle and trailer type, VIN Number, GVW, stated limit, radius of operation, ownership status and additional interest information. Refer to the legends below.

Type	Owned	Leased w/o drivers	Owner operators	Local	Inter.	Long haul	TOTAL UNITS
Light trucks							
Medium trucks							
Heavy trucks							
Tractors							
Semi-trailers							

Ownership Legend

1 – Owned

3 – Employee owned

4 – Leased w/ driver incl. non-trucking

2 – Leased without driver

5 – Leased w/ driver excl. non-trucking

*Vehicle Type Legend

CCT - Car Carrier Trailer
CON - Container (Intermodal)
CUS - Curtain Side
DOL - Dolly, Con Gear
DRP - Drop Deck, Gooseneck
DPS - Dump Side
DPB - Dump Trailer (Bottom)
DPE - Dump Trailer (End)

FLT - Flat Bed
HOP - Hopper/Grain
LWF - Live/Walking/Floor
LIV - Livestock
LOG - Log
LOW - Lowboy
MEQ - Mobile Equipment
PUL - Pull Trailer

PUP - Pup Trailer
SEM - Semi Trailer
SRT - Showroom Trailer
TAN - Tandem
TAT - Tank Trailer
TAA - Tanker Asphalt/Hot Oil
TAC - Tanker Chemical/Acid
TAG - Tanker Gasoline/Fuel

TAL - Tanker LPG
TAP - Tanker Pneumatic/Dry Bulk
TAO - Tanker-Other
NOC - Trailers Not Otherwise Classified
TRC - Tractors
TRK - Trucks
VAD - Van Trailer (Dry)
REF - Van Trailer (Temp Control)

Additional Interests

AI - Additional insured

LI - Leased with driver including non-trucking

AL - Lessor; additional insured and loss payee

LX - Leased with driver excluding non-trucking

LP - Loss payee



Trucking Insurance Solutions

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COVERAGES

- ☐ AUTO LIABILITY Limits: _____ CSL Deductible: _____
- ☐ LIABILITY FOR NON-TRUCKING USE Limits: _____ CSL
- Leased to: _____
- ☐ NONOWNERSHIP LIABILITY Number of employees: _____
- ☐ HIRED AUTO LIABILITY Cost of hire: _____
- ☐ MEDICAL PAYMENTS Limits: _____
- ☐ REPORTING BASIS: ☐ Revenue ☐ Mileage ☐ Units

- ☐ DEDUCTIBLE REIMBURSEMENT
- ☐ TRAILER INTERCHANGE - *Provide a Copy of Agreement*

of power units under agreement: _____ Maximum trailer value: _____

trailer days per power unit per year: _____ Deductible: _____

PHYSICAL DAMAGE DEDUCTIBLES

- ☐ Comprehensive _____ OR ☐ Specified causes of loss _____
- ☐ Collision _____

- ☐ HIRED AUTO PHYSICAL DAMAGE

- ☐ CARGO Limits: _____ Deductible: _____

OPTIONAL CARGO COVERAGES: (Check all that apply)

- ☐ Temperature Control ☐ Hired Auto Cargo - Cost of hire: _____

- ☐ GENERAL LIABILITY

UNINSURED / UNDERINSURED MOTORISTS AND NO-FAULT OPTIONS - Quoting purposes only

- ☐ UNINSURED MOTORISTS Limits: _____
- ☐ UNDERINSURED MOTORISTS Limits: _____
- ☐ PERSONAL INJURY PROTECTION Limits: _____

*Coverage and limit choices in this section are for quoting purposes only.

APPLICANT'S SIGNATURE

DATE

APPLICANT'S TITLE

APPLICANT'S PRINTED NAME

PRODUCER'S SIGNATURE

PHONE #

FAX #