



**APPLICANT'S INFORMATION**

Applicant Name \_\_\_\_\_

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

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Applicant's Website \_\_\_\_\_

Year Business Was Started \_\_\_\_\_

Organization Type

<input type="checkbox"/> Corporation	<input type="checkbox"/> Business Trust
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> REIT
<input type="checkbox"/> Partnership	<input type="checkbox"/> Joint Venture
<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Other

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

**COVERAGE REQUESTED**

Proposed Effective Date \_\_\_\_\_

Proposed Expiration Date \_\_\_\_\_  
 (At least 12 months, not to exceed 18 months)

Limits of Liability (circle)

	<u>Per Occurrence/Aggregate</u>				
\$1MM/\$1MM	\$3MM/\$3MM	\$5MM/\$5MM	\$7MM/\$7MM	\$9MM/\$9MM	
\$2MM/\$2MM	\$4MM/\$4MM	\$6MM/\$6MM	\$8MM/\$8MM	\$10MM/\$10MM	

Deductible Amount (circle) \$2,500 \$5,000 \$10,000 \$25,000 \$50,000 \$100,000

**OPERATIONS AND DESCRIPTION OF CARGO**

Describe in detail the applicant's operations as well as the type of cargo transported:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does the applicant ever transport pressurized cargo? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, what is the percentage of cargo transported is pressurized? \_\_\_\_\_ %

**HAZARD CLASSIFICATION OF CARGO**

<u>Hazard Classification</u>	<u>Percentage of Cargo</u>
LOW: Such as Foods/Food Additives, Household Appliances, Machinery, Construction Equipment, Dairy Products, Auto Parts, Lumber	_____ %
MEDIUM: includes Asbestos, Non-Flammable Liquids, Liquor, Paints, Water-Based Solvents	_____ %
HIGH: such as EPA Designation of 'P', Solvents, Radioactive, Chemicals, Flammables, Poisons, Explosives, Oils	_____ %

**CONTAINMENT OF CARGO**

Containment Type

Percentage of Cargo

**BULK:**

\_\_\_\_\_ %

Cargo is loaded into or onto the conveyance without any primary containment (tanker trucks, dump trucks, etc.)

**CONTAINER:**

\_\_\_\_\_ %

Cargo has its own primary containment drums, totes, cans, boxes or other similarly sealed units.

**MIX:**

\_\_\_\_\_ %

Different types of 'containerized' materials / cargo shipped by same conveyance at the same time.

**CURRENT BUSINESS AUTOMOBILE INSURANCE**

Carrier Name \_\_\_\_\_

Expiration Date \_\_\_\_\_

Limits of Liability \$ \_\_\_\_\_

Expiring Premium \$ \_\_\_\_\_

Is an MCS-90 endorsement attached to the policy? Yes \_\_\_\_\_ No \_\_\_\_\_

Is pollution liability coverage included? Yes \_\_\_\_\_ No \_\_\_\_\_

**SPILLS AND LOSSES**

During the past five (5) years, has the applicant:

Been the subject of prosecution for a release or threatened release of a hazardous substance, hazardous waste or other pollutant? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Had any reportable releases or spills of hazardous substances, hazardous waste or any other pollutants? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Had any spills or pollution losses over \$10,000? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**DRIVER INFORMATION**

Have any drivers been convicted of DUI, DWI, or reckless driving in the past 3 years? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, please provide details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Number of Drivers employed Full Time (35+ Hours/Week): \_\_\_\_\_

Number of Drivers employed Part Time (< 35 Hours/Week): \_\_\_\_\_

Number of Owner-Operators Used: \_\_\_\_\_

Does the driver selection process include:

- |                                     |                    |
|-------------------------------------|--------------------|
| Written Application                 | Yes _____ No _____ |
| Reference Checks                    | Yes _____ No _____ |
| Written Test                        | Yes _____ No _____ |
| Motor Vehicle Record (MVR) Check    | Yes _____ No _____ |
| If YES, are MVRs checked each year? | Yes _____ No _____ |
| Road Test                           | Yes _____ No _____ |
| Physical Exam                       | Yes _____ No _____ |
| Substance Abuse Test                | Yes _____ No _____ |

**DRIVER EXPERIENCE/TRAINING**

Does the applicant have a minimum experience requirement for drivers? Yes \_\_\_\_\_ No \_\_\_\_\_

Are Owner-Operators required to comply with applicant's fleet training and maintenance programs? Yes \_\_\_\_\_ No \_\_\_\_\_

Describe Driver Training and Frequency:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**FLEET USAGE**

Are the vehicles equipped with theft alarms? Yes \_\_\_\_\_ No \_\_\_\_\_

Are the vehicles ever left loaded overnight? Yes \_\_\_\_\_ No \_\_\_\_\_

Does applicant haul fuel oils? Yes \_\_\_\_\_ No \_\_\_\_\_

What is the length of the average trip? (circle)  
 0-100 Miles      101-200 Miles      201-300 Miles      301-500 Miles  
 501-750 Miles      751-1000 Miles      1001 Miles & Higher

Average annual fleet mileage for the past 5 years: \_\_\_\_\_ Miles

**NUMBER OF POWERED UNITS, INCLUDING OWNER-OPERATORS**

Tractors \_\_\_\_\_  
Tank Trucks \_\_\_\_\_  
Vacuum Trucks \_\_\_\_\_  
Flat Bed Trucks \_\_\_\_\_  
Dump Trucks \_\_\_\_\_

**NUMBER OF NON-POWERED UNITS, INCLUDING OWNER-OPERATORS**

Tank Trailers (over 3,500 gallons) \_\_\_\_\_  
Tank Trailers (3,500 gallons or less) \_\_\_\_\_  
Flat Bed Trailers \_\_\_\_\_  
Dump Trailers \_\_\_\_\_  
Pickup Trailers \_\_\_\_\_  
Van Trailers \_\_\_\_\_  
Other \_\_\_\_\_

**NUMBER OF PASSENGER VEHICLES**

Pickup Trucks/Vans \_\_\_\_\_  
Passenger Autos \_\_\_\_\_