



Any operations?  Over weight  Over Length  Over Width  Over Height

If any operations checked above, describe operations: \_\_\_\_\_

Are pilot cars used?  Yes  No

Does the applicant need a Broadened Pollution Coverage?  Yes  No

(If yes, Please attach a copy of the primary pollution endorsement)

**DRIVER INFORMATION:**

Number of Employed Drivers: \_\_\_\_\_ Number of leased Owner/Operators \_\_\_\_\_

Driver basis of pay:  Per Load  Per Hour  Mileage  Other

Driver: Minimum Age: \_\_\_\_\_ Maximum Age: \_\_\_\_\_

Is there a formal driver hiring/training procedure? If yes, provide a copy  Yes  No

Do any drivers have more than 3 moving violations or any DUI'S  Yes  No

(If yes, please provide copy of the drivers MVR for acceptance)

Do all drivers have a minimum of 2 years' experience operating similar type vehicles?  Yes  No

Do all drivers have a United States of America issued driver's license?  Yes  No

Do hazardous material drivers have five years' experience hauling hazardous material?  Yes  No

Average number of years driving experience? \_\_\_\_\_

Are MVR checks made pre-hire and annually thereafter?  Yes  No

Describe MVR standards: \_\_\_\_\_

Are random drug/alcohol tests made:  Yes  No

How Often? \_\_\_\_\_

Are physicals given pre-hire  Yes  No

**SAFETY TRAINING PROGRAM:**

Is there a formal safety training program in place?  Yes  No

Is there a safety incentive award program?  Yes  No

If yes, Describe: \_\_\_\_\_

What action is taken against drivers for accidents or violations? \_\_\_\_\_

Do you have any vehicle safety equipment?  Yes  No

Electronic Stability Control  Front Collision Avoidance  Rear view cameras

Automatic breaking systems  Lane deviation monitoring

Other: \_\_\_\_\_

**VEHICLES:**

Number of Owned vehicles: \_\_\_\_\_  
# Private Passengers \_\_\_\_\_ # Light Trucks: \_\_\_\_\_ # Medium Trucks: \_\_\_\_\_  
# Heavy Trucks: \_\_\_\_\_ #Ex Heavy Trucks: \_\_\_\_\_ # Heavy Truck Tractors: \_\_\_\_\_  
# Ex Heavy Truck Tractors: \_\_\_\_\_ # Trailers: \_\_\_\_\_

Number of leased Vehicles: \_\_\_\_\_  
# Private Passengers \_\_\_\_\_ # Light Trucks: \_\_\_\_\_ # Medium Trucks: \_\_\_\_\_  
# Heavy Trucks: \_\_\_\_\_ #Ex Heavy Trucks: \_\_\_\_\_ # Heavy Truck Tractors: \_\_\_\_\_  
# Ex Heavy Truck Tractors: \_\_\_\_\_ # Trailers: \_\_\_\_\_

Do you have a vehicle maintenance program in place?  Yes  No  
If yes, Describe: \_\_\_\_\_

Vehicles are Serviced on the following regular basis:  3,000 miles  Monthly  Semi-Monthly  
 Other \_\_\_\_\_

Are daily or pre-trip inspections made?  Yes  No

Are double and/or triples used? Describe operations:  Yes  No  
\_\_\_\_\_  
\_\_\_\_\_

**HIRED AUTOS:**

Does the applicant sub-haul, Lease or hire equipment from others?  Yes  No

If yes, how many sub-haulers are being used? \_\_\_\_\_

Cost of hire: \_\_\_\_\_

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

If yes is it a:  Permanent Lease  Trip Lease

Are sub-haulers under the operating authority of the applicant?  Yes  No

Does the applicant require a written sub-hauler agreement?  Yes  No

Does the applicant require liability limits of at least \$1,000,000?  Yes  No

Does the applicant obtain motor vehicle records and driver list on all sub-haulers?  Yes  No

Is the applicant named as an Additional Insured on the sub-haulers policy?  Yes  No

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 such person to criminal and civil penalties. **Not applicable in Nebraska, Oregon and Vermont.**

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the

purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO OHIO APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company files an application for insurance or statement of claim 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 such person to criminal and civil penalties.

**NOTICE TO OKLAHOMA APPLICANTS:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO RHODE ISLAND APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicant's Name And Title: \_\_\_\_\_

Applicant's Signature: Date: \_\_\_\_\_ DATE: \_\_\_\_\_