

Transportation Application

Entire Application Must Be Completed and Signed

Effective Date:

GENERAL INFORMATION

Individual Corporation Partnership LLC

Name:

Mailing Address:

City: _____ State: _____ Zip Code: _____ Business Phone: _____

Email Address:

Garaging Address (if different)

City: _____ State: _____ Zip Code: _____

Tax ID: Federal ID #: _____ U.S. Dot#: _____ Month/Year Business Started _____ Yrs. Operating Under Business Name _____

OWNER/PRINCIPAL NAME:

Detailed Description of Operations

Type of Operation

For Hire Private Broker/Freight Forward Non-Trucking

Radius of Operation: _____ Leased To: _____ Lessors MC#: _____

Commodity	% of Loads	Max. Value	Commodity	% of Loads	Max. Value

Identify Major 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"/> Orlando | <input type="checkbox"/> Salt Lake City |
| <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"/> Philadelphia | <input type="checkbox"/> San Diego |
| <input type="checkbox"/> Boston | <input type="checkbox"/> Denver | <input type="checkbox"/> Little Rock | <input type="checkbox"/> Nashville | <input type="checkbox"/> Phoenix | <input type="checkbox"/> San Francisco |
| <input type="checkbox"/> Buffalo | <input type="checkbox"/> Detroit | <input type="checkbox"/> Los Angeles | <input type="checkbox"/> New Orleans | <input type="checkbox"/> Pittsburgh | <input type="checkbox"/> Seattle |
| <input type="checkbox"/> Charlotte | <input type="checkbox"/> Hartford | <input type="checkbox"/> Louisville | <input type="checkbox"/> New York City | <input type="checkbox"/> Portland | <input type="checkbox"/> Tampa |
| <input type="checkbox"/> Chicago | <input type="checkbox"/> Houston | <input type="checkbox"/> Memphis | <input type="checkbox"/> Oklahoma City | <input type="checkbox"/> Richmond | <input type="checkbox"/> Tulsa |
| <input type="checkbox"/> Cincinnati | <input type="checkbox"/> Indianapolis | <input type="checkbox"/> Miami | <input type="checkbox"/> Omaha | <input type="checkbox"/> St. Louis | |

Cities other than above or regular routes:

- | | | |
|--------------------------|--------------------------|---|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Are motor carrier filings required?
If so, which one(s): |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Is all equipment owned and/or operated under the applicant's authority scheduled on the application? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Are any vehicles used by family members?
If yes, list and provide MVRs: |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Is there personal use of vehicles?
What % of time: |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you allow passengers?
If yes, explain: |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Is there a formal driver hiring procedure?
If yes, explain: |

7. How are your drivers paid? Per load Per Hour Other:

8a. Does Insured use Team Driving?

8b. Does Insured use Slip Seating?

9. Is there a formal Safety Program?
If yes, describe in detail:

DRIVERS - List below all Drivers, Owners/Officers, Partners currently employed as of the proposed effective date. If a Non-Owned auto is to be considered, you must list information for all employees currently employed by you. **If # of Drivers exceeds 10, please complete the separate schedule provided.**

Driver's Name	Date of Birth	Driver's License #	State	Class of License	# Years Exp	Date of Hire

UNITS / REVENUE / MILEAGE – Actual and Estimated

	Term YR / YR	Historical Units	\$ Revenue	Annual Mileage
Projected	/			
Current	/			
1 st Prior	/			
2 nd Prior	/			
3 rd Prior	/			
4 th Prior	/			

SCHEDULE OF VEHICLES / EQUIPMENT

If # of Vehicles exceeds 10, please complete the separate schedule provided.

Year	Make	Vehicle Type	GVW	VIN Number	Stated Value	Radius

Vehicle Type

CCT – Car Carrier Trailer	FLT – Flat Bed	PUP – Pup Trailer	TAP – Tanker Pneumatic/Dry Bulk
CON – Container (Intermodal)	HOP – Hopper/Grain	SEM – Semi Trailer	TAO – Tanker-Other
CUS – Curtain Side	LWF – Live/Walking/Floor	TAN – Tandem	NOC – Trailers Not Otherwise Classified
DOL – Dolly, Con Gear	LIV – Livestock	TAT – Tank Trailer	TRC – Tractors
DRP – Drop Deck, Gooseneck	LOG – Log	TAA – Tanker Asphalt/Hot Oil	TRK – Trucks
DPS – Dump Side	LOW – Lowboy	TAC – Tanker Chemical/Acid	VAD – Van Trailer (Dry)
DPB – Dump Trailer (Bottom)	MEQ – Mobile Equipment	TAG – Tanker Gasoline/Fuel	REF – Van Trailer (Temp Control)
DPE – Dump Trailer (End)	PUL – Pull Trailer	TAL – Tanker LPG	

EXPERIENCE INFORMATION – 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 for the current year plus at least 3 full policy years.

Coverage Type: L=Prim Liab N=Non-Trk Liab P=Phys Dam C=Cargo TGL=Trucker's General Liability IM=Inland Marine

Policy Dates From / To	Current & Prior Carrier Names	Policy Number	Coverage Type	Total Incurred Losses

COVERAGES

- AUTO LIABILITY Limits: \$ CSL
- LIABILITY FOR NON-TRUCKING USE Limits: \$ CSL
- EMPLOYERS NON OWNERSHIP LIABILITY Number of Employees
- HIRED AUTO LIABILITY Cost of Hire
- MEDICAL PAYMENTS Limit:
- PERSONAL INJURY PROTECTION (NO FAULT) Limit:
- UNINSURED MOTORIST Limits:
- UNINSURED MOTORIST (INCLUDES UNDERINSURED MOTORIST) Limits:

TRAILER INTERCHANGE
Trailer Value:

PHYSICAL DAMAGE DEDUCTIBLES OTC/COMP COLLISION

HIRED AUTO PHYSICAL DAMAGE Limit:

CARGO Limit: Deductible: Refer Breakdown: Yes No

TRUCKERS GENERAL LIABILITY Limits:
Would you be interested in Excess? Yes No If Yes, what limit?

APPLICANT'S SIGNATURE DATE APPLICANT'S TITLE

APPLICANT'S PRINTED NAME

PRODUCER'S SIGNATURE PHONE # EMAIL ADDRESS

AGENCY NAME