# Robertson Ryan & Associates
BUSINESS | PERSONAL | BENEFITS INSURANCE

**Trucking Application**

Legal Company Name:_____

DBA:_____ Business Address:_____

FEIN#:_____ DOT#:_____ MC#: _____

**Owners** - Name:_____ Address:_____

Phone Number:_____ Email:_____ DOB_____ License #_____State___

| | | | |
|---|---|---|---|
| Are Interstate Filing Required? | □ Yes □ No | State Filings: | Year Business Started: |
| Any Intermodal / UIIA shipments? | □ Yes □ No | # Years current ownership been in place? | Years |
| Any Hazmat shipments? | □ Yes □ No | **ELD Provider:** | |
| Any policies canceled or non-renewed? | □ Yes □ No | Auto Liability Limit: □ $1,000,000 | □ $750,000 |
| General Liability Requested: | □ Yes □ No | Cargo Limit: □ $100,000 | □ $ |
| Trailer interchange: | □ Yes □ No | If yes, Limit: □ $50,000 (amazon) or □ $ | |
| Check all that are hauled: □ Double trailers □ Triple Trailers □ Oversized Loads □ Overweight Loads □ None | | | |
| Pre-hire screening: □ Written Test □ Drug Test □ References □ Road test □ Physicals □ MVR check □ None | | | |
| Security used: □ Cameras □ Lights □ Fence □ King Pin Locks □ Barcode Scanner □ GPS □ Alarm □ ELD □ None | | | |
| **% Loads by Radius (Miles):** 0-99 ___% 100-300 ___% 300-600 ___% 600-750 ___% 750+ ___% | | | |

| | | | | |
|---|---|---|---|---|
| **2023-24** | Mileage: | Revenue: | Average # Units: | # Owner Operators: |
| **2022-23** | Mileage: | Revenue: | Average # Units: | # Owner Operators: |
| **2021-22** | Mileage: | Revenue: | Average # Units: | # Owner Operators: |
| **2020-21** | Mileage: | Revenue: | Average # Units: | # Owner Operators: |
| **2019-20** | Mileage: | Revenue: | Average # Units: | # Owner Operators: |
| **2018-19** | Mileage: | Revenue: | Average # Units: | # Owner Operators: |

| Specific Commodities Hauled (**Do not list General Freight**) | Average Value | Maximum Value | % of Total Hauls |
|---|---|---|---|
| | $ | $ | % |
| | $ | $ | % |
| | $ | $ | % |

## Quote Checklist:
1. **5 years currently valued loss runs**
2. **Last 4 quarters of IFTA's**
3. **Copy of current Certificate of Insurance (COI)**
4. **Target Pricing**
5. **Current Motor Vehicle Reports (MVR's) for each of your drivers**
6. **\*Excel\* Spreadsheet for Equipment & Drivers List (if not available complete below)**

| | Year | Make | Model | Vin# | Value | Owned? Yes / No | Vehicle Type / Trailer Type | GVW (lbs) | Garaging Zip Code |
|---|---|---|---|---|---|---|---|---|---|
| 1. | | | | | $ | | | | |
| 2. | | | | | $ | | | | |
| 3. | | | | | $ | | | | |
| 4. | | | | | $ | | | | |
| 5. | | | | | $ | | | | |
| 6. | | | | | $ | | | | |
| 7. | | | | | $ | | | | |
| 8. | | | | | $ | | | | |
| 9. | | | | | $ | | | | |
| 10. | | | | | $ | | | | |

| | Driver Name | License # | State | DOB | Years Exp. | Hire Date | Prior Employer DOT# | CDL Issue Date |
|---|---|---|---|---|---|---|---|---|
| 1. | | | | | | | | |
| 2. | | | | | | | | |
| 3. | | | | | | | | |
| 4. | | | | | | | | |
| 5. | | | | | | | | |
| 6. | | | | | | | | |
| 7. | | | | | | | | |