

Date Completed: _____

Agency Name _____ Agency # _____

Please complete and attach to Commercial Application (Trucking Business may not be bound)

Applicant Information	Applicant _____ (First Named Insured)
	Federal Employer ID # _____
	Effective Date _____ <input type="checkbox"/> Coverage Bound <input type="checkbox"/> Quote
	Year this trucking business started _____ Website address _____

Filings	Authority: <input type="checkbox"/> Broker <input type="checkbox"/> Freight Forwarder <input type="checkbox"/> All Other
	<input type="checkbox"/> Common <input type="checkbox"/> Tow Trucks For-Hire <input type="checkbox"/> Unknown
	<input type="checkbox"/> Contract <input type="checkbox"/> Private, hauling own goods
	<input type="checkbox"/> Exempt <input type="checkbox"/> Private, hauling own goods and goods of others
	Filings Required: US DOT# _____ MC # _____ Pennsylvania Docket # _____
	State _____ Federal _____ IL MC # _____
	<input type="checkbox"/> Form E or EX <input type="checkbox"/> BMC-91X
	<input type="checkbox"/> Cargo – Form H <input type="checkbox"/> Cargo – BMC-34
	<input type="checkbox"/> Oversized/Overweight <input type="checkbox"/> Hazardous
	If filing is required, be sure applicant name above matches name on filing.

List of Commodities Hauled	Average Value	Maximum Value	% of Total Hauls
			%
			%
			%
			%

Radius of Operations	Percentage of Trips	Trips per Month (Average)
0 – 50 miles	_____ %	_____
51 – 200 miles	_____ %	_____
201 – 300 miles	_____ %	_____
301 – 600 miles	_____ %	_____
Over 600 miles	_____ %	_____

General Information	Yes* No
	<ol style="list-style-type: none"> Do you act as a freight forwarder, broker, or arrange loads for others? -If yes, in what name? _____ Do you haul any hazardous or extrahazardous substances as defined by the Environmental Protection Agency (EPA)? Do you haul oversize/overweight loads? If yes, please explain: _____ Does a bobtail liability exposure ever exist for any unit? Do you own any vehicles that are insured elsewhere? Do you allow passengers? Do you pull double trailers? -If yes, what percentage of total vehicle miles is driven with double trailers? _____ % -If yes, do all drivers that pull double trailers have at least 2 years experience pulling doubles? Do you pull triple trailers?
	*If yes, please explain in the Remarks section of this form.
	Gross receipts for the last three years:
	Current year _____ \$ _____
	Prior year _____ \$ _____
	2 nd prior year _____ \$ _____
	Projected receipts for next year \$ _____
	Gross payroll for the last three years:
	Current year _____ \$ _____
	Prior year _____ \$ _____
	2 nd prior year _____ \$ _____
	Projected payroll for next year \$ _____

Route Information

1. Operation Type:
Fixed/Regular Route _____% Irregular _____%
2. What is your normal operating radius in miles? _____
3. What is the longest one-way trip in miles? _____
4. Any routes require overnight stays? Yes No How many trips monthly? _____
5. Are vehicles governed? Yes No At what mph? _____
6. Do vehicles/trailers have GPS tracking systems? Yes No

List states entered and largest cities entered:

State	Cities
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Mandatory for all interstate trucking risks – Attach either the most recent International Registration Plan (IRP), also known as Schedule B, or the four (4) most recent International Fuel Tax Agreement (IFTA) quarterly tax reports.

Driver Information

- Yes No
1. Are vehicles used in multiple shifts (i.e., slip seating)? If yes, explain: _____
Slip seating is a practice found in shift-work applications where multiple drivers are assigned to the same truck, each driving a separate shift.
 2. Is team driving used? If yes, what percentage? _____%
Team driving utilizes a team of two drivers who alternate driving and resting.
 3. How often are drivers home? _____
 4. Are drivers required to have a valid driver's license for at least a minimum number of years? If yes, how many years? _____
 5. Are drivers required to have experience handling the type of vehicle they will be principally driving? If yes, how many years? _____
 6. Are all drivers required to have a CDL for at least 2 years?
 7. How many drivers have been driving for you less than 1 year? _____
 8. Do all drivers get road tested?
 9. Are daily driving logs kept for each driver? If yes, are log book hours tracked electronically or are they handwritten? _____
 10. Are DOT files kept on each driver?
 11. Is there a written driver safety program?
 12. Are MVRs checked before hiring drivers? If yes, describe minimum standards in Remarks.
 13. Are MVRs checked on all drivers? If yes, how often? _____
 14. Is the Pre-Employment Screening Program (PSP) used?
 15. Do you verify prior employment?
 16. How are drivers paid? Mileage – rate per mile \$ _____ Percentage of Revenue
 Hourly Wage – hourly rate \$ _____ Per Trip
 Other _____
 17. Give the name of the person responsible for driver supervision:
Name _____ Title/Position with Firm _____

Attach a list of drivers that includes: the driver's name, DOB, license number, date of hire, and years of driving experience. Also include owner/operators.

Leased/ Nonowned Vehicles	<p>Yes No</p> <p>1. Do you lease or hire owner/operators? -If yes, answer the following: Percentage of your total revenue _____ % What is the total cost of hire? \$ _____ On what basis? <input type="checkbox"/> Permanent Lease <input type="checkbox"/> Master Lease <input type="checkbox"/> Trip Lease Is your intent to provide primary or excess coverage for owner/operators? <input type="checkbox"/> Primary <input type="checkbox"/> Excess Is a written agreement in place? -If yes, does the written agreement contain a hold-harmless in the insured's favor? Are owner/operator vehicles scheduled on this application? -If yes, how many? _____ Must hired drivers meet the same experience and driving record requirements as your employees?</p> <p>2. Do you lease or hire vehicles without drivers from others? -If yes, answer the following: What is the total cost of hire? \$ _____ Are leased or hired vehicles scheduled on this application? -If yes, how many? _____</p> <p>3. Do you lease, loan, or rent vehicles to others? -If yes: <input type="checkbox"/> With Driver <input type="checkbox"/> Without Drivers Explain in the Remarks section of this form</p>
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Workers' Compensation	<p>Note: Monoline Workers' Compensation requires the completion of the entire Trucking Supplement.</p> <p>Yes No</p> <p>1. In what state do employees live? _____</p> <p>2. Do employees engage in unloading of cargo? -If yes, what percentage of loads are loaded/unloaded by hand? _____% Maximum Weight? _____ lbs. Will drivers hire lumpers for loading or unloading? -If yes, are 1099 forms issued to lumpers? Is the lumper required to sign a hold harmless agreement?</p> <p>3. What percentage of deliveries are Less Than Load (LTL) _____%</p> <p>4. Are drivers trained on three-point entry and exit of vehicles?</p> <p>5. Is a non-skid footwear program in place?</p> <p>6. Do drivers engage in tarping? If yes, what percentage? _____% <input type="checkbox"/> Mechanical tarping or <input type="checkbox"/> Manual tarping?</p> <p>7. Are drivers required to strap or tie down loads? If yes, what percentage? _____%</p> <p>8. Do owner/operators have separate workers' compensation policies? -If yes, are certificates of insurance obtained? -If yes, please attach a copy of policy. -If no, do owner/operators have an Occupational Accident Policy written in conjunction with Contingent Workers' Compensation?</p>
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Remarks	<p>Remarks _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Fraud

Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, FL, HI, KS, KY, MA, ME, NE, OH, OK, OR, TN, VA, or VT; in DC, LA, and WA, insurance benefits may also be denied)

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Tennessee and Virginia: 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.

Colorado: 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

Kansas: Any person who, knowingly and with intent to defraud presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker, or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Maine: 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.