

TO BE COMPLETED IN ADDITION TO THE COMMERCIAL AUTO APPLICATION

Applicant Name: _____

GENERAL INFORMATION

1. Is this a New Venture? Yes No If no, please provide number of years in business _____
2. Gross receipts last year _____ Estimate for coming year _____
3. Have you ever changed your operating name? Yes No
If yes, please explain: _____
4. Have you filed for bankruptcy within the last 5 years? Yes No
If yes, please explain: _____
5. Do you operate in more than one state? Yes No If yes, list states: _____
6. List largest cities entered into: _____
7. Do you operate over a regular route? Yes No
8. Is our policy to cover all vehicles owned, operated or under lease to the applicant? Yes No
If no, explain: _____
9. Please provide the total number of vehicles owned, operated or under lease to the applicant for the past 3 years
Estimate for coming year _____ Current year _____ 1st Prior year _____

DRIVER INFORMATION

10. Current number of drivers _____
11. During the past year, how many drivers have you - Added? _____ Replaced? _____
12. Do you order & review MVR's prior to hiring? Yes No
13. Minimum required age for driver: _____ Maximum driver age: _____
14. Do all drivers have at least 2 years of like driving experience? Yes No
15. Are all drivers properly licensed to drive vehicles where a CDL is required? Yes No
16. Maximum number of driving violations allowed within the last 3 years: _____
17. Maximum number of accidents allowed within the last 3 years: _____
18. Is pre-employment drug testing required for all drivers? Yes No
19. Are all drivers/employee's covered by Worker's Compensation? Yes No
20. Is a Written Safety Program in place? Yes No
21. Does the Applicant participate in a MVR pull notice program? Yes No
22. Is there a Driver Safety Incentive plan in place? Yes No
23. Are accident investigation & review procedures, including records, maintained? Yes No
24. Do the review procedures include driver disciplinary procedures? Yes No
If yes, please explain: _____
25. What is the basis for driver(s) pay?
Hourly _____ Trip _____ Mileage _____ Other, explain _____
26. Drivers maximum driving hours _____ daily, _____ weekly
27. Are drivers allowed to take vehicles home at night? Yes No

VEHICLE INFORMATION

28. Current total annual mileage: _____ Average annual miles per unit _____
29. Estimated annual mileage for upcoming year: _____
30. Is there a written vehicle maintenance program in place? Yes No
31. Are daily or pre-trip inspections made to the vehicles? Yes No
32. Do you service your own vehicles? Yes No If no, who does? _____
33. Are written maintenance history records kept for all units? Yes No
34. Does the insured have a formal procedure in place to retire older and/or high mileage units? Yes No
If yes, explain: _____
35. Where are vehicles stored when not in use? _____
36. If vehicles are stored at one location, describe the type of location and its security: _____

37. Do you lease, hire or borrow vehicles from others? Yes No
If yes, explain: _____
38. Do you lease, hire out or loan your vehicles to others? Yes No
If yes, explain: _____

FILING INFORMATION

39. Are any State and/or Federal filings required? Yes No
State filings, list states and permit number: _____
Federal filings: MC # _____ Base registration state: _____
40. For Federal filings, what authority do you have? Contract Common Broker
41. Do you allow others to operate under your authority? Yes No
If yes, please explain: _____
42. Is an MCS 90 endorsement required? Yes No
43. List exact name and address in which filings are issued _____
44. In the last 3 years have you ever failed any inspections or violated any safety standards by any Federal, State or Local authority? Yes No
If yes, explain: _____

OPERATIONS INFORMATION

45. Radius of operations: 0 – 50 miles _____% 51 – 200 miles _____% Over 200 miles _____%
46. Operating Territory: Percent City _____ Percent Rural _____ Percent Night _____
47. List all types of cargo hauled: _____
48. Are any of your operations seasonal? Yes No
49. Do you haul any hazardous or extra hazardous substances or material as defined by the EPA? Yes No
If yes, give complete listing, naming material(s) and/or chemical content _____

50. Do you require filings associated with the hauling of hazardous materials? Yes No
If yes, explain: _____
51. Do you pull double trailers? Yes No Triple trailers? Yes No
52. Do you haul any oversized or overweight loads? Yes No
If yes, explain: _____

53. Do you utilize any pilot cars and/or escort vehicles? Yes No

If yes, explain: _____

54. Do you haul any liquid material? Yes No If yes, explain: _____

55. Do you haul your own cargo exclusively? Yes No If not, who owns it? _____

56. Do you pull any refrigerated units? Yes No If yes, describe cargo hauled: _____

57. Do your operations include any intermodal or containerized hauling? Yes No

58. Do you use any sub-haulers and/or owner operators? Yes No

If yes, answer the following:

a. Are certificates of insurance required? Yes No

If yes, what is the minimum liability limit required? _____

b. What is the estimated cost of hire? _____

c. Is the Applicant named as an Additional Insured? Yes No

d. Is there a Hold Harmless agreement in place? Yes No

The completion of this application creates no express or implied obligation on the part of the company or its' manager to offer a quotation or provide insurance.

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 thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

It is specifically represented that the statements in this application are true and correct. It is further understood that the representations in this application have been made to the Company and the Company is relying upon the truthfulness of the statements in making the decision to accept this risk. **ANY MISREPRESENTATION OF STATEMENTS MAY VOID THE POLICY.**

Signature of Insured

Date

Signature of Producer

Date