



Fleet Application

Submitting Producer: _____

GENERAL INFORMATION

Effective Date _____

Exact name and address of First Named Insured:

Phone: () _____

Other affiliated companies included for insurance and operations:

Is this how name appears on Liability and Cargo Filing? _____ MC # _____

Federal Identification Number _____

You are Sole Proprietor Partnership Corporation

You Have been in business in present form since: _____

Person responsible for insurance: _____

OPERATIONS

Description operations: _____

Applicant is: Common Contract Private Exempt

CITIES ENTERED BY %:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Atlanta _____% | <input type="checkbox"/> Denver _____% | <input type="checkbox"/> Los Angeles _____% | <input type="checkbox"/> Okla. City _____% |
| <input type="checkbox"/> Baltimore _____% | <input type="checkbox"/> Detroit _____% | <input type="checkbox"/> Louisville _____% | <input type="checkbox"/> Omaha _____% |
| <input type="checkbox"/> Boston _____% | <input type="checkbox"/> Hartford _____% | <input type="checkbox"/> Memphis _____% | <input type="checkbox"/> Philadelphia _____% |
| <input type="checkbox"/> Buffalo _____% | <input type="checkbox"/> Houston _____% | <input type="checkbox"/> Miami _____% | <input type="checkbox"/> Phoenix _____% |
| <input type="checkbox"/> Chicago _____% | <input type="checkbox"/> Jacksonville _____% | <input type="checkbox"/> Nashville _____% | <input type="checkbox"/> Pittsburgh _____% |
| <input type="checkbox"/> Cleveland _____% | <input type="checkbox"/> Kansas City _____% | <input type="checkbox"/> New Orleans _____% | <input type="checkbox"/> St. Louis _____% |
| <input type="checkbox"/> Dallas _____% | <input type="checkbox"/> Little Rock _____% | <input type="checkbox"/> New York _____% | <input type="checkbox"/> San Francisco _____% |
| <input type="checkbox"/> Tulsa _____% | | | |

Comments: _____

SCHEDULE OF EQUIPMENT OPERATED:

Year	Make	Type	VIN#	GVW	Stated Value

Driver Information:

Driver Name	DOB	License Number	State	Date Hired	# Years Comm'l Driving	Last 3 yrs. Moving Violations	Last 3 yrs. Accidents

EXPOSURE BASE -- CURRENT TERM AND PREVIOUS 4 FULL YEARS

From Mo./Yr. To Mo./Yr.	Revenue	Mileage	No. of Unit

Projected for Coming Policy Year

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CARGO DESCRIPTION:

Commodity	Max. Value	Ave. Value	% of Total	Major Shipper

Do you haul hazardous materials? Yes No If yes, explain: _____

Do any of your loads require placarding? Yes No If yes, explain: _____

Do your trucks have any kind of alarm or theft protection? Yes No If yes, explain: _____

Do you have any terminal exposure for cargo? Yes No If yes, explain: _____

Describe oversize-overweight operations, if any: _____

RADIUS OF OPERATIONS:

Radius	Percentage	No. of Power Units Operated
0 to 50 miles	_____	_____
50 to 200 miles	_____	_____
200 to 500 miles	_____	_____
500 or more miles	_____	_____

What is your average length of haul: _____ miles

What is your maximum length of haul: _____ miles

DRIVER, SAFETY AND MAINTENANCE

Drivers hired or leased last year:

	Company	Leased
1. Number replaced	_____	_____
2. Number increased	_____	_____

Age of drivers:

	MIN	MAX	Min	Max
1. Number of drivers under 25	_____	_____	_____	_____
2. Number of drivers over 65	_____	_____	_____	_____

Does driver selection procedure include:

	YES	NO	YES	NO
1. Written application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Reference checks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Road test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Road test certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Written test certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Drug testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Driver record (MVR'S) requested:

1. New Drivers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Periodically	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How Often?	_____	_____	_____	_____
3. Are they reviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often and by whom?	_____	_____	_____	_____
5. Is there a policy for moving violations, DUI DWI?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain: _____

6. Are there accident investigation review procedures? Yes No Yes No

7. Are safety meetings held? Yes No if so, how often? _____

Physical examinations:

1. Preplacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Periodically	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often?	<hr/>		<hr/>	
3. Are they reviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often and by whom?	<hr/>		<hr/>	

	Company		Owner Operator	
	YES	NO	YES	NO
Does driver indoctrination include:				
1. Familiarization with company rules and policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Daily vehicle inspection procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Equipment familiarization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Route familiarization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Emergency procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Accident reporting procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name, title, phone number of person responsible for safety: _____

Is it the policy of the trucking company to allow family members to ride in truck-tractor with the drivers?

PREVENTATIVE MAINTENANCE:	YES	NO
1. Is a record kept of each vehicle?	<input type="checkbox"/>	<input type="checkbox"/>
2. Controlled inspection frequency?	<input type="checkbox"/>	<input type="checkbox"/>
3. Daily vehicle inspection reports?	<input type="checkbox"/>	<input type="checkbox"/>

Does insured service vehicles? Yes No

Number of mechanics _____ if insured does not service vehicles, who does?

Permanent Lease Owner-Operator:

If yes, do you require owner-operators to carry nontrucking liability coverage? Yes No

Limit required _____

Are Certificates of Insurance of file? Yes No

PRIOR LOSS EXPERIENCE: Provide the following information for the current and past (4) policy periods:

	Current Year	1 st Prior Yr	2 nd Prior Yr	3 rd Prior Yr	4 th Prior Yr
Insurance Co.					
Auto Liability					
Phys. Dmg.					

Cargo Losses					
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Comments on prior loss experience: _____

Has any company during the past (3) years, cancelled or refused to renew your insurance coverage? Yes NO If yes, explain _____

DESIRED COVERAGES: Specify below the coverages and limits desired:

Auto Liability	Limit
Auto Liability	
Personal Injury Protection	
Uninsured Motorists	
Medical Payments	
Hired and Non-Owned Auto	

General Liability	Limit
Per Occurrence	
General Aggregate	

Physical Damage	Deductible
Specified Perils	
Comprehensive	
Collision	

Value of Tractors: _____ Trailers: _____

Trailer Interchange: Limit per trailer \$ _____
 Number of days _____ Number of units _____ Deductible _____

Cargo Coverage	Limit	Deductible
Coverage Per Vehicle		
Catastrophe Limit		
Terminal Limit		

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Signed this _____ day of _____ 20 _____ , at _____
(city & state)

By _____

For _____

"
(if named insured is other than an individual)

Signed this _____ day of _____ 20 _____ , at _____
.....(city & state)

By _____

.....pco g"qh'uwo kvpi "Rtqf veqt-"

AGENT CHECKLIST

To provide you with the best possible quote, make sure that you have enclosed:

- 1. Completed application
- 2. Current equipment list (Including Current Values for Physical Damage)
- 3. Current driver list, including license#, state, date of birth, and date of hire
- 4. Copies of MVR's for all drivers (Ran within last 90 days)
- 5. Hard copy loss runs from insurance carriers for the past 4 years plus current for all lines to be quoted, ran within last 90 days.
- 6. Financial statement for most recently completed year. Include balance sheet, income statement.
- 7. Copy of safety & maintenance program
- 8. Explanation for any losses over \$25,000
- 10. Previous 4 quarters IFTAs