



Automobile Liability Insurance Commercial Vehicles (U.S.A.) Proposal Form

INSURED:		DBA:							
Physical Address:									
Mailing Address:									
ICC Docket MC:		DOT:		Year Established Under Own Authority:		Policy Period:	/ /	to	/ /
Type of Carrier:	Common <input type="checkbox"/>	Private <input type="checkbox"/>	Truck Broker <input type="checkbox"/>	Broker #:		Non Trucking Operation: <input type="checkbox"/>	Is your name shown on bills of lading for loads you arrange for others?		Yes <input type="checkbox"/> No <input type="checkbox"/>

DESIRED COVERAGE

<input type="checkbox"/> Auto Liability	Combined Single Limit (BI/PD) \$:	Deductible \$:	Uninsured Motorist Limit \$:	Underinsured Motorist Limit \$:
<input type="checkbox"/> Hired/Non Owned	PIP \$:	Trailer Interchange Max Trailer Value \$	# Power Units under agreement	# Days

Commodities Transported – Include MSDS for any hazardous commodity.

Commodity	% of Load	Ave Value	Max Value	Shipper

NAMES OF PRINCIPAL SHIPPERS	
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Historical Exposures for Current and Prior 4 Years and Estimates for Upcoming Year

	POLICY PERIOD MONTH/YEAR	# REVENUE PRODUCING		TOTAL INS. VALUES	REVENUE	MILEAGE
		TRUCKS	TRACTORS			
Proposed term						
Current term						
1st Prior term						
2nd Prior term						
3rd Prior term						
4th Prior term						

Schedule of Equipment Operated

Equipment (Enter number of vehicles in each category) Include ALL units operating under applicant's authority.

TYPE	Owned	Leased w/o Driver	O/O	Radius <50	Radius<200	Radius <500	Radius >500	TOTAL
LIGHT								
MEDIUM								
HEAVY								
TRACTORS								
	Dry Van	Container	Flat	Tank	Refer	Dump	Other	TOTAL
TRAILERS								

Provide Schedule of Equipment: MAKE ° MODEL ° YEAR ° TYPE ° VIN NUMBER ° GVW ° STATED VALUE ° Radius of Operation

Radius of Operation %

0-50		51-200		201-500		>500		Avg Radius		Max Radius	
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List major metropolitan cities having multiple stops and percent of operations in each city

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LOSS HISTORY

Recap of Loss Experience - Include Minimum of Current and Prior 4 Years. Currently valued Insurance Company Loss Runs are to be provided.
(Do not use "see attached" in this section.)

LIABILITY

POLICY MO/YR	AL LIMIT	DEDUCTIBLE AMOUNT	# OF CLAIMS	LOSSES PAID		RESERVES		TOTAL INCURRED	INSURANCE COMPANY	DATE
				B.I	P.D.	B.I.	P.D.			

Explain any accident with an incurred loss (paid and/or reserved) over \$25,000 in the past 4 years.

Explain any accident that resulted in fatalities.

GENERAL INFORMATION

DRIVERS				YES	NO	COMMENTS
Does applicant use team drivers?				<input type="checkbox"/>	<input type="checkbox"/>	
Does applicant have a driver recruiting method?				<input type="checkbox"/>	<input type="checkbox"/>	
Have driver age requirements been established?				<input type="checkbox"/>	<input type="checkbox"/>	
Are all drivers covered by workers compensation?				<input type="checkbox"/>	<input type="checkbox"/>	
Do family members operate any vehicles? Include on driver list.				<input type="checkbox"/>	<input type="checkbox"/>	
Do drivers receive regular physicals? How often?				<input type="checkbox"/>	<input type="checkbox"/>	
Do drivers arrange their own backhauls?				<input type="checkbox"/>	<input type="checkbox"/>	
Are there any part-time employees?				<input type="checkbox"/>	<input type="checkbox"/>	
Does applicant obtain MVRs at time of hire and semi-annually?				<input type="checkbox"/>	<input type="checkbox"/>	
Are completed applications required?				<input type="checkbox"/>	<input type="checkbox"/>	
Are road tests given? If yes, by whom?				<input type="checkbox"/>	<input type="checkbox"/>	
Does applicant check previous employment of drivers?				<input type="checkbox"/>	<input type="checkbox"/>	
Does applicant review driver records semi-annually?				<input type="checkbox"/>	<input type="checkbox"/>	
Are disciplinary records kept?				<input type="checkbox"/>	<input type="checkbox"/>	
Do drivers have at least 2 years experience for vehicle type?				<input type="checkbox"/>	<input type="checkbox"/>	
Is there a formal driver-training program in place?				<input type="checkbox"/>	<input type="checkbox"/>	
Are driver logs kept and reviewed? If yes, by whom? How often?				<input type="checkbox"/>	<input type="checkbox"/>	
Do all drivers have proper license for the vehicles they drive?				<input type="checkbox"/>	<input type="checkbox"/>	
Are certificates required and maintained?				<input type="checkbox"/>	<input type="checkbox"/>	
If units are leased with drivers, give min limit required for NTL (bobtail) coverage?						
Based on:	Revenue?	Mileage?	Per Trip?			
Are all drivers paid on the same basis?						
MAINTENANCE				YES	NO	COMMENTS
Is there a garage facility for repair and maintenance of vehicles?				<input type="checkbox"/>	<input type="checkbox"/>	
Does applicant repair or maintain vehicles for owner/operators?				<input type="checkbox"/>	<input type="checkbox"/>	
Is there a formal vehicle maintenance program?				<input type="checkbox"/>	<input type="checkbox"/>	
Are maintenance files kept on owned vehicles?				<input type="checkbox"/>	<input type="checkbox"/>	
Are retreads used on power units?				<input type="checkbox"/>	<input type="checkbox"/>	
Trailers?				<input type="checkbox"/>	<input type="checkbox"/>	
Are daily pre-trip and post-trip inspections made?				<input type="checkbox"/>	<input type="checkbox"/>	
Are maintenance files kept on leased vehicles?				<input type="checkbox"/>	<input type="checkbox"/>	
Are leased vehicles inspected?				<input type="checkbox"/>	<input type="checkbox"/>	
Do Shop Capabilities Include:				YES	NO	COMMENTS
Minor Repairs only?				<input type="checkbox"/>	<input type="checkbox"/>	
Major engine repairs?				<input type="checkbox"/>	<input type="checkbox"/>	
Major electrical repairs?				<input type="checkbox"/>	<input type="checkbox"/>	
Refrigeration equipment repairs?				<input type="checkbox"/>	<input type="checkbox"/>	
Brakes?				<input type="checkbox"/>	<input type="checkbox"/>	
Body work?				<input type="checkbox"/>	<input type="checkbox"/>	
LOSS PREVENTION				YES	NO	EXPLANATION
Is a formal safety program in operation?				<input type="checkbox"/>	<input type="checkbox"/>	
Are road patrols used?				<input type="checkbox"/>	<input type="checkbox"/>	
Are tachographs used?				<input type="checkbox"/>	<input type="checkbox"/>	
Does applicant investigate all accidents?				<input type="checkbox"/>	<input type="checkbox"/>	
Is there a Safety Director?				<input type="checkbox"/>	<input type="checkbox"/>	
Does the Safety Director perform other duties?				<input type="checkbox"/>	<input type="checkbox"/>	
Is there a safety award program?				<input type="checkbox"/>	<input type="checkbox"/>	
Are driver meetings held? If so, how often?				<input type="checkbox"/>	<input type="checkbox"/>	
Does applicant allow passengers?				<input type="checkbox"/>	<input type="checkbox"/>	
If yes, is there passenger accident coverage in place?				<input type="checkbox"/>	<input type="checkbox"/>	
GENERAL				YES	NO	EXPLANATION
Does applicant own or operate equipment not listed here?				<input type="checkbox"/>	<input type="checkbox"/>	
Does applicant haul any dangerous, caustic, radioactive or flammable cargo?				<input type="checkbox"/>	<input type="checkbox"/>	
Are all vehicles owned by and registered to the applicant?				<input type="checkbox"/>	<input type="checkbox"/>	
Are there any Hold Harmless Agreements?				<input type="checkbox"/>	<input type="checkbox"/>	
Does applicant hire drivers from driver leasing firms?				<input type="checkbox"/>	<input type="checkbox"/>	
Does the applicant hire drivers out of schools?				<input type="checkbox"/>	<input type="checkbox"/>	
Does the applicant hire equipment from others?				<input type="checkbox"/>	<input type="checkbox"/>	
Does the applicant rent or lease vehicles with or without operators?				<input type="checkbox"/>	<input type="checkbox"/>	
Does applicant haul for other truckers?				<input type="checkbox"/>	<input type="checkbox"/>	
Do other truckers operate under the applicant's permit?				<input type="checkbox"/>	<input type="checkbox"/>	
Does applicant utilize team drivers? If yes, show # of teams.				<input type="checkbox"/>	<input type="checkbox"/>	
Do any vehicles have special equipment?				<input type="checkbox"/>	<input type="checkbox"/>	
Are there any liquid storage tanks?				<input type="checkbox"/>	<input type="checkbox"/>	
Are there any hazardous wastes (oils, brake linings, etc.) which must be disposed of?				<input type="checkbox"/>	<input type="checkbox"/>	
Has any policy or coverage been declined, canceled or non-renewed during the past 3 years?				<input type="checkbox"/>	<input type="checkbox"/>	
What percent of tractors pull triple trailers?						

Describe any major changes (contracts, operating territories, management, etc.) in applicant's operations during the last 5 years.		
Describe any material changes anticipated in operations during the next 12 months.		
Have you filed for Bankruptcy or Chapter 11 in the last five years?	<input type="checkbox"/>	<input type="checkbox"/>
Do you haul any waste?	<input type="checkbox"/>	<input type="checkbox"/>
Any interline, intermodal, or interchange agreements?	<input type="checkbox"/>	<input type="checkbox"/>

FILINGS INFORMATION

Docket #	Special Filings	Texas Doc	#
ICC #	Kentucky KYU #		
DOT #	Indiana PSCI #	Illinois DOT	#
Filings and States Where the Insured has Vehicles License and/or Garaged			
Risk has Intrastate (I) or Cargo (C) Filings in the following States:			
Intrastate:			
Cargo:			
Base State:	Are you exempt?	Canada Filings	
List States where ICC/PUC Liability filings are required			
Risk has Intrastate (I) or Cargo (C) Filings in the following States:			
Intrastate:			
Interstate:	"T" # For CA:		

IMPORTANT - READ BEFORE SIGNING THE ATTACHED FORM

FRAUD STATEMENTS

I, the undersigned, represent that information stated in this application is true and correct and understand that the insured policy will be based on the information given in this application and other company inspections and surveys.

If you live in the states of Arkansas or Louisiana, the following statement applies to you:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

If you live in the state of California, the following statement applies to you:

For your protection California law requires the following to appear on the form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

If you live in the state of Colorado, the following statement applies to you:

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.

If you live in the District of Columbia, the following statement applies to you:

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

If you live in the state of Florida, the following statement applies to you:

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of a claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

If you live in the state of Kansas, Maryland or Oregon, the following statement applies to you:

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 may be guilty of insurance fraud.

If you live in the state of New Jersey, the following statement applies to you:

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

If you live in the state of Virginia, the following statement applies to you:

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 may have violated state law.

If you live in a state other than the mentioned above, the following statement applies to you:

Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties.

I/We declare that the above statements and particulars are true and that I/we have not omitted, suppressed or misstated any material facts and agree that this APPLICATION FORM shall be the basis of any policy of Insurance which may be issued by the Company and shall be deemed a part thereof.

This application shall not be binding on the Underwriters unless and until a contract of insurance shall be issued and delivered in accordance herewith and then only as of the commencement date of said Insurance and in accordance with all terms thereof and the said Applicant hereby covenants and agrees to and with the Underwriters that the foregoing statements and answers are a just, full and true exposition of all the facts and circumstances with regard to the risk to be insured, insofar as same are known to the Applicant, and the same are hereby made the basis and condition of the Insurance.

It is agreed that the signature to the form does not bind the Company or the applicant to complete insurance.

REQUIRED!

SIGNATURE	TITLE	DATE
Owner, Partner or Officer (Insured)		
Producer (Agent)		