



**Applicant Information**

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Website: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Safety Manager: \_\_\_\_\_

Current management has controlled the business since \_\_\_\_\_ (year) and has been in the trucking business since \_\_\_\_\_ (year).

List all subsidiaries and affiliated companies. Explain what they do and if they are to be included on the policy.

Company	Type of Business	Included on Policy?	
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Filings**

MC# \_\_\_\_\_ DOT# \_\_\_\_\_

Filings Required:  State Liability (Form E)  Federal Liability (BMC-91x/ MCS-90)

Filing Limit Required:  \$300,000  \$750,000  \$1MILLION  OTHER

Special Filings Needed:  OS-32 (OH Special Permit)

**Operations**

Type:  For-Hire Carrier  Private Carrier  Exempt Carrier

Range of Transport:  Intrastate  Interstate *\*If interstate, please attach last 4 quarters of Fuel Tax Reports.*

Radius of Operations (% of miles):

\_\_\_\_\_ 0-100 \_\_\_\_\_ 101-200 \_\_\_\_\_ 201-300 \_\_\_\_\_ 301-500 \_\_\_\_\_ 501+

Average Distance Traveled: \_\_\_\_\_ miles Maximum Distance Traveled: \_\_\_\_\_ miles

Do any routes require overnight stays?  Yes  No *If yes, percent of fleet staying overnight? \_\_\_\_\_*

Does the insured backhaul?  Yes  No

*If yes, for whom and what commodities?* \_\_\_\_\_

% of loads contracted directly with shipper: \_\_\_\_\_

% of loads obtained through broker: \_\_\_\_\_

## Historical Operating Information

	Gross Receipts	Total Mileage	# Owned Vehicles	# Owner-Operator Vehicles	# Drivers
Current Year					
1 <sup>st</sup> Year Prior					
2 <sup>nd</sup> Year Prior					
3 <sup>rd</sup> Year Prior					
4 <sup>th</sup> Year Prior					

## Commodities Hauled

Commodities Being Hauled	% of Loads	Maximum Value
		\$
		\$
		\$
		\$

Top 5 shippers: \_\_\_\_\_

Are hazardous materials transported?  Yes  No

If yes, is a Hazmat Placard required?  Yes  No

## General Questions

Does the insured engage in the following activities?

**Yes**    **No**

- Operate under the permits of others (bobtail/deadhead)?
- Operate as a hotshot, courier, expediter, or perform “last mile delivery” to businesses or residences?
- Hire owner-operators to haul for them? *If yes, please fill out Owner-Operators section under Driver Information section.*
- Act as a broker, freight forwarder, or have related entities performing these operations?
- Does the insured lease motive units (without drivers) or trailers from others?  
 **Long-term lease** (6 months or more)    OR     **Short-term lease** (less than 6 months)  
*Vehicles should be scheduled on the policy.*                      *Annual cost of hire is required. \$ \_\_\_\_\_*
- Are non-employee passengers allowed?
- Haul any oversized or overweight loads?
- Do any trailer interchange or are required to provide physical damage on non-owned trailers?  
*If yes, number of non-owned trailers? \_\_\_\_\_*
- Do any intermodal transportation?
- Do any work with hydraulic fracturing (hydrofracking)?
- Involved in any other operations (i.e., warehousing, landfill, towing, etc.)?

## Vehicle Information

**\*Please attach an updated vehicle list including year, make, model, type, VIN, cost new, and gross vehicle weight.**

# of Vehicle Types Owned:

\_\_\_\_\_ Pick-ups/Vans\* \_\_\_\_\_ Truck-Tractors \_\_\_\_\_ Box Trucks \_\_\_\_\_ Service Trucks \_\_\_\_\_ PPAs

\*Are pick-ups and vans used for delivery purposes?  Yes  No

# of Trailer Types Owned:

\_\_\_\_\_ Dry Van \_\_\_\_\_ Flatbed \_\_\_\_\_ Lowboy \_\_\_\_\_ Reefer \_\_\_\_\_ Dump  
\_\_\_\_\_ Tanker \_\_\_\_\_ Container \_\_\_\_\_ Hopper \_\_\_\_\_ Livestock \_\_\_\_\_ Car Hauler

Are double or triple trailers pulled?  Yes  No

Vehicles garaged or registered in other states?  Yes  No

Do they loan or lease trailers or motive units without drivers to others?  Yes  No

Who performs vehicle maintenance?  Auto Shop  Insured's Mechanics *Are mechanics ASE certified?*  Yes  No

Does the insured service vehicles for others?  Yes  No

## Driver Information

**\*Please attach an updated drivers list including driver name, date of birth, license #, issuing state, date of hire, and years of commercial driving experience.**

# of Employee Drivers: \_\_\_\_\_ # of Owner Operators: \_\_\_\_\_ Minimum CDL Experience Required: \_\_\_\_\_

How are drivers paid?  Per Load  Per Mile  Per Hour  Other \_\_\_\_\_

Is slip seating or team driving used?  Yes  No

Are drivers assigned to specific vehicles?  Yes  No *If yes, do they take them home at night?*  Yes  No

**Owner-Operators** *(complete if using owner-operators)*

On what basis are they hired?  Permanent Lease  Trip Lease

Do they operate under your filing?  Yes  No

Do they keep their own Fuel Tax Reports?  Yes  No

Are they required to meet the same experience and driving record requirements as employees?  Yes  No

How are the vehicles insured?  Scheduled on insured's policy  Required to have separate insurance  
*Please submit copy of lease agreement.*

## Driver Hiring, Training, and Safety Information

- Yes**      **No**
- Is there a formal written driver hiring procedure? *Check all that apply.*
- Application       Interview       Pre-employment Screening Program (PSP) Report
- MVR reviewed       Reference check       Pre-hire physical
- Road test       Written test       Pre-employment drug testing
- Are drivers required to have at least 2 years of prior experience operating similar equipment?
- Is there a formal driver training program? *Check all that apply.*
- Length of training program \_\_\_\_\_
- Familiarization with equipment       Familiarization with routes
- Procedures for accident reporting       Training in handling commodities
- Familiarization with company rules       Ride along training with mentor
- Is a formal written driver safety program in place? *Check all that apply.*  
*If yes, please provide a copy. If an informal safety program is in place, please attach a description of procedures.*
- Annual review of driver MVRs       Periodic review of CSA scores
- Accident/incident review procedure       Incentives for accident-free and violation-free driving
- Regular safety meetings held       Progressive disciplinary program
- Is fleet monitoring and driver safety technology used?  
*If yes, list the technologies used:* \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- Is there a formal written vehicle maintenance program in place?
- Are pre and post-trip inspections performed?
- Are maintenance records kept on each vehicle?