



**COMMERCIAL AUTO INSURANCE – FLEET**  
(11 or more power units)

In order to furnish a quote, the following information is necessary:

1. A complete fleet application.
2. Current (within 90 days) insurance company produced loss runs for current and at least 3 prior years.
3. Complete driver list, both company and owner/operator showing full name, date of birth, driver's license number & state of issue, date of hire & number of years commercial experience.
4. Current motor vehicle record for all drivers including owner/operators.
5. Complete list of all equipment including complete serial numbers, gross vehicle weight and current values for all owned or leased equipment and owner/operators
6. Current balance sheet & profit & loss statements.
7. Most recent 4 quarters of mileage prorates (schedule B / IFTA report).
8. Copies of current safety manual and incentives.

Effective date:     /     /

Agent:

Policy numbers assigned:

**PRODUCER INFORMATION**

Producer Name:

Phone:

-     -

Email:

Trading as:

Address:

Is producer the current agent of this applicant?  yes  no

**GENERAL INFORMATION**

Individual    Partnership    LLC    Corporation    S-Corporation    Other (explain)

Name of applicant:

Contact person & title:

Phone #:

Email:

Website:

Mailing address:

Garaging location(s) if different:

# of years' experience in trucking business:

# of years' operating under this name:

Date coverage desired – from:     /     /     to:     /     /

Federal Tax ID #:

US DOT #:

List any subsidiaries or affiliated companies & explain relationship to applicant:

Brokerage:

DOT #:

Please attach a copy of the brokerage agreement.

Leasing:

Registrant DOT #:

Please attach a copy of the lease agreement.

Freight Forwarding:

DOT #:

Please attach a copy of the freight forwarding agreement.

Number of power units at each location:

Location	# of vehicles

**KEY MANAGEMENT PERSONNEL**

<b>Name:</b>	<b># of years in this position:</b>
Owner(s):	
President:	
Accounting:	
Safety Director:	
Dispatcher:	
Operations Manager:	

**DESCRIPTION OF OPERATIONS**

For Hire    Private    Non-Trucking    Other (explain)

Range of transport:    Interstate    Intrastate      Regular:      %      Irregular:      %

Commodities (check all that apply):

Property (non-hazardous)

Refuse/Waste/Garbage

Hazardous substances requiring \$1,000,000 liability limits or less

Hazardous substances requiring liability limits in excess of \$1,000,000 (if checked, attach MSDS sheets)

No hazardous materials are transported

Operations beyond 300 mile radius -  
Indicate cities traveled into or through:

<input type="checkbox"/> Atlanta	<input type="checkbox"/> Dallas/Ft. Worth	<input type="checkbox"/> Las Vegas	<input type="checkbox"/> Nashville	<input type="checkbox"/> Pittsburgh
<input type="checkbox"/> Baltimore/Wash	<input type="checkbox"/> Denver	<input type="checkbox"/> Little Rock	<input type="checkbox"/> New Orleans	<input type="checkbox"/> Richmond
<input type="checkbox"/> Boston	<input type="checkbox"/> Detroit	<input type="checkbox"/> Los Angeles	<input type="checkbox"/> New York City	<input type="checkbox"/> St. Louis
<input type="checkbox"/> Buffalo	<input type="checkbox"/> Hartford	<input type="checkbox"/> Louisville	<input type="checkbox"/> Oakland	<input type="checkbox"/> Salt Lake City
<input type="checkbox"/> Charlotte	<input type="checkbox"/> Houston	<input type="checkbox"/> Memphis	<input type="checkbox"/> Oklahoma City	<input type="checkbox"/> San Diego
<input type="checkbox"/> Chicago	<input type="checkbox"/> Indianapolis	<input type="checkbox"/> Miami	<input type="checkbox"/> Orlando	<input type="checkbox"/> San Francisco
<input type="checkbox"/> Cincinnati	<input type="checkbox"/> Jacksonville	<input type="checkbox"/> Milwaukee	<input type="checkbox"/> Philadelphia	<input type="checkbox"/> Seattle
<input type="checkbox"/> Cleveland	<input type="checkbox"/> Kansas City	<input type="checkbox"/> Minneapolis/St. Paul	<input type="checkbox"/> Phoenix	<input type="checkbox"/> Tampa

Cities other than above or regular routes:  
List dedicated routes:

Major shippers	Cargo hauled	% of revenue	Origination point	Destination point

% contracted loads       % brokered loads

**COMMODITIES**

Commodity	Percent of load	Maximum value
	%	\$
	%	\$
	%	\$
	%	\$

Have you ever operated under any other name?    yes    no  
If yes, what name?

Have you filed for bankruptcy or Chapter 11 reorganization in the last 3 years?    yes    no  
If yes, explain:

Are filings required? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, complete the filing information on page 7. FMCSA Docket #:
Do you act as a freight-broker or freight-forwarder or arrange loads for others? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, provide brokerage name: DOT #: Annual brokerage revenue: \$
Do you pay money to sub-haulers? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, explain:
Are all owned trailers equipped with reflective tape? <input type="checkbox"/> yes <input type="checkbox"/> no <b>If no, attach a list of those trailers that are not.</b>
Is all equipment operated under the applicant's authority scheduled on the application? <input type="checkbox"/> yes <input type="checkbox"/> no <b>If no, attach explanation.</b>
Is all owned equipment scheduled on this application? <input type="checkbox"/> yes <input type="checkbox"/> no <b>If no, attach explanation.</b>
Is all of the scheduled equipment owned by you? <input type="checkbox"/> yes <input type="checkbox"/> no <b>If no, attach explanation.</b>
Do you lease or hire equipment from others? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, is it <input type="checkbox"/> permanently leased <input type="checkbox"/> trip leased <input type="checkbox"/> both Are the owner/operators required to carry NTL? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, what is the minimum acceptable limit? \$ Do any owner/operators provide their own primary liability insurance? <input type="checkbox"/> yes <input type="checkbox"/> no Is all permanently leased equipment scheduled on this application? <input type="checkbox"/> yes <input type="checkbox"/> no Are permanently leased autos hired with drivers? <input type="checkbox"/> yes <input type="checkbox"/> no <b>If yes, indicate as such on equipment list.</b> Trip Lease – provide the annual estimated cost of hire: \$
Do you lease equipment to others? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, who must provide primary insurance? <input type="checkbox"/> you <input type="checkbox"/> other If you provide insurance, is coverage desired for: <input type="checkbox"/> Named Lessee(s) or <input type="checkbox"/> All Lessees (blanket basis) If named lessee(s), attach a list of name and address for each lessee.
If you lease equipment from equipment leasing companies does the leasing company provide any physical damage coverage? <input type="checkbox"/> yes <input type="checkbox"/> no
Do you offer any owner/operator lease purchases? <input type="checkbox"/> yes <input type="checkbox"/> no <b>If yes, attach copy of lease purchase agreement.</b>
Do you haul containerized freight? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, percentage: %
Do you pull doubles? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, percentage: %
Do you pull triples? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, percentage: %
Any oversize/overweight? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, % of commodities: %
Are you subject to UIIA? <input type="checkbox"/> yes <input type="checkbox"/> no <b>If yes, provide UIIA agreement.</b>
Do you use team/slip seat driving? <input type="checkbox"/> yes <input type="checkbox"/> no <b>If yes, how many?</b>
Do you have seasonal operations? <input type="checkbox"/> yes <input type="checkbox"/> no <b>If yes, explain:</b>
<b>LIENHOLDER INFORMATION</b> Attach all Lienholder information for each power unit
<b>LEASED OR HIRED</b> Attach samples of agreement
Does applicant/insured do trip leasing to the extent that it comprises more than 5% of their gross receipts? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, explain operation in detail:
Is equipment leased or hired? <input type="checkbox"/> yes <input type="checkbox"/> no

Hired Auto	# of power units leased or hired:		Average duration of a trip lease:	Average # of trip leases per year:	Estimated trip lease cost of hire per year:	Liability insurance provided by:		With hold-harmless naming other party as add'l insured?
	With drivers:	Without drivers:				Lessor:	Lessee:	
From others:		*				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> yes <input type="checkbox"/> no
To others:						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> yes <input type="checkbox"/> no

\*Is physical damage coverage included in the equipment lease?  yes  no

Under whose Bill of Lading is shipment moved when leased to others?  
 Under whose Bill of Lading is shipment moved when leased from others?  
 What % of deadheading?      %    Total miles deadheading?  
 Do you backhaul?  yes  no  
 What are restrictions on backhauling?

**EQUIPMENT**

Number of each:

Type	Owned	Leased w/o Drivers	Owner/ Operators	Local (0-300)	Intermediate (300-600)	Long Haul (600+)	Total Units
Private passenger vehicles*							
Service trucks							
Light trucks < 10,000 GVW							
Medium trucks 10,000 to 20,000 GVW							
Heavy trucks 20,000+ GVW							
Tractors							
Flatbed trailers							
Tank trailers							
Reefer trailers							
Dry van trailers							

Do you operate any dump equipment?  yes  no      If yes, please explain:  
 Do you operate any tow trucks?  yes  no      If yes, please explain:  
 Do you maintain any reefer contracts?  yes  no      If yes, please explain:  
 Is any equipment equipped with APU's?  yes  no      If yes, have you included this in the TIV?

**\*COVERAGE IS NOT AVAILABLE FOR PRIVATE PASSENGER VEHICLES**

**UNITS / MILEAGE**

	Policy period	# Company power units	# O/O power units	Total IFTA miles
Projected	/ /			
Current	/ /			
1 <sup>st</sup> prior	/ /			
2 <sup>nd</sup> prior	/ /			
3 <sup>rd</sup> prior	/ /			

**REVENUE**

	Total revenue	Trucking revenue	Brokerage revenue	Other revenue (explain)
Projected	\$	\$	\$	\$
Current	\$	\$	\$	\$
1 <sup>st</sup> prior	\$	\$	\$	\$
2 <sup>nd</sup> prior	\$	\$	\$	\$
3 <sup>rd</sup> prior	\$	\$	\$	\$

Is revenue for all owned and permanently leased units?  yes  no If no, please explain:

What is the average revenue per power unit? \$

Does the insured operate teams?  yes  no If yes, how many teams?

**SUMMARY OF EQUIPMENT VALUES**

Do you plan on depreciating equipment values during this term?  yes  no

Total fleet value: \$

Total tractor value: \$

Total trailer value: \$

Highest tractor value: \$

Lowest tractor value: \$

Highest trailer value: \$

Lowest trailer value: \$

**INSURANCE HISTORY & LOSS EXPERIENCE**

Has your insurance coverage ever been cancelled, refused or non-renewed?  yes  no NOT APPLICABLE IN MISSOURI

If yes, give company name, date and reason:

**LOSS HISTORY**

Policy Term		Liability		Physical Damage		Cargo	
From	To	Total # of claims	Inc. Losses	Total # of claims	Inc. Losses	Total # of claims	Inc. Losses
/	/						
/	/						
/	/						
/	/						
/	/						

**DRIVER INFORMATION**

**Attach a complete driver list, both company and owner/operator showing full name, date of birth, driver's license number & state of issue, date of hire and number of years commercial driving experience. Specify which drivers are owner/operators.**

Total number of drivers:

Regularly employed:      Part-time:      Owner/Operators:      Leased:      Casual:      TOTAL:

Drivers hired or leased last year

Company drivers

Leased owner/operators

Number of drivers replaced

Number of drivers increased

Age of drivers – Minimum age:

Maximum age:

Number of drivers under 25:

Number of drivers over 65:

Is it the policy of the company to allow passengers to ride in the truck-tractor with the drivers?  yes  no

If yes, do they purchase passenger accident insurance?  yes  no

Passenger accident limit per person?

Aggregate:

Age of passengers allowed?

What is the longest trip? Time:      hours , distance:      miles Is this:  one-way  round trip

Are there any current drivers with convictions for DWI, DUI or reckless driving within the last 3 years?  yes  no

Are all drivers covered by Workers Comp Insurance?  yes  no If yes, name of company:

Required amount of over-the-road experience:      years

Any interline, intermodal or interchange agreements?  yes  no  
If yes, attach a copy of agreement and explain:

Have your operations changed in the last 3 years?  yes  no  
If yes, explain:

Percentage of night driving:        %

Do you road test driver candidates?  yes  no

Do you check driving records of all drivers prior to hiring?  yes  no

Do you agree to promptly report all driver changes to your agent?  yes  no

Do you agree to promptly report all claims to the Company Claims Department?  yes  no

Do all of your drivers meet all DOT requirements?  yes  no

Do you maintain driver files as required by the DOT?  yes  no

**SAFETY PRACTICES**

Are your trucks equipped with speed governors?  yes  no If yes, set at what speed?

Are electronic log programs used to audit driver log books?  yes  no If yes, what program:

Are your power units equipped with fender mirrors?  yes  no

Does your safety program include safe driving incentive awards?  yes  no If yes, describe:

Are power units equipped with EOBR's?  yes  no If yes, what features are activated?

**CURRENT INSURER**

Current Insurer name: Policy Number: Policy Limits: \$ Policy Dates : from:        /        /        to:        /        /	Policy deductibles: Bodily injury: \$ Property damage: \$ Physical damage: \$	Current monthly reporting rates: <input type="checkbox"/> Mileage <input type="checkbox"/> Revenue <input type="checkbox"/> Power unit Liability monthly rate: \$ Limits: \$
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**COVERAGES**

**Coverages available may vary by state and company**

Auto liability                                 Liability for non-trucking use

Limits - Combined single limit (BI/PD): \$

Hired auto liability \$                        annual cost of hire

Non-ownership liability

Total number of employees:

Are you required to carry coverage in excess of \$1 million?  yes  no

Trailer Interchange – Maximum trailer value: \$                        Annual # trailer days:

Any additional insureds?  yes  no

If yes, list the additional insureds and the interests of each:

Physical Damage		Cargo		Combined Deductible
	Deductible			
<input type="checkbox"/> Comprehensive or	\$	Limit	\$	Coverage included unless declined <input type="checkbox"/> Declined
<input type="checkbox"/> Specified Perils	\$	Deductible	\$	
<input type="checkbox"/> Collision	\$	<input type="checkbox"/> Declined Hired Auto Cargo		

<input type="checkbox"/> Uninsured Motorist Limits \$	<input type="checkbox"/> Underinsured Motorist Limits \$	<input type="checkbox"/> Property Damage Liability Buyback (MI)
<input type="checkbox"/> Medical Payments Limits \$	<input type="checkbox"/> Personal Injury Protection	<input type="checkbox"/> Property Protection Coverage (MI PIP)

*Coverage selection/rejection form(s) for Uninsured Motorists, Underinsured Motorists, No-Fault, and Medical Payments insurance (as required by state law) must be completed and submitted together with this application for insurance coverage.*

**FILINGS INFORMATION**

Please provide state permit/authority numbers. Base state:

Liability	Cargo	State	Liability	Cargo	State	Liability	Cargo	State
<input type="checkbox"/>	<input type="checkbox"/>	AL	<input type="checkbox"/>		KY	<input type="checkbox"/>	<input type="checkbox"/>	OK – OCC #
<input type="checkbox"/>		AZ – not participating	<input type="checkbox"/>		LA	<input type="checkbox"/>	<input type="checkbox"/>	OR - not participating
<input type="checkbox"/>		AR – Acord Cert Only	<input type="checkbox"/>		ME	<input type="checkbox"/>	<input type="checkbox"/>	PA - not participating
<input type="checkbox"/>		CA – EX # Intra State	<input type="checkbox"/>		MI	<input type="checkbox"/>	<input type="checkbox"/>	SC
<input type="checkbox"/>		CA - # Required	<input type="checkbox"/>	<input type="checkbox"/>	MN	<input type="checkbox"/>		SD
<input type="checkbox"/>	<input type="checkbox"/>	CO	<input type="checkbox"/>		MS	<input type="checkbox"/>	<input type="checkbox"/>	TN
<input type="checkbox"/>		CT	<input type="checkbox"/>		MO	<input type="checkbox"/>	<input type="checkbox"/>	TX - \$100 fee, DOT # Required
<input type="checkbox"/>		GA – MCA #	<input type="checkbox"/>		MT	<input type="checkbox"/>	<input type="checkbox"/>	VA
<input type="checkbox"/>		ID	<input type="checkbox"/>		NE	<input type="checkbox"/>		WA
<input type="checkbox"/>	<input type="checkbox"/>	IL – MC #	<input type="checkbox"/>		NV - not participating	<input type="checkbox"/>		WV
<input type="checkbox"/>		IN	<input type="checkbox"/>		NM - \$15 fee	<input type="checkbox"/>		WI
<input type="checkbox"/>		IA	<input type="checkbox"/>		NY	<input type="checkbox"/>	<input type="checkbox"/>	WY
<input type="checkbox"/>	<input type="checkbox"/>	KS – KCC # Required	<input type="checkbox"/>		NC	<input type="checkbox"/>	<input type="checkbox"/>	FMCSA – MC
			<input type="checkbox"/>		OH			

A Form E is required for Single State registered carriers hauling exempt commodities in: KS, MI, MO & WI. Carriers with no FMCSA authority must have Form E filings if they hold exempt authority in: AL, CA, CO, CT, GA, IL, IA, KS, KY, LA, ME, MI, MN, MO, NE, NC, OH, OK, OR, SC, SD, TN, TX, WA & WI.

Oversize/Overweight Liability provide FEIN #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Canadian Province(s): \_\_\_\_\_

**SIGNATURES**

This is a:  New  Renewal in our Agency

I authorize National Truck Underwriting Managers, Inc. to obtain a copy of my Motor Vehicle Report for ratings/underwriting the insurance for which I have applied. I also understand that a routine inquiry may be made providing information concerning my character, general reputation, personal characteristics and mode of living. Upon written request, information as to the nature and scope of report will be provided to me. I submit this application with the understanding that Financed Value Coverage is not available with all insurance carriers represented. I hereby certify 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 same as known to me, and the same are hereby made as the basis and condition of the insurance. WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony. By signing below, I affirm full knowledge of an adherence to current D.O.T. Safety Regulations and hereby apply for insurance with respect to the coverages stated herein.

PRINT APPLICANT’S NAME: \_\_\_\_\_ APPLICANT’S TITLE: \_\_\_\_\_

APPLICANT’S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT AGENT’S NAME: \_\_\_\_\_

AGENT’S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENCY NAME: \_\_\_\_\_

STATEMENT OF FRAUD

**ALL STATES AND COVERAGES NOT SPECIFIED BELOW:** Any person, who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

**ARIZONA:** For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**ARKANSAS:** 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.

**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 provide false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance with the Department of Regulatory Agencies.

**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.

**NEW MEXICO:** 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 civil fines and criminal penalties.

**OHIO:** Any person who, with intent to defraud or knowing that he/she 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.

**OKLAHOMA: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**OREGON:** Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

**PENNSYLVANIA:** 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.

**TENNESSEE: Commercial Insurance Other Than Worker's Compensation.** 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.

**WASHINGTON:** 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.

I have received the Statement of Fraud which applies to my state. I understand that this document becomes a part of my application for insurance.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Print Applicant's Name

\_\_\_\_\_  
Date