

1. GENERAL INFORMATION:

This application requests: <input type="checkbox"/> Auto Liability <input type="checkbox"/> General Liability <input type="checkbox"/> Physical Damage <input type="checkbox"/> Cargo				Effective Date:
USDOT Number: Common <input type="checkbox"/> Contract <input type="checkbox"/> Brokerage <input type="checkbox"/> For active brokerage authority, financials must detail brokerage revenue.				
Applicant Name:			Applicant website:	
Mailing Address:				Phone:
Location Address:				Fax:
Business is:	Years in business:	MC/MX number(s) to be covered by this applicant's insurance:		
Applicant primary owner name:			Is any current insurance coverage being non-renewed?	
Radius by percent of round trips: > 0-75 Miles: ; 76-200 Miles: ; 201-500 Miles: ; > 500 miles:				
How many power units are operated on an intrastate only basis:			Do applicant's IFTA's include miles for all Owner-Operators?	
Commodities by %:				
Hazardous commodities by %:				
Name of: Inspection Contact:		Audit Contact:		Safety Contact:
Who maintains all equipment operated by applicant?				At what speed are units governed?

2. AREA OF OPERATIONS - CHECK ANY OF THE REGULARLY TRAVELED METRO AREAS LISTED:

<input type="checkbox"/> Atlanta	<input type="checkbox"/> Baltimore-Washington	<input type="checkbox"/> Boston	<input type="checkbox"/> Chicago	<input type="checkbox"/> Dallas-Fort Worth
<input type="checkbox"/> Denver	<input type="checkbox"/> Detroit	<input type="checkbox"/> Hartford	<input type="checkbox"/> Houston	<input type="checkbox"/> Jacksonville
<input type="checkbox"/> Kansas City	<input type="checkbox"/> Los Angeles	<input type="checkbox"/> Miami	<input type="checkbox"/> New York City	<input type="checkbox"/> Orlando
<input type="checkbox"/> Philadelphia	<input type="checkbox"/> San Diego	<input type="checkbox"/> San Francisco	<input type="checkbox"/> Seattle	<input type="checkbox"/> Tampa-St. Petersburg
Other Metro cities traveled:				

3. APPLICANT DRIVING STANDARDS - MUST BE CLEAR, SPECIFIC AND SET BY THE APPLICANT:

Method of Driver Pay:	Total number of new drivers hired and/or leased within the past 12 months:
Minimum age of driver prior to hire or lease:	Minimum tractor-trailer driving experience required prior to hire or lease:
Is M.V.R. reviewed prior to driver being assigned to driving duties?	Does applicant permit any non-employee passengers?
What M.V.R. violations disqualify a driver prospect?	
What M.V.R. violations will cause dismissal?	
What are the maximum total number of moving violations allowed over a 36 month period for any one driver?	
Who has the absolute power to hire/lease and terminate drivers?	
Safety meetings are conducted how often?	Driver attendance in safety meetings is:
Who reviews accidents?	Who Reviews Driver SMS Compliance?
DOT Safety Rating:	If DOT Safety Rating Is less than Satisfactory, attach applicant's corrective action plan.

4. EXPOSURE PROJECTION AND HISTORY - BE ACCURATE DO NOT USE ROUNDED HISTORIES FOR REVENUE OR MILES:

Policy Term Information list exact policy term	Average Units	Exact Revenue	Exact Mileage
Estimate for the next 12 months:			

5. AUTO LIABILITY COVERAGE SECTION:

CSL Limit:		Deductible desired?		If Yes, deductible type:	
UM Limit:	UM Limit:	PIP Limit:	PPI Limit:	Med Pay:	
Trailer Interchange ?	If Yes, limit:	TI Deductible:	Average daily TI exposure in units:		
Group Non-Trucking desired?			If Yes, list CSL:		

6. GENERAL LIABILITY COVERAGE SECTION - ACORD 126 APPLICATION REQUIRED AS SUPPLEMENT FOR THIS COVERAGE:

CSL Occurrence Limit:	Does applicant perform any operations other than for hire trucking?
If yes, detail all other operations:	

7. PHYSICAL DAMAGE COVERAGE SECTION:

Deductible desired:	Total Insured Values:
Total Values of Tractors & Trucks:	Total Values of Trailers:
Maximum Value Any One Tractor or Truck:	Maximum Value Any One Trailer:

8. CARGO COVERAGE SECTION - COMMODITIES LISTED ON PAGE 1 MUST INCLUDE % OF HAULS BY SPECIFIC COMMODITY:

Limit Per Vehicle:		Occurrence deductible desired:	
Terminal exposure?	If yes, terminal limit desired:	List terminal protections:	
Mechanical breakdown coverage desired?		If yes, mechanical breakdown deductible desired:	
List exact terminal location(s):			
Describe any storage or warehousing exposure:			

9. NUMBER & TYPE OF EQUIPMENT - ALL EQUIPMENT, WHETHER OWNED/LEASED AND/OR OPERATED MUST BE COUNTED HERE AND ATTACHED IN ACCORDANCE WITH INSTRUCTIONS ON PAGE 3:

Type	Number Owned or Equipment Lease	Number Owner Operators	Total
Tractors			
Trucks > 20,000 GVW			
Trucks <= 20,000 GVW			
Service Units			
Private Passenger			
Van Trailers			
Refrigerated Trailers			
Flat Bed Trailers			
Tank Trailers			
Other			

10. LOSS INFORMATION - INCLUDE ALLOCATED LOSS ADJUSTMENT EXPENSE BY POLICY TERM FOR THE CURRENT TERM PLUS PRIOR 3 POLICY YEARS MINIMUM, 4 YEARS PREFERRED. LIST ANY GENERAL LIABILITY LOSSES BY ATTACHMENT:

Auto Liability Policy Term	# of Acc.	Bodily Injury Paid	Bodily Injury Unpaid	Prop. Dam. Paid	Prop. Dam Unpaid

Phys. Dam. Policy Term	# of Acc.	Collision Paid	Collision Unpaid	OTC Paid	OTC Unpaid

Cargo Policy Term	# of Acc	Loss Paid	Loss Unpaid

11. UNDERWRITING INFORMATION WHICH MUST BE INCLUDED WITH YOUR SUBMISSION AS ATTACHMENTS:

- Loss runs valued within 90 days of proposed effective date for current year plus prior 3 policy years minimum, 4 years preferred.
- Current driver list including CDL number, CDL years of experience, dates of hire and dates of birth.
- Current MVR for all drivers for risks of 50 power units and less, 1/2 random sampling for more than 50 units.
- Complete vehicle schedule by type including radius of operation.
- Details on all losses in excess of \$100,000 including insured's corrective actions if loss is at fault.
- Applicant's DOT corrective action plan if DOT rating is less than Satisfactory.
- Fuel tax records for last four quarters minimum.
- Current written safety program.
- Current written maintenance program.
- Current financial statements including balance sheet and statement of income. Sources of revenue must be specifically described.

12. AUTHORIZATION AND SIGNATURES

I authorize W. E. Love & Associates and/or the producing broker to obtain proper copy(ies) of Motor Vehicle Report(s) and Insurance Scoring information for insurance underwriting purposes for all drivers listed and/or any drivers who will operate equipment covered under any prospective insurance policy for which this application relates. All drivers have or will authorize me to consent the same. I certify that all application information is true and agree that any misrepresentation by me will constitute reason for the company to void or cancel any policy issued on the basis of this application, and will hold the company harmless for the action taken.

Print Applicant Name:	Applicant Signature:	Date:
Broker Name:	Broker Signature:	Date:
Broker's License Number::	Broker's License State	