

COMMERCIAL TRUCK INSURANCE APPLICATION 1-4 Units

Proposed Effective Date: _____

Expiration Date: _____

New Policy No.: _____

Renewal Policy No.: _____

GENERAL INFORMATION

<input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation				General Agency: Name _____ Code _____	
<input type="checkbox"/> Other _____				Producing Agency: Name _____ Code _____	
Applicant Name			Company Name (DBA) (if any)		
Phone #	Cell Phone #	US DOT #	Federal ID #	Month/Year Current Operations Began	
What type of authority does your business have? (Check all those that are applicable) <input type="checkbox"/> Freight Broker <input type="checkbox"/> Common Carrier <input type="checkbox"/> Contract Carrier <input type="checkbox"/> Private Carrier					
Location of the Business or Physical Address, if different		City	State	Zip	Company Website
Mailing Address		City	State	Zip	
Safety Director	Safety Director Phone #	Operations Director Name		Operations Director Phone #	
Safety Director Email Address	Years in Current Position	Operations Director Email Address		Years in Current Position	
Safety Director Address		Operations Director Address			

OWNER / PRINCIPAL / PRESIDENT

Name		Title			
SSN	Home Address				Apt #
City	State	Zip	Business Phone		

DESCRIPTION OF OPERATIONS

Business Class	<input type="checkbox"/> Trucking For Hire – Exempt	<input type="checkbox"/> Trucking For Hire – Nonexempt	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Retailer	<input type="checkbox"/> Agriculture
	<input type="checkbox"/> Mining	<input type="checkbox"/> Wholesale Distributor	<input type="checkbox"/> Service	<input type="checkbox"/> Construction	<input type="checkbox"/> Forestry
Operations	<input type="checkbox"/> Auto – Boat Haulers	<input type="checkbox"/> Commercial Use – Truck	<input type="checkbox"/> Container/Intermodal	<input type="checkbox"/> Contractors	<input type="checkbox"/> Courier/Specialized Del.
	<input type="checkbox"/> Drive-away	<input type="checkbox"/> Dry Bulk/Farm Products	<input type="checkbox"/> Dry Van/Box	<input type="checkbox"/> Dry Van – Doubles	<input type="checkbox"/> Dump
	<input type="checkbox"/> Dump Bottom	<input type="checkbox"/> Dump Coal	<input type="checkbox"/> Dump End	<input type="checkbox"/> Dump Side	<input type="checkbox"/> Flatbed
	<input type="checkbox"/> Livestock	<input type="checkbox"/> Log or Pulp	<input type="checkbox"/> Low Boy	<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Non-Trucking
	<input type="checkbox"/> Refrigerated	<input type="checkbox"/> Pneumatic	<input type="checkbox"/> PPT – Corporate Owned	<input type="checkbox"/> Service Truck	<input type="checkbox"/> Special Type Operations
	<input type="checkbox"/> Tanker-Fuel	<input type="checkbox"/> Tanker – Liquids/Comp. Gases	<input type="checkbox"/> Towing & Recovery	<input type="checkbox"/> Waste/Garbage	<input type="checkbox"/> Other _____

Range of Transport: Interstate Intrastate

Brokerage: Do you have Brokerage Authority? _____ Under the same name? _____

Do you broker both exempt & non-exempt loads? _____ If yes, % of brokerage under same name _____%

Percent of Loads: 0-50 Miles _____ 51-100 Miles _____ 101-200 Miles _____ 201-300 Miles _____ 301-500 Miles _____ 501-700 Miles _____

701-1,000 Miles _____ 1,000+ Miles _____ Longest Trip One Way _____ Miles Annual Miles Driven _____ Miles

COMMODITIES TRANSPORTED

Top Customers:

1. _____ % Load	2. _____ % Load	3. _____ % Load
Commodity	% of Loads	Maximum Value
Commodity	% of Loads	Maximum Value

Do you sign contracts with shippers that give the shipper the right to determine cargo salvage values or declare cargo a total loss regardless of actual damage in the event of a loss? If yes, attach a copy of the contract.

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SCHEDULE OF EQUIPMENT OPERATED

Type	Owned	Leased w/o Drivers	Owner Operators	0-50 miles	51-100 miles	101-200 Miles	201-300 Miles	301-500 Miles	501-700 Miles	701-1,000 Miles	Over 1,000 Miles	TOTAL UNITS
Auto or Service												
Light Trucks												
Medium Trucks												
Heavy Trucks												
Tractors												
Semi-Trailers												

EXPOSURE HISTORY – UNITS, REVENUE OR MILEAGE (Actual and Estimated)

	Period	Units	Trucking Revenue	Brokerage Revenue	Total Miles	Value of the Vehicle
Projected Policy Year						
Current Policy Year						
1 st Prior Year						
2 nd Prior Year						
3 rd Prior Year						
4 th Prior Year						

1. Do you require Gross Receipt Basis(reporting form) policy? Yes No
2. Can you provide Financial Statement & Balance Sheet for last year? Yes No

FILINGS

Filings Requested	MC#/ Cert. #	Applicant's Name and Address Exactly As It Appears On Each Permit
<input type="checkbox"/> Liability BM 91X		
<input type="checkbox"/> Liability – Form E _____ State		
<input type="checkbox"/> Oversized/Overweight _____ State		
<input type="checkbox"/> Hazardous _____ State		
<input type="checkbox"/> Inter-modal		
<input type="checkbox"/> Cargo – Form H _____ State		
<input type="checkbox"/> DMV _____ State		
<input type="checkbox"/> SR 22 – If yes explain		
<input type="checkbox"/> Other _____		

Please note: The FMCSA and/or state agencies require a minimum 36 day notice of cancellation on all policies that have a MCS-90 or other filings.

CERTIFICATE OF INSURANCE

NAME	MAILING ADDRESS

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QUESTIONNAIRE

- | | | |
|--------------------------|--------------------------|--|
| YES | NO | |
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Do you act as a freight-broker or freight-forwarder or arrange loads for others? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Do you haul commodities that are subject to tight delivery time constraints? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Is all owned equipment scheduled on the application? If no, attach explanation. _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Do you lease your vehicles to others? If yes, who must provide liability coverage? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you hire other motor carriers or owner-operators to haul for you? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Do you pull doubles/triples? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Do you haul inter-modal containers? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Is any portion of your operation seasonal? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Do you use any team, hot seat, slip seating or relay driver operations? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Do you allow passengers other than company employees? If yes, explain. _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Do you operate more than one terminal? |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Do you operate mobile equipment to compulsory or financial responsibility law or other motor vehicle insurance law in the state where it is licensed or principally garaged? |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Do you haul oversized, overweight or hazardous loads? |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Have you or any business you owned ever filed for bankruptcy? If yes, explain. _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Any policy coverage declined, canceled, non-renewed during the prior 3 years? If yes, explain. _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. Is there personal use of vehicles? If yes, explain. _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. Do you anticipate adding units during the policy term? |
| | | a. If yes, how many units will be added? _____ |
| | | b. How many units will be owned (registered) by named insured? _____ |
| | | c. How many units will be owner-operators to haul for you _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 18. Are any units equipped with GPS location services?
If yes, please describe the type of device and how insured keeps the records.
_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 19. Is the insured involved in any business activity other than trucking? |
| <input type="checkbox"/> | <input type="checkbox"/> | 20. Have you or any business you owned ever filed for bankruptcy? |
| <input type="checkbox"/> | <input type="checkbox"/> | 21. Is a Truckers Uniform Intermodal Interchange endorsement required? |
| <input type="checkbox"/> | <input type="checkbox"/> | 22. Do you carry Worker's Compensation? |
| <input type="checkbox"/> | <input type="checkbox"/> | 23. Do you have a formal safety program in place? |
| <input type="checkbox"/> | <input type="checkbox"/> | 24. Do you have a vehicle maintenance program in place? |
| <input type="checkbox"/> | <input type="checkbox"/> | 25. Is there personal use of vehicles? |
| <input type="checkbox"/> | <input type="checkbox"/> | 26. Do you anticipate traveling to outside of the US during the policy term? |

VEHICLE INFORMATION

UNIT #	MODEL YR	MAKE, MODEL & UNIT TYP	VIN	RADIUS	GVW or GCW	STATED VALUE	OWNED = O LEASED = L	Gap Coverage (Y/N)	Is garaging address same as physical? (Y/N)
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

* Power Unit:Tractor or Truck
Trailers:Flatbed, Dry Van, Refrigerated, Dump Belly, Dump Hydraulic, Auto or Livestock

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Please complete this section for vehicles with different ownership or different garaging addresses.

Name and Address of vehicle owners other than the named insured (owner 2, 3 & 4 listed below)

Unit #	Name of Owner	*Owner's Type	Mailing Address

Please enter the owner type by entering the corresponding number and/or letter. 1. Owned by Named Insured. 2. Owned by Leasing Company (long term lease without a driver), 3. Owned by Owner Operator (leased with driver), * 4. Owned by Employee of Named Insured (officer). Please note that coverage for owners might not be afforded if this section is not completed.

For Liability Coverage, if a unit is not garaged at the physical address of the applicant, please list the garaging addresses for each unit.

Unit #	Street Address	City	State	Zip	County

ADDITIONAL UNDERWRITING INFORMATION

In the past five (5) years, have any drivers been convicted of any of the following? Yes No

Leaving the scene of an accident or a hit and run, any felony conviction which involves a motor vehicle, driving while license is suspended or revoked in a commercial vehicle, DUI or DWI.

If yes, please provide driver name, conviction date and details: _____

In the past three (3) years, have any drivers been convicted of any of the following? Yes No

Negligent homicide, unlawful use of vehicle, speed contest or racing, reckless driving, or speeding twenty miles or more over the speed limit.

If yes, please provide driver name, conviction date and details: _____

TRUCKERS GENERAL LIABILITY COVERAGE

- | YES | NO | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Do you haul bulk fuel? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you repair or service vehicles of others? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have dogs at premises? (see exclusion endorsement) |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you or anyone else who is an employee carry a firearm to work? (see exclusion endorsement) |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you generate income from other activities besides the operation of the trucks? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you want to add Contractual Liability? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you want to add mis-delivery of goods Coverage? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have fuel storage containers on premises? |

Please list all mobile equipment owned by the applicant, if any (i.e. forklift, backhoe, mobile crane, etc.)

Please list all premises owned or rented

Street Address

City State Zip County

Description of any other operations being conducted by this applicant?

ADDITIONAL/DESIGNATED INSUREDS FOR AUTO LIABILITY OR TRUCKERS GENERAL LIABILITY

NAME	MAILING ADDRESS	* TYPE OF ADDITIONAL INSURED

* Please enter each desired additional/designated insured by entering the corresponding number and/or letter:

Auto Liability Additional Insureds: 1. Designated Additional Insured, 2. Inter-modal, 3. Additional Insured Waiver Rights Recovery.

General Liability Additional Insureds: A. Controlling Interest, B. Designated Person or Organization, C. Managers or Lessors of Premises, D. Mortgagee, E. Owners, Lessees or Contractors, F. Co-owner of Insured Premises, G. Vicarious Liability of Owners, Lessees or Contractors.

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INSURANCE HISTORY AND LOSS EXPERIENCE

Provide the following insurance and loss information for the current year plus at least four (4) full prior policy years.

HAS ANY INSURANCE COMPANY CANCELED OR NON-RENEWED YOUR POLICY IN THE LAST FOUR (4) YEARS?
 (Missouri Applicants – Do not answer this question.)

Yes No If Yes, explain.

Policy Term	Insurance Company	Policy #	# Tractor	# Truck	# Trailer	Liability			Phys Dam		
						Premium	# Claim	Loss Amt	Premium	# Claim	Loss Amt

Please enter the # of claims over \$100,000: _____ Please enter the dollar amount for claims over \$100,000: _____

EXPERIENCE INFORMATION: Furnish currently valued (must be value dated within the last 3 months) insurance company produced detailed loss and experience auto liability, physical damage and cargo loss runs for current year plus at least four (4) full prior policy years.

Describe any claim with payment or reserves over \$25,000: _____
 If accepted, your claims history will also be considered in determining if the policy should be canceled or non-renewed.

DRIVER INFORMATION

List all individuals that will be allowed to drive vehicles requested to be covered. Report all new drivers immediately to your agent.

Driver's Name	DOB	License Number	1st Yr CDL Issued	State	Years Driving Similar Equip	Date of Hire

DRIVER INFORMATION continued

List all individuals that will be allowed to drive vehicles requested to be covered. Report all new drivers immediately to your agent.

Driver's Name	# Convicted Viol/Accidents in the Past 3 Years			# Convicted Violations Past Yr
	Minor	Major	Acc.	

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DRIVER HIRING, TRAINING AND SAFETY

1. Your driver selection procedures include the following: (Check those that are applicable)

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Written Application | <input type="checkbox"/> Disciplinary Warnings | <input type="checkbox"/> Training Records | <input type="checkbox"/> Written Test |
| <input type="checkbox"/> Accident Review | <input type="checkbox"/> MVR Check | <input type="checkbox"/> Copy of License | <input type="checkbox"/> Periodic Physical Exam |
| <input type="checkbox"/> Pre-Hire Physical Exam | <input type="checkbox"/> Procedures for accident reporting | <input type="checkbox"/> Interview | <input type="checkbox"/> Familiarization w/ equipment |
| <input type="checkbox"/> List of Conviction | <input type="checkbox"/> Reference Checks | <input type="checkbox"/> Familiarization w/ Company rules | <input type="checkbox"/> Alcohol/Drug Tests |
| <input type="checkbox"/> Proof of Insurance | <input type="checkbox"/> Familiarization w/ Routes | <input type="checkbox"/> Driving Test | <input type="checkbox"/> Training in Handling Commodities |

2. Which of the following is part of your driver performance management process:

- | | |
|--|--|
| <input type="checkbox"/> Annual review of driver's driving record (MVR) | <input type="checkbox"/> Review of electronic engine data |
| <input type="checkbox"/> Periodic review of driver and vehicle out of service violations. (Safe State/CSA2010 Reports) | <input type="checkbox"/> Incentives for violation-free and accident-free driving |
| <input type="checkbox"/> Are Owner Operators subject to Motor Carrier Maintenance Programs, i.e. EOBR/Qualcomm | <input type="checkbox"/> Formal corrective action procedures. If so, please attach. |
| <input type="checkbox"/> Periodic review of accidents/incidents | <input type="checkbox"/> Driver safety training? Description of program _____ |
| <input type="checkbox"/> Are units governed? If so, what limit? _____ | <input type="checkbox"/> Formal Written Hiring Standard. If so, please attach. |
| <input type="checkbox"/> EOBRs in 100% of your power units? If not, why? _____ | |

3. Do you adhere to a written vehicle inspection and maintenance program?

Yes No

If yes, describe or attach program. _____

COVERAGES

AUTO LIABILITY

LIMITS: \$ _____ CSL

HIRED AUTO LIABILITY

Cost of Hire _____ If Any:

NON-OWNED

Is the account a Service or Charitable

Yes No

of Power units under agreement _____

Organization? _____

PHYSICAL DAMAGE (Please refer to Vehicle Information Section for Stated Amount values by Vehicle.)

Comprehensive \$ _____ Deductible

Collision \$ _____ Deductible

Specific Cause of Loss (SCoL) \$ _____ Deductible

TOWING

Amount of Coverage \$ _____

RENTAL REIMBURSEMENT

Amount Per Day \$ _____ for 30 days.

TRAILER INTERCHANGE

of Power units under agreement _____

Provide a Copy of Agreement

Maximum trailer value \$ _____

trailer days per power unit _____

NON-OWNED TRAILER PHYSICAL DAMAGE

Limits _____

Provide a Copy of Agreement

UNINSURED/UNDER-INSURED MOTORIST AND NO-FAULT OPTIONS

UNINSURED MOTORISTS BODILY INJURY

Limits: _____

UNDER-INSURED MOTORISTS BODILY INJURY

Limits: _____

UNINSURED MOTORISTS PROPERTY DAMAGE

Limits: _____

Are drivers covered by Workers Compensation?

Yes No

Coverage and limit choices in this section are for quoting purposes only. A separate Supplemental Uninsured Motorist/Under-insured Motorist and Personal Injury Protection Form may be required to be completed and signed by the applicant when binding coverage.

TRUCKERS GENERAL LIABILITY COVERAGE SELECTION

This is for businesses solely involved in "For-Hire" transportation of property.

Desired Aggregate Limits — please select one

\$1,000,000

\$2,000,000

Each Occurrence \$1,000,000 (included)

Employers Liability (Stop Gap) Coverage — Applicable only in ND, OH, WA and WY. Please select either yes or no.

Yes No

\$1,000,000 Bodily Injury by Accident — each accident \$1,000,000 Bodily Injury by Disease — each employee

\$1,000,000 Bodily Injury by Disease — each policy

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MVR AND CREDIT REPORT ACKNOWLEDGEMENT

I authorize DB Insurance Company and/or DB Indemnity to obtain a copy of any Motor Vehicle Report for rating/underwriting the insurance for which I have applied.

DISCLOSURE: In connection with the application for commercial automobile insurance, we may review a credit report or obtain or use a credit-based insurance score based on the information contained in that credit report. We may use a third party in connection with the development of the insurance score. Your credit report/credit based insurance score will not be used other than the underwriting of the commercial automobile insurance for which you have applied.

Under no circumstances can the credit-based insurance score, the lack thereof, or the refusal to authorize the obtaining of a credit report or a credit-based insurance score is a factor in determining your eligibility for commercial automobile, including cancellation or nonrenewal, if a policy is ultimately issued.

I authorize DB Insurance Company and/or DB Indemnity to obtain a credit report, including but not limited to a credit based insurance score based on personal information provided. This authorization is valid for future reports obtained for renewal policies with DB Insurance.

Applicant Signature Date

For Arkansas Applicant Only: I hereby authorize DB Insurance Company and/or the Producing Agent to obtain from the Arkansas Office of Driver Services a copy of my Motor Vehicle Report for the use in rating and/or underwriting the insurance for which I do hereby apply and any renewal thereof. I understand that in obtaining a Motor Vehicle Report a consumer reporting agency may be used by the insurer and I do hereby authorize such use. I hereby certify that the named drivers under this policy (names specified on application and/or drivers hired during the term of this insurance) have or will have authorized me to consent on their behalf for the insurer to obtain Motor Vehicle Reports for rating and/or underwriting; and I hereby certify that the information above is true and agree that a misrepresentation of any of the facts 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. I also agree that if a policy is issued pursuant to this application, the application and any restrictive and/or Exclusion Endorsement Text, which is included on the application and signed by me, shall become a part of the policy.

ACKNOWLEDGEMENT AND SIGNATURE

I hereby certify that the information contained in this application is true and agree that a misrepresentation of any of the facts by me will constitute reason for the Company to cancel any policy issued on the basis of this application, and will hold the Company harmless for the action taken. I also agree that if a policy is issued pursuant to this application, the application and any elections or rejections, which are included with the application and signed by me, may be relied upon by the Company as accurate and shall become a part of the policy.

I understand and acknowledge that uninsured, underinsured and no-fault coverage, where applicable and/or required, have been offered to me. I have selected the limit(s) indicated on this application unless other limits are indicated and selected on a supplemental selection/rejection form.

I understand that the coverage selection and limit choices indicated herein will apply to all future policy renewals, continuation and change unless I, or my agent, notify DB Insurance Company otherwise in writing

Signature of **APPLICANT** _____
Type or Print Applicant Name _____
Title or Relationship to Applicant _____
Date and Time Application Completed _____
Requested Effective Date and Time _____
Phone # of Applicant _____
Fax # of Applicant _____

Signature of **AGENT** of the Applicant _____
Agency Name _____
Address of Agency _____
Phone # of Agency _____
Fax # of Agency _____

DB General Agent Use Only
Date and Time Bound _____