

COMMERCIAL TRUCK FLEET INSURANCE APPLICATION

Proposed Effective Date: _____ Expiration Date: _____

New Policy No.: _____ Renewal Policy No.: _____ Date Quote is needed _____

GENERAL INFORMATION

Individual LLC Partnership Corporation
 Other _____

General Agency: Name _____ Code _____

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) Freight Broker Common Carrier Contract Carrier 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: Trucking For Hire – Exempt Trucking For Hire – Nonexempt Manufacturer Retailer Agriculture
 Mining Wholesale Distributor Service Construction Forestry

Operations: Auto – Boat Haulers Commercial Use – Truck Container/Intermodal Contractors Courier/Specialized Del.
 Drive-away Dry Bulk/Farm Products Dry Van/Box Dry Van – Doubles Dump
 Dump Bottom Dump Coal Dump End Dump Side Flatbed
 Livestock Log or Pulp Low Boy Mobile Home Non-Trucking
 Refrigerated Pneumatic PPT – Corporate Owned Service Truck Special Type Operations
 Tanker-Fuel Tanker – Liquids/Comp. Gases Towing & Recovery Waste/Garbage 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 | 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.

CURRENT CARRIER

Current Carrier Name _____ Policy Number _____

Policy Limits _____ Policy Dates _____ TO _____

Policy Deductible BI _____ PD _____

Current Rate / Exposure Basis _____

CERTIFICATE OF INSURANCE

| NAME | MAILING ADDRESS |
|------|-----------------|
| | |
| | |

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SUMMARY OF EQUIPMENT VALUES

| | | | |
|-----------------------|-----------------------|----------------------|----------------------|
| Total Fleet Value | # of Units | Average Value | |
| Total Fleet Value | # of Units | Average Value | |
| Total Fleet Value | # of Units | Average Value | |
| Highest Tractor Value | Highest Trailer Value | Lowest Tractor Value | Lowest Trailer Value |

LIENHOLDER AND/OR PAYEE INFORMATION

| UNIT # | NAME | ADDRESS |
|--------------------|------|---------|
| 1 | | |
| 2 | | |
| 3 | | |
| NON-OWNED TRAILERS | | |
| 1 | | |
| 2 | | |
| 3 | | |

QUESTIONNAIRE

- Do you act as a freight-broker or freight-forwarder or arrange loads for others? YES NO
- Do you haul commodities that are subject to tight delivery time constraints? YES NO
- Is all owned equipment scheduled on the application? YES NO
If no, attach explanation. _____
- Do you lease your vehicles to others? YES NO
If yes, who must provide liability coverage? _____
- Do you hire other motor carriers or owner-operators to haul for you? YES NO
- Do you pull doubles/triples? YES NO
- Do you haul inter-modal containers? YES NO
- Is a Truckers Uniform Intermodal Interchange endorsement required? YES NO
- Is any portion of your operation seasonal? YES NO
- Do you use any team, hot seat, slip seating or relay driver operations? YES NO
- Do you allow passengers other than company employees? YES NO
If yes, explain. _____
- Do you operate more than one terminal? YES NO
- 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? YES NO
- Do you haul oversized, overweight or hazardous loads? YES NO
- Have you or any business you owned ever filed for bankruptcy? YES NO
If yes, explain. _____
- Any policy coverage declined, canceled, non-renewed during the prior 3 years? YES NO
If yes, explain. _____
- Is there personal use of vehicles? YES NO
If yes, explain. _____
- Do you anticipate adding units during the policy term? YES NO
 - If yes, how many units will be added?

 - How many units will be owned (registered) by named insured?

 - How many units will be owner-operators to haul for you?

- Are any units equipped with GPS location services? YES NO
If yes, please describe the type of device and how insured keeps the records.
- Is the insured involved in any business activity other than trucking? YES NO
- Do you carry Worker's Compensation? YES NO
- Do you have a formal safety program in place? YES NO
- Do you anticipate traveling to outside of the US during the policy term? YES NO

VEHICLE INFORMATION

| UNIT # | MODEL YR | MAKE, MODEL & UNIT TYPE | VIN | RADIUS | GVW or GCW | STATED VALUE | OWNED = O LEASED = L | Gap Coverage (Y/N) | 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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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: _____

For Kansas applicants only: Convictions for exceeding a maximum posted speed limit of 30 to 54 MPH by six MPH or less or exceeding a maximum posted speed limit of 55 to 70 MPH by 10 MPH or less shall not be considered by any insurance company in determining the rate charged for any automobile liability policy.

TRUCKERS GENERAL LIABILITY COVERAGE

- | | | | | | |
|--------------------------|--------------------------|---|--------------------------|--------------------------|---|
| YES | NO | | YES | NO | |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you haul bulk fuel? | <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 repair or service vehicles of others? | <input type="checkbox"/> | <input type="checkbox"/> | Do you want to add Contractual Liability? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have dogs at premises? (see exclusion endorsement) | <input type="checkbox"/> | <input type="checkbox"/> | Do you want to add mis-delivery of goods Coverage? |
| <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 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 INSURED 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.

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: _____

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DRIVER INFORMATION

Provide a list of drivers that includes the Driver's Name, DOB, License Number, Date of Hire and Years of Driving Experience.

| | | | |
|-----------------------------------|---------------------------------------|-------------------------------|----------------------------------|
| Truck Fleet – No. of drivers: | Regularly Employed _____ | Part Time _____ | Owner/Operator _____ |
| | Leased _____ | Casual _____ | TOTAL _____ |
| How are drivers paid? | <input type="checkbox"/> Hourly | <input type="checkbox"/> Trip | <input type="checkbox"/> Mileage |
| | <input type="checkbox"/> Other: _____ | | |
| Drivers Hired or Leased Last Year | Company Drivers | | Lease/Owner Operators |
| a. Number Replaced _____ | _____ | _____ | _____ |
| b. Number Increased _____ | _____ | _____ | _____ |
| c. Minimum Age _____ | _____ | _____ | _____ |

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. (SafeState/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. _____

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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** _____

Signature of **AGENT** of the Applicant _____

Type or Print Applicant Name _____

Agency Name _____

Title or Relationship to Applicant _____

Address of Agency _____

Date and Time Application Completed _____

Phone # of Agency _____

Requested Effective Date and Time _____

Phone # of Applicant _____

Fax # of Agency _____

Fax # of Applicant _____

DB General Agent Use Only
Date and Time Bound _____

APPLICATION OVERFLOW

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 | |
| | | | | |

VEHICLE INFORMATION

| UNIT # | MODEL YR | MAKE, MODEL & UNIT TYPE | VIN | RADIUS | GVW or GCW | STATED VALUE | OWNED = O LEASED = L | Gap Coverage (Y/N) | Is garaging address same as physical? (Y/N) |
|--------|----------|-------------------------|-----|--------|------------|--------------|-------------------------|--------------------|---|
| | | | | | | | | | |

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