

Proposed Effective Date:

Expiration Date: _

	New Policy No:						Renewal Pol	licy No.:_					
GEN	ERAL INFORI	MATION											
	ndividual	LLC		Partnership	_ c	orporation		General A	gency:	Name		Code	
	Other							Producing		Name		Code	
Applicar	it Name							Company N	lame (DBA) (if any)				
Phone #	I		Cell P	hone #		US DOT	#		Federal ID #			Month/Year Current Op	erations Began
What typ	be of authority does you	ur business ha	ve? (Check a	all those that are	applicable)	Freight	Broker		Common Carrie	r 🗋	Contract Carrier		Private Carrier
Location	of the Business or Phy	ysical Address	, if different				City			State	Zip	Company We	bsite
Mailing	Address							City		I	State	Zip	
Safety D	irector			Safety Directo	or Phone #			Operations	Director Name		Operations Direct	tor Phone #	
Safety D	irector Email Address			Years in Curr	ent Position			Operations	Director Email Addre	ess	Years in Current	Position	
Safety D	irector Address							Operations	Director Address				
OW	NER / PRINCI	PAL / PI	RESIDE	NT									
Name								Title					
SSN		Home Addre	988									Apt #	
City			State	Z	ip	Busine	ss Phone						
			TIONS										
Business Class	Trucking For Hi	ire – Exempt			g For Hire – No sale Distributer	nexempt	Manufa			Retailer Construction		Agricul	
Δ	U Mining			U WIDE			Service			Construction			y
	Auto – Boat H	aulers		Comme	ercial Use – Truc	k	Contain	er/Intermoda	I	Contractors		Courier	/Specialized Del.
su	Drive-away				k/Farm Products		Dry Var			Dry Van – Do	oubles	Dump	
Operations	Dump Bottom			Dump				ump End Dump Side I Flatbed ow Boy Mobile Home Non-Trucking					
0	Refrigerated			Pneum			_	, Corporate Ov	rned	Service Truc		_	I Type Operations
	Tanker-Fuel			Tanker	 Liquids/Comp 	Gases	Towing	& Recovery		Waste/Garba	ige	Other _	
Range o	of Transport:	Inters	tate	Intrastate	В	rokerage:	Do you have Broke	erage Author	tv?		Jnder the same name	?	
								-				under same name	9/
							20 you broker boli	oxonipi ut i	on onompt loado? _		. Jes, // or brokerage		/0
Percent	of Loads: 0~50 Mile 701-1,000 Miles			~100 Miles 000+ Miles		101~20	00 Miles Longest Trip	One Way		iles Miles A	301~500 Miles _ nnual Miles Driven		501-700 Miles Miles
COI	MMODITIES T	RANSP	ORTED										
Top Cust													
1		`ommodity	<u>%</u> L	oad	2		vinum Velue	%	.oad 3	Commodity		% Load	Movimum Value
	C	Commodity			% of Loa	us Ma	ximum 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.



SCHEDULE OF EQUIPMENT OPERATED												
Туре	Owned	Leased w/o Drivers	Owner Operato	rs 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 Truc	ks											
Heavy Trucks	6											
Tractors												
Semi-Trailers	;											
EXPOS			REVENUE	OR MILEAGE	(Actual a	and Estima	ited)					
		Period		Units		cking Revenue		rokerage Revenue	•	Total Miles	Valu	e of the Vehicle
Projected Po	olicy Year											
Current Poli	cy Year											
1 st Prior Yea	ar											
2 nd Prior Ye	ar											
3 rd Prior Ye	ar											
4 th Prior Ye	ar											
		ot Basis(reporting Statement & Balar		st year?	Yes [Yes [No No						
FILING	S											
	Filings Red	quested		MC#/ C	Cert. #		Applicant's Name and Address Exactly As It Appears On Each Permit					
	ability BM 91X											
	iability – Form E	_	_State									
	versized/Overweig	ght	_State									
HazardousState		_State										
	ter-modal											
 c	argo – Form H		_State									
	MV	-	_State									
S	R 22 — If yes expl	ain										
	ther											

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							



QUESTIONNAIRE

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

VEHI	CLE INFO	RMATION							
UNIT #	MODEL YR	MAKE, MODEL & UNIT TYP	VIN	RADIUS	GVW or GCW	STATED VALUE	OWNED = 0 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

DB Insurance

COMMERCIAL TRUCK INSURANCE APPLICATION 1-4 Units

	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			
Unit #	Street Address							
City			State	Zip	County			
ADD	DITIONAL UNDERWRITING INFORM	ATION						
In the past five (5) years, have any drivers been convicted of any of the following? 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? 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: If yes, please provide driver name, conviction date and details: If yes, please provide driver name, conviction date and details: If yes, please provide driver name, conviction date and details: If yes, please provide driver name, conviction date and details: If yes, please provide driver name, conviction date and details: If yes, please provide driver name, conviction date and details: If yes, please provide driver name, conviction date and details: If yes, please provide driver name, conviction date and details: If yes, please provide driver name, conviction date and details: If yes, please provide driver name, conviction date and details: If yes, please provide driver name, conviction date and details: If yes, please provide driver name, conviction date and details: If yes, please provide driver name, conviction date and details: If yes, please provide driver name, conviction date and details: If yes, please provide driver name, conviction date and details: If yes, please provide driver name, conviction date and details: If yes, please provide driver name, conviction date and details: If yes, please provide driver name, conviction date and details: If yes, please provide driver name, conviction date and details: If yes, please provide driver name, conviction date and details: If yes, please provide driver name, conviction date and details: If yes, please provi								
TRU	JCKERS GENERAL LIABILITY COVE	RAGE						
YES	YES NO Image: Do you haul bulk fuel? Image: Do you repair or service vehicles of others?							
	Please list all mobile equipment owned by the applicant, if any (i.e. forklift, backhoe, mobile crane, etc.)							
Please li	list all premises owned or rented							
Street A	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
1		·	

* 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, ex	plain.									
Policy					# Trailer	Liability			Phys Dam		
Term	Insurance Company	Policy #	# Tractor	# Truck		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	Minor	Major	Acc.	# Convicted Violations Past Yr



DRIVER HIRING, TRAINING AND SAFETY						
 Your driver selection procedures include the following: (Check those the following) 	at are applicable)					
Written Application Disc	iplinary Warnings	Training Records	Written Test			
Accident Review	R Check	Copy of License	Periodic Physical Exam			
Pre-Hire Physical Exam	redures for accident reporting	Interview	Familiarization w/ equipment			
List of Conviction	erence Checks	Familiarization w/ Company rule	es Alcohol/Drug Tests			
	iliarization w/ Routes	Driving Test	Training in Handling Commodities			
		_	-			
2. Which of the following is part of your driver performance management	process:					
Annual review of driver's driving record (MVR)		Review of electronic engine data	a			
Periodic review of driver and vehicle out of service violations. (Incentives for violation-free and	•			
Are Owner Operators subject to Motor Carrier Maintenance Pro	ograms, i.e. EOBR/Qualcomm	Formal corrective action procedu	lures. If so, please attach.			
Periodic review of accidents/incidents		Driver safety training? Descripti				
		Formal Written Hiring Standard.	. If so, please attach.			
EOBRs in 100% of your power units ? If not, why?						
3. Do you adhere to a written vehicle inspection and maintenance progra	m? Yes	No				
If yes, describe or attach program.						
COVERAGES						
AUTO LIABILITY	LIMITS: \$	CSL				
HIRED AUTO LIABILITY	Cost of Hire	If Any :				
	Is the account a Service or Charitable Organi		# of Power units under agreement			
-						
PHYSICAL DAMAGE (Please refer to Vehicle Information Section Comprehensives Deductible	for Stated Amount values by Vehicle.) Collision Deductible	Specific Cause	e of Loss (SCoL)\$Deductible			
	Amount of Coverage \$	-				
	Amount Per Day \$f					
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		Provide a Copy of Agreem				
	Limits	Frovide a Copy of Agreem	юли			
	AULI UPIIUNO	11				
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 due	ting purposes only. A separate Si	upplemental Uninsured Motor	rist/Under-insured Motorist and Personal Injury Protection Fo	orm		
	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 SELEC	TION This is for businesses solely involved	d in "For-Hire" transportation of property.	ι.			
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 a	and WY. Please select either yes or no.					
Yes No \$1,000,000 Bodily Injury by Accident	- each accident \$1,000,000 Bodilv	Injury by Disease - each employee				

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



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 creditbased 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
Type or Print Applicant Name	Agency Name
Title or Relationship to Applicant	Address of Agency
Date and Time Application Completed	
Requested Effective Date and Time	Phone # of Agency
Phone # of Applicant	Fax # of Agency
Fax # of Applicant	DB General Agent Use Only