

Insured Information

Proposed Effective Date _____ Expiration Date _____ Date Quote is Needed _____

Producing Agency Name _____ Code _____

Individual LLC Partnership Corporation Other _____

Applicant Name _____ Company Name (DBA) _____

Garaging Address _____ County _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Phone _____ Cell Phone _____ MC # _____ US DOT # _____ FEIN _____

Number of Years in Business _____ Location is: Inside City Limits Outside City Limits

Number of Years Under Current Management _____ Company Website _____

Safety Director

Name _____ Phone _____

E-mail _____ Years in Current Position _____ Is this a full-time position? Yes No

Address _____ City _____ State _____ Zip _____

Operations Director

Name _____ Phone _____

E-mail _____ Years in Current Position _____

Address _____ City _____ State _____ Zip _____

Owner / Principal / President

Name _____ Title _____ Business Phone _____

Home Address _____ Apt # _____ City _____ State _____ Zip _____

Commodities Transported

Commodity	% of Loads	Average Value	Max Value

Schedule of Equipment Operated

Type	Owned	Leased w/o Drivers	Owner Operators	Local (0-50)	Intermediate (51-200)	Long Haul (201+ miles)	TOTAL UNITS
Light Trucks							
Medium Trucks							
Heavy Trucks							
Extra Heavy Trucks							
Tractors							
Semi- Trailers							

Description of Operations

Business Class	Trucking for Hire – Exempt Service	Trucking for Hire – Nonexempt Retailer	Manufacturer
	Mining	Construction	Agriculture
	Forestry	Other_____	Wholesale Distributer
Operations	Auto – Boat Haulers	Container/Intermodal	Courier – Specialized Delivery
	Drive-away	Dry Bulk/Farm Products	Dry Van/Box
	Dry Van – Doubles	Dump	Dump-Coal
	Flatbed	Livestock	Log or Pulp
	Mobile Home	Non-Trucking	Commercial Use – Truck
	Refrigerated	PPT – Corporate Owned	Service Truck
	Special Type Operations	Tanker – Fuel	Tanker – Liquids/Comp. Gases
	Towing/Recovery – For Hire	Towing/Recovery – Private	Towing/Recovery – Commercial
	Repossessors – All Other	Waste/Garbage – Commercial	Waste/Garbage – Residential
	Waste – Auto Dismantler	Waste – Building Wrecking	Waste – Junk Dealers

Range of Transport: Interstate Intrastate

Brokerage

Do you have brokerage authority? Yes No If yes, MC#_____

Do you broker both exempt & non-exempt loads Yes No If yes, % of brokerage under same name _____%

Radius of Operation

1-100 miles _____% 101-300 miles _____% 301-500 miles _____% 501-1000 miles _____% greater than 1000 miles _____%

Longest trip one way (miles) _____ Annual miles driven _____

Operations Beyond 200 Mile Radius (identify metropolitan areas traveled through or into)

Atlanta	Cleveland	Jacksonville	Milwaukee	Orlando	Salt Lake City
Balt-Washington	Dallas/Ft Worth	Kansas City	Minneapolis/St Paul	Philadelphia	San Diego
Boston	Denver	Little Rock	Nashville	Phoenix	San Francisco
Buffalo	Detroit	Los Angeles	New Orleans	Pittsburgh	Seattle
Charlotte	Hartford	Louisville	New York City	Portland	Tampa
Chicago	Houston	Memphis	Oklahoma City	Richmond	Tulsa
Cincinnati	Indianapolis	Miami	Omaha	St. Louis	_____

Cities other than above or regular routes _____

ATTENTION: Provide a complete vehicle schedule that includes year, make, body type, serial number, GVW, and stated value.

Driver Information

Number of Drivers:

Regularly Employed _____ Part Time _____ Owner/Operator _____

Leased _____ Casual _____ TOTAL _____

What is the basis for driver pay? Hourly Trip Mileage Other_____

Are drivers covered by workers compensation? Yes No

Drivers Hired or Leased Last Year: Number Replaced _____ Number Increased _____

Minimum Age of Drivers Hired _____ Minimum Years of Experience for New Drivers _____

ATTENTION: Provide a list of drivers that includes the Driver's Name, DOB, License Number, Date of Hire and Years of Driving Experience. Please identify owner/operators and unit operated.

Driver Hiring, Training and Safety

1. Which of the following is part of your driver screening/hiring process:

- | | |
|-----------------------------------|---|
| Employment Background Check | Pre-Employment Drug Test |
| Criminal Background Check | Road Test |
| Motor Vehicle Record (MVR) Review | Pre-Employment Screening Program (PSP) Report for FMCSA |
| Behavioral/Integrity Testing | Physical Abilities Testing |

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
- Periodic review of driver and vehicle out of service violations. (SafeState/CSA2010 Reports)
- Incentives for violation-free and accident-free driving
- Owner Operators are subject to Motor Carrier Maintenance Programs, i.e. EOBR/Qualcomm
- Formal safety manual or driver handbook
- Formal hiring criteria. If so, please attach.
- Formal corrective action procedures related to accidents, OOS, severe violations, etc. If so, please attach.
- Periodic review of accidents/incidents
- Driver safety training. Description of Program _____
- Are there formal safety meetings? Yes No
- How often per year? _____
- Mandatory for drivers? Yes No
- Governed units. If so, what limit? _____

3. Do you adhere to a written vehicle inspection and maintenance program? Yes No

If yes, describe or attach program _____

4. Are owner-operators subject to the same requirements as company drivers including maintenance and EOBRs? Yes No

5. Are vehicle maintenance records maintained? Yes No

6. What is the preventative maintenance schedule? _____

7. Are pre- and post-trip sheets completed? Yes No

8. Are vehicles equipped with EOBRs and are drivers trained and using them? Yes No

Historical and Projected Growth (actual and estimated)

	Period	Units	Revenue	Mileage
Projected				
Current				
1 st Prior				
2 nd Prior				
3 rd Prior				
4 th Prior				

Truckers General Liability Coverage

Premises Address _____

City _____ State _____ Zip _____ County _____

1. Do you haul bulk fuel? Yes No
2. Do you repair or service vehicles of others? Yes No
3. Do you have dogs at premises? (see exclusion endorsement) Yes No
4. Do you or anyone else who is an employee carry a firearm to work? (see exclusion endorsement) Yes No
5. Do you generate income from other activities besides the operation of the trucks? Yes No
6. Do you want to add Contractual Liability? Yes No
7. Do you want to add mis-delivery of goods Coverage? Yes No
8. Do you have fuel storage containers on premises? Yes No
9. Please list all mobile equipment owned by the applicant, if any (i.e. forklift, backhoe, mobile crane, etc.) _____

10. Please list all premises owned or rented _____
11. Description of any other operations being conducted by this applicant? _____
12. Payroll of clerical (dispatch and mechanics) _____

Additional/Designated Insured for Auto Liability or Truckers General Liability

Name _____ Address _____

City _____ State _____ Zip _____ County _____

Auto Liability Additional Insureds:

Designated Additional Insured Intermodal Additional Insured Waiver Rights Recovery

General Liability Additional Insureds:

Controlling Interest Mortgage Designated Person or Organization Co-owner of Insured Premises
Owners, Lessees or Contractors Managers or Lessors of Premises Vicarious Liability of Owners, Lessees or Contractors

Name _____ Address _____

City _____ State _____ Zip _____ County _____

Auto Liability Additional Insureds:

Designated Additional Insured Intermodal Additional Insured Waiver Rights Recovery

General Liability Additional Insureds:

Controlling Interest Mortgagee Designated Person or Organization Co-owner of Insured Premises
Owners, Lessees or Contractors Managers or Lessors of Premises Vicarious Liability of Owners, Lessees or Contractors

Questionnaire

Yes	No													
		1. Is all equipment operated under the applicant's authority scheduled on the application? If no, attach explanation.												
		2. Is all owned equipment scheduled on this application? If no, attach explanation.												
		3. Do you lease your vehicles to others? If yes, who must provide liability coverage? You Lessee												
		4. Do you hire other motor carriers or owner-operators to haul for you? If yes, complete questions below, complete Hired Autos Application Supplement, and attach copy of leases agreement. <ul style="list-style-type: none"> A. On what basis are they leased? Permanent Basis Temporary/ Trip Basis B. Annual cost of hire _____ or # of trips _____ C. Are vehicles leased with driver? Yes No D. Are leased vehicles included in this application for insurance? Yes No <ul style="list-style-type: none"> I. If yes, do you require leased vehicle owners to purchase non-trucking liability coverage? Yes No II. If no: <ul style="list-style-type: none"> a. Is there a written lease agreement stating the lessor will provide primary auto liability coverage while leased to you? Yes No b. Limit of liability required _____ c. Do you secure evidence the lessor has primary auto liability coverage? Yes No d. Does the lease state that the lessor agrees to provide you with 30 days advance notice if their insurance coverage is being cancelled or reduced? Yes No 												
		5. Do you pull doubles and/or triples?												
		6. Do you haul intermodal containers?												
		7. Is any Portion of your operation seasonal? If yes, explain _____												
		8. Do you use any team, hot seat, slip seating or relay driver operations?												
		9. Do you allow passengers other than employees? If yes, attach copy of passenger program or explain program (frequency, requirements, etc.)												
		10. Do you operate more than one terminal? If yes, provide the following:												
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Location(s)</th> <th style="width: 20%;"># of Units</th> <th style="width: 50%;">Address, City, State</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Location(s)	# of Units	Address, City, State									
Location(s)	# of Units	Address, City, State												
		11. Do you operate mobile equipment subject to compulsory or financial responsibility law or other motor vehicle insurance law in the state where it is licensed or principally garaged? If yes, and need Liability Coverage, complete Mobile Equipment Supplement.												
		12. Do you require use of escort vehicles? <ul style="list-style-type: none"> A. If yes and escort vehicles are not included in this application for insurance, provide the name of the insurance carrier, policy number and auto liability limits. B. If yes and escort vehicles are included in this application, drivers of escort vehicles should be listed in the Driver Information Section. 												
		13. Do you haul over size, overweight or hazardous loads? If yes, attach explanation.												
		14. Has this business entity ever filed for bankruptcy? Date Filed _____ Date Released _____												

Filings Requested

Liability BMC 91X	Liability – Form E → State_____	Oversized/Overweight → State_____
Hazardous → State_____	Cargo – Form H → State_____	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 filings.

Coverages

Auto Liability

Limits: \$_____ CSL

Hired Auto Liability

Cost of Hire _____ # of Employees _____

Non-Owned

Is the account a Service or Charitable Organization? Yes No # of Power units under agreement _____

Medical Payments

Limit \$_____

Property Protection (Michigan)

Uninsured Motorists Bodily Injury

Limit \$_____

Underinsured Motorists Bodily Injury

Limit \$_____

Uninsured Motorists Property Damage

Limit \$_____

Deductible \$_____

Personal Injury Protection

Limit \$_____

Physical Damage

Comprehensive Deductible \$_____

Collision Deductible \$_____

Specific Cause of Loss Deductible \$_____

Trailer Interchange (provide a copy of agreement)

of Power units under agreement _____ Maximum trailer value \$_____ # trailer days per power unit _____

Non-Owned Trailer Limit (provide a copy of agreement)

Limit \$_____

Enhanced Physical Damage (Michigan)

Standard Preferred Elite

Hired Auto Physical Damage (complete and attach supplement)

Cargo

Limit \$_____

Deductible \$_____

(same for all vehicles with cargo coverages)

Optional Cargo Coverages (check all that apply):

Refrigeration Breakdown - minimum \$2,500 deductible

Earned Freight Increase to \$_____ (\$1,000 included)

Debris Removal Increase to \$_____ (\$25,000 included)

Who is responsible for the loading and unloading? _____

Is cargo ever left unattended or parked unattended overnight? Yes No

If so, explain how cargo is protected. _____

Truckers General Liability Coverage Section (this is for businesses solely involved in “for-hire” transportation of property)

Desired Limits

Each Occurrence \$_____

Aggregate \$_____

Employers Liability (stop gap) Coverage (Ohio)

Yes No

Coverages (continued)

Terminal Coverage (if requested, complete the following)

Location	Location Address				Limit
1					
2					
3					
4					
5					

Location	Construction Type	Square Footage	Public Protection Class	Sprinklered	Security Info
1				Yes No	
2				Yes No	
3				Yes No	
4				Yes No	
5				Yes No	

Insurance History and Loss Experience

Provide the following insurance and loss information for the current and prior four (4) years

Has any insurance company cancelled or nonrenewed your policy in the last four (4) years? (Missouri applicants – don't answer this question)

Yes No If yes, explain _____

Policy Term		Insurance Company	Policy Number	Liability		Physical Damage		Cargo		General	
From	To			#	Loss Amount	#	Loss Amount	#	Loss Amount	#	Loss Amount

of claims over \$100,000: _____ 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 experience (auto liability, physical damage and cargo loss runs) for current year plus at least three (3) full policy years, five (5) full years preferred. Describe any claim with payment over \$25,000 and details of any open reserve.

Current Carrier

Current Carrier Name _____ Policy Number _____
 Policy Limits _____ Policy Dates _____ Current Rate/ Exposure Basis _____
 Bodily Injury Deductible _____ Property Damage Deductible _____

Lienholder Information

Unit #	Name	Address	LP	AILP

Certificate of Insurance

Name	Mailing Address

Fraud Statements

INDIANA: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information may be prosecuted under state law.

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

MICHIGAN: Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and civil penalties.

MVR and Credit Report Acknowledgement

I authorize Great Lakes General Agency Inc. to obtain a copy of any Motor Vehicle Report for rating/underwriting the insurance for which I 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 Great Lakes General Agency Inc. 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 Great Lakes General Agency Inc.

Applicant Signature _____ Date _____

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 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 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 Great Lakes General Agency Inc. otherwise in writing.

Signature of Applicant _____ Signature of Agent _____

Print Applicant Name _____ Agency Name _____

Title _____ Agency Address _____

Applicant Phone # _____ City _____ State _____ Zip _____

Applicant Fax # _____ Agency Phone # _____

Date _____ Agency Fax # _____