

AGENCY INFORMATION

Agency _____ Licensed producer _____
 Individual LLC Partnership Corporation Other _____
 Contact name _____ Phone _____ Email _____

INSURED INFORMATION

Proposed effective date _____ Expiration date _____ Date quote is needed _____
 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 _____
 Email _____ Years in current position _____ Is this a full-time position? Yes No
 Address _____ City _____ State _____ Zip _____

OPERATIONS DIRECTOR

Name _____ Phone _____
 Email _____ Years in current position _____
 Address _____ City _____ State _____ Zip _____

OWNER / PRINCIPAL / PRESIDENT

Name _____ Title _____ Business phone _____
 Home address _____ 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	<input type="checkbox"/> Trucking for hire - exempt <input type="checkbox"/> Service <input type="checkbox"/> Mining <input type="checkbox"/> Forestry	<input type="checkbox"/> Trucking for hire - nonexempt <input type="checkbox"/> Retailer <input type="checkbox"/> Construction <input type="checkbox"/> Other _____	<input type="checkbox"/> Manufacturer <input type="checkbox"/> Agriculture <input type="checkbox"/> Wholesale distributor
OPERATIONS	<input type="checkbox"/> Auto - boat haulers <input type="checkbox"/> Drive-away <input type="checkbox"/> Dry van - doubles <input type="checkbox"/> Flatbed <input type="checkbox"/> Mobile home <input type="checkbox"/> Refrigerated <input type="checkbox"/> Special type operations <input type="checkbox"/> Towing/recovery - for hire <input type="checkbox"/> Repossessors - all other <input type="checkbox"/> Waste - auto dismantler	<input type="checkbox"/> Container/intermodal <input type="checkbox"/> Dry bulk/farm products <input type="checkbox"/> Dump <input type="checkbox"/> Livestock <input type="checkbox"/> Non-trucking <input type="checkbox"/> PPT - corporate owned <input type="checkbox"/> Tanker - fuel <input type="checkbox"/> Towing/recovery - private <input type="checkbox"/> Waste/garbage - commercial <input type="checkbox"/> Waste - building wrecking	<input type="checkbox"/> Courier - specialized delivery <input type="checkbox"/> Dry van/box <input type="checkbox"/> Dump - coal <input type="checkbox"/> Log or pulp <input type="checkbox"/> Commercial use - truck <input type="checkbox"/> Service truck <input type="checkbox"/> Tanker - liquids/comp. gases <input type="checkbox"/> Towing/recovery - commercial <input type="checkbox"/> Waste/garbage - residential <input type="checkbox"/> 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 mile _____% 501-1,000 miles _____% greater than 1,000 miles _____%

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

OPERATIONS BEYOND 200-MILE RADIUS

Please select the metropolitan areas traveled through or into:

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

- | | |
|--|--|
| <input type="checkbox"/> Employment background check | <input type="checkbox"/> Pre-employment drug test |
| <input type="checkbox"/> Criminal background check | <input type="checkbox"/> Road test |
| <input type="checkbox"/> Motor vehicle record (MVR) review | <input type="checkbox"/> Pre-employment screening program (PSP) report for FMCSA |
| <input type="checkbox"/> Behavioral/integrity testing | <input type="checkbox"/> Physical abilities testing |

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

- Annual review of driver's MVRs
- 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? _____
 - Is it 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				
1st prior				
2nd prior				
3rd prior				
4th 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. Describe any other operations being conducted by this applicant:

12. Payroll of clerical staff (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 _____

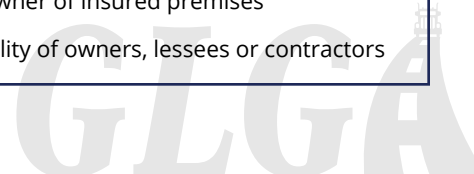
City _____ State _____ Zip _____ County _____

Auto liability additional insureds:

- Designated additional insured Intermodal Additional insured waiver rights recovery

General liability additional insureds:

- Controlling interest 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



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, and attach copy of lease agreement.
- 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
- I. If yes, do you require leased vehicle owners to purchase non-trucking liability coverage? Yes No
- II. If no:
- 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 canceled 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:
- | 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 liability coverage is needed, please provide operation details.
12. Do you require use of escort vehicles?
- 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 oversize, 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**
Limit: \$ _____ 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 below:

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				<input type="checkbox"/> Yes <input type="checkbox"/> No	
2				<input type="checkbox"/> Yes <input type="checkbox"/> No	
3				<input type="checkbox"/> Yes <input type="checkbox"/> No	
4				<input type="checkbox"/> Yes <input type="checkbox"/> No	
5				<input type="checkbox"/> Yes <input type="checkbox"/> No	

INSURANCE HISTORY AND LOSS EXPERIENCE

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

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

Yes No If yes, explain _____

Policy yerm		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 three months) insurance company produced detailed loss experience (auto liability, physical damage and cargo loss runs) for current year plus at least three full policy years, five 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
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>



CERTIFICATE OF INSURANCE

Name	Mailing address

MVR & 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 _____



STATE-SPECIFIC FRAUD STATEMENTS

Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

Arkansas: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Louisiana: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

New York: Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

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.

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties.

Tennessee: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Vermont: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Virginia: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Washington: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

All other states: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signature

Date