



**MOTOR CARRIER APPLICATION**

Name of Applicant: \_\_\_\_\_  
 D/B/A: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Garaging Address:  
 (if different than mailing) \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 DOT No.: \_\_\_\_\_  
 Loss Control contact name and telephone number:  
 \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_  
 Insured Website: \_\_\_\_\_

Agent Name: \_\_\_\_\_  
 Producer: \_\_\_\_\_  
 Phone No.\*: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Agent No.: \_\_\_\_\_  
 \*Required on Fleets to assist Loss Control

**PLEASE ANSWER ALL QUESTIONS**

**PROPOSED EFFECTIVE DATE:** From: \_\_\_\_\_ To: \_\_\_\_\_ 12:01 A.M., Standard Time, at the address of the applicant.

**DESCRIPTION OF OPERATIONS**

1. **Applicant is:**  Individual  Partnership  Corporation  LLC  Other: \_\_\_\_\_
2. **How long has this operation been in business?** \_\_\_\_\_ **Years trucking management experience:** \_\_\_\_\_
3. **Any other business currently owned or operated by the insured currently or in the past five years?**.....  Yes  No  
 If yes, provide name and description of operations: \_\_\_\_\_

4. **Has there been any change in operations, ownership, management, or name during the last five years?**.....  Yes  No  
 If yes, provide details: \_\_\_\_\_

5. **Radius of operations:**  
 0-100 mi. \_\_\_\_\_%  101-300 mi. \_\_\_\_\_%  301-500 mi. \_\_\_\_\_%  Over 500 mi. \_\_\_\_\_%

If more than 500 miles, approximately what percent of your miles will you travel to or through these four regional zones:

<b>ZONE 1:</b> CA, NV, OR, WA	<b>ZONE 2:</b> AZ, CO, IA, ID, IL, IN, KS, MI, MN, MO, MT, ND, NE, NM, OH, SD, UT, WI, WY	<b>ZONE 3:</b> AL, AR, FL, GA, KY, LA, MS, NC, OK, PA, SC, TN, TX, VA, WV	<b>ZONE 4:</b> CT, DE, MA, MD, ME, NH, NJ, NY, RI, VT
%	%	%	%

6. **Are filings required?**.....  Yes  No  
 If yes, provide list: \_\_\_\_\_
7. **Are any vehicles owned, operated or leased that are not included in the vehicle schedule?** .....  Yes  No  
 If yes, provide details: \_\_\_\_\_
8. **Do you have motor carrier brokerage authority?**.....  Yes  No  
 If yes, in what name? \_\_\_\_\_ and under what DOT number? \_\_\_\_\_  
 What name appears on the bill of lading as the carrier? \_\_\_\_\_  
 Brokerage revenue for the last twelve (12) months: \_\_\_\_\_  
 Estimated brokerage revenue next twelve (12) months: \_\_\_\_\_

9. Do you have a signed trailer interchange agreement? (If yes, provide copy of agreement).....  Yes  No
10. Are any vehicles or equipment loaned, rented, or leased to others? (If yes, provide copy of agreement) .....  Yes  No  
 Are these units scheduled on this policy? .....  Yes  No
11. Do you use owner/operators? .....  Yes  No  
 If yes, are they scheduled on the policy? .....  Yes  No
12. Do you use sub-haulers? (If yes, provide copy of sub-haul agreement) .....  Yes  No
13. Do you hire, rent, or borrow any vehicles from others? .....  Yes  No  
 If yes, will they be scheduled on the policy? .....  Yes  No  
 What is the average term of the lease? \_\_\_\_\_  
 Provide your annual cost to lease, hire, rent, or borrow vehicles:  
 With drivers \$ \_\_\_\_\_ Without drivers \$ \_\_\_\_\_
14. Do you use double trailers? .....  Yes  No Do you use triple trailers? .....  Yes  No
15. Are passengers allowed? .....  Yes  No  
 If yes, what controls are in place? \_\_\_\_\_  
 If yes, what is the frequency of passengers? \_\_\_\_\_

**COMMODITIES HAULED**

Commodity	% of Loads	Average Value	Maximum Value

16. Are hazardous materials or hazardous waste hauled? (If yes, provide details in table above) .....  Yes  No  
 If yes, do you require a \$1 million (\$1.2 million in CA) or \$5 million filing? .....  \$1 million  \$5 million

**DRIVER INFORMATION**

17. Criteria for hiring drivers: Minimum age: \_\_\_\_\_ Minimum years of experience: \_\_\_\_\_  
 Describe your MVR standards: \_\_\_\_\_  
 Do you use PSP (Pre-Employment Screening Program) in your hiring process? .....  Yes  No  
 \* Note: If operating in this name less than two years, Driver Employment Histories are required for all drivers (Form ADM 1003).
18. The driver list provided includes drivers of all vehicles requested to be covered under the policy including employees, leased employees, mechanics, family members, as well as any other person allowed to drive an insured vehicle. I agree to notify my agent of any additional drivers before they are allowed to drive an insured vehicle.....  Yes  No

19. List below all drivers employed as of the proposed effective date:

Driver's Name	Date of Birth	Driver's License No.	State	No. of Years Driving Similar Vehicle	Date of Hire	List Past Three Years of Accidents & Traffic Violations

**INSURANCE AND LOSS HISTORY**

20. Have you had any insurance canceled, declined or non-renewed or filed bankruptcy in the last three years? (Not applicable in Missouri) .....  Yes  No

If yes, explain: \_\_\_\_\_

21. Provide loss history for prior five years:

Policy Period	Prior Carrier	Policy No.	No. of Units Insured	No. Of Losses	Liability Losses Paid/Open	Phys. Dam. Losses Paid/Open	Cargo Losses Paid/Open

**OPERATION HISTORY**

22. Provide prior three years, current and projected business history:

Year	Gross Receipts	Mileage	Number of Power Units
Current Year			
Projected for Coming Year			

**SCHEDULE OF COVERED AUTOS**

23. Provide autos to be scheduled on policy:

No.	Year	Make/Model	VIN No. (17 Digits)	GVW/GCW	Stated Value	Radius	Owner's Name	Trailer Type*
					\$			
					\$			
					\$			
					\$			

\*Trailer Types: Car Carrier-CC, Container-CO, Dump Belly-DB, Dump End-DE, Flat Bed-FB, Hopper/Grain-HP, Livestock-LV, Log-LG Mobile/Modular Homes-MH, Tank, Dry Bulk/Pneumatic-TD, Tank, Liquid-TL, Van, Dry-VD, Van, Reefer-VR

**LIENHOLDER INFORMATION**

No.	Name	Address	City	State	Zip Code

24. Does equipment have safety features such as Collision Avoidance Systems, Lane Departure Warning, GPS, Advance Stability Equipment, Brake Monitoring, etc.? .....  Yes  No

If yes, describe: \_\_\_\_\_

**LIMIT AND COVERAGE INFORMATION**

25. Liability: Combined Single Limits \$ \_\_\_\_\_

26. Non-Trucking: \$ \_\_\_\_\_ Leased to: \_\_\_\_\_

27. Hired Auto: Cost of Hire: \$ \_\_\_\_\_ (Hired auto coverage is subject to audit)

28. **Hired Auto Physical Damage Limit:** \$ \_\_\_\_\_ **Deductible:** \$ \_\_\_\_\_

29. **Non-owned Auto: Number of Employees:** \_\_\_\_\_ **(Non-owned auto coverage is subject to audit)**

30. **Uninsured Motorist:**  Rejected  Limits Accepted: \$ \_\_\_\_\_

31. **Underinsured Motorist:**  Rejected  Limits Accepted: \$ \_\_\_\_\_

(Complete appropriate state UM/UIM Selection/Rejection Form)

32. **Mandatory no-fault state:** (Complete appropriate Personal Injury Protection Selection/Rejection Form.)

PIP basic limits accepted? .....  Yes  No

33. **Optional no-fault state:** PIP rejected? .....  Yes  No

34. **Medical Payments:**  Rejected  Limits Accepted: \$ \_\_\_\_\_

35. **Trailer Interchange:** Limit: \$ \_\_\_\_\_ Deductible: \$ \_\_\_\_\_ No. of Trailer Days: \_\_\_\_\_

36. **Deductibles:**  Comp. \$ \_\_\_\_\_  SCOL \$ \_\_\_\_\_  Coll. \$ \_\_\_\_\_

37. **Cargo:** Limit: \$ \_\_\_\_\_ Deductible: \$ \_\_\_\_\_

Check all boxes that apply if coverage desired while hauling these commodities:

Copper  Aluminum  Autos  Mobile Homes  Reefer Breakdown  Spoilage  Owned Goods

38. **Policy Type:**

Scheduled Unit  Reporting Form basis: Per Power Unit  Receipts  Mileage

This application does not bind YOU or US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**California Notice And Disclosure:** Please note a policy fee of \$150 applies to NEW business policies only. This policy fee is fully earned at policy inception.

**FRAUD WARNINGS**

**FRAUD WARNING:** 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. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT, or WA)

**NOTICE TO ALABAMA APPLICANTS:** 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.

**NOTICE TO COLORADO APPLICANTS:** 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

**NOTICE TO FLORIDA APPLICANTS:** 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.

**NOTICE TO KANSAS APPLICANTS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; 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.

**NOTICE TO LOUISIANA APPLICANTS:** 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.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** 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.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO OHIO APPLICANTS:** 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.

**NOTICE TO OKLAHOMA APPLICANTS:** 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.

**NOTICE TO RHODE ISLAND APPLICANTS:** 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.

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND 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.

**NEW YORK AUTOMOBILE FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

IOWA LICENSED AGENT: \_\_\_\_\_  
(Applicable in Iowa Only)

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_  
(Applicable in Florida Agents Only)

**IMPORTANT NOTICE**

As part of the underwriting procedure, a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.



**OIL AND GAS COMMERCIAL AUTO SUPPLEMENTAL APPLICATION**  
 (Complete in addition to the Commercial Automobile Application)

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “NOT APPLICABLE”

**Applicant’s Name:** \_\_\_\_\_

**1. Type of operation (check all appropriate boxes):**

- Water hauler (including clean, salt or sludge)    
  Vacuum Truck    
  Hot Shot    
  Trucker for hire  
 Site prep/excavation   
  Dump Trucks   
  Frac sand or liquid   
  Oilfield support services/Well maintenance  
 Drilling/Rigging/Over the Hole Exposure   
  Frac Tank Rental/Leasing  
 Other (describe): \_\_\_\_\_

**2. Describe specific duties you provide for the oil/gas industry:** \_\_\_\_\_

**3. Describe all commodities transported (please be specific):** \_\_\_\_\_

**4. Does your contract with customers contain an indemnification clause in your favor from well-site ground pollution related claims?** .....  Yes  No

**5. Any transporting of placarded materials?** .....  Yes  No  
 If yes, completion of the Hazardous Materials Supplemental is required.

**6. Does Applicant have a Pollution policy in force?** .....  Yes  No  
 If yes, provide the following:

Policy Number	Carrier	Limits	Term
		\$	

APPLICANT’S NAME AND TITLE: \_\_\_\_\_

APPLICANT’S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 (Must be signed by an active owner, partner or executive officer.)

PRODUCER’S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_  
 (Applicable to Florida Agents Only)

IOWA LICENSED AGENT: \_\_\_\_\_  
 (Applicable in Iowa Only)

# ILLINOIS UNINSURED MOTORISTS COVERAGE AND UNDERINSURED MOTORISTS COVERAGE SELECTION/REJECTION

<b>Policy Number:</b>	<b>Policy Effective Date:</b>
<b>Company:</b>	<b>Producer:</b>
<b>Applicant/Named Insured:</b>	

Illinois law permits you to make certain decisions regarding Uninsured Motorists Coverage and Underinsured Motorists Coverage. This document describes these coverages and the options available.

You should read this document carefully and contact us or your agent if you have any questions regarding Uninsured Motorists Coverage and Underinsured Motorists Coverage and your options with respect to these coverages.

This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy and review your Declarations page(s) and/or Schedule(s) for complete information on the coverages you are provided.

Please indicate your choice from **A.** and **B.** by initialing next to the appropriate item(s) and signing below.

**A. Bodily Injury Uninsured And Underinsured Motorists Coverages**

**Bodily Injury Uninsured Motorists Coverage** provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an uninsured motor vehicle because of bodily injury caused by an automobile accident. Also included are damages due to bodily injury that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified.

**Bodily Injury Underinsured Motorists Coverage** provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an underinsured motor vehicle because of bodily injury caused by an automobile accident.

Every automobile liability policy must include Bodily Injury Uninsured Motorists Coverage at limits equal to your limits for Bodily Injury Liability Coverage or Combined Single Limit for Liability Coverage except as described below.

If your Bodily Injury Liability Coverage limits exceed \$25,000 for each person/\$50,000 for each accident or a Combined Single Limit of \$50,000 for each accident, you may select limits that are lower than your Bodily Injury Liability Coverage limits or Combined Single Limit for Liability Coverage for your Bodily Injury Uninsured Motorists Coverage BUT you may not select Bodily Injury Uninsured Motorists Coverage limits less than \$25,000 for each person/\$50,000 for each accident or a Combined Single Limit of \$50,000 for each accident.

Underinsured Motorists Coverage will be provided to you ONLY IF your Bodily Injury Uninsured Motorists Coverage limits are greater than \$25,000 for each person/\$50,000 for each accident or a Combined Single Limit of \$50,000 for each accident. When provided, your Bodily Injury Underinsured Motorists Coverage limits will be equal to your Uninsured Motorists Coverage limits.

Please indicate your choice by initialing next to the appropriate item(s) if you are selecting Uninsured Motorists Coverage at limits less than the Bodily Injury Liability limits of your policy.

(Initials) _____	<b>I reject Bodily Injury Uninsured Motorists Coverage at limits equal to my Bodily Injury Liability Coverage (split limits) or Combined Single Limit for Liability Coverage and select the following lower limits.</b>			
<b>(Choose one):</b>				
(Initials) _____	Split Limits \$ 25,000/50,000* _____ 50,000/100,000 _____ 100,000/300,000 _____ 250,000/500,000 _____ 500,000/1,000,000 _____ \$ _____ (Other)	OR	(Initials) _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	Combined Single Limit \$ 50,000* _____ 100,000 _____ 250,000 _____ 300,000 _____ 350,000 _____ 500,000 _____ 1,000,000 _____ \$ _____ (Other)
<b>* IF YOU CHOOSE THIS LIMIT, BODILY INJURY UNDERINSURED MOTORISTS COVERAGE WILL NOT BE PROVIDED.</b>				

**B. Notice Of Availability Of Property Damage Uninsured Motorists Coverage**

**Property Damage Uninsured Motorists Coverage** provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an uninsured motor vehicle because of injury to or destruction of a covered auto caused by an automobile accident. However, Property Damage Uninsured Motorists Coverage is available only for autos for which you have not purchased Collision Coverage.



Please indicate your choice by initialing next to the appropriate item(s) below.

<b>(Initials)</b> _____	<b>I select Property Damage Uninsured Motorists Coverage at a limit of \$15,000 for the following vehicle(s).</b>
	<b>(Specify Year/Make/Model):</b> _____ _____ _____ _____
	<b>Premium: \$</b> _____
_____	<b>I reject Property Damage Uninsured Motorists Coverage.</b>

\_\_\_\_\_  
**Signature Of Applicant/Named Insured**

\_\_\_\_\_  
**Date**