

Application: Entire application must be completed and signed. Please attach a list of all subsidiaries or affiliated entities to be insured. For each entity, explain the relation to applicant and describe operation(s). Also, please attach a list of additional terminal locations and include the number and type of units garaged there.

Account Information

Agency:		Phone:
Agency Address:		
Insured:		DBA:
Physical Address:		
Mailing Address:		
DOT #:	MC #:	Policy Effective Date:
Brief Description of Operations:		

BASICS Overview	SMS Score	Alert	Investigation	Radius of Operations	%		%
Unsafe Driving:				0-50:		51-200:	
Hours Of Service:				201-500:		500+:	
Driver Fitness:				Ave Radius:		Max Radius:	
Controlled Substance:						I I	
Vehicle Maintenance:							

SAFER Info

Driver Review and MVR Profile

VOOS:	D		
HOOS:	# of Veh	Insp:	
# of Dr Insp:	# of HazMat	Insp:	
VOOS %:	DOOS %:		
HOOS %:			
DOT Rating:	Rating Date:		

# of Leased Drivers:	
# Over 65:	
1 Violation:	
3 Violations:	
5 Violations:	
	# Over 65: 1 Violation: 3 Violations:

Policy Year:	# of Tractors:	# of Trailers:	TIV:					
Projected:				# of NTL Losses:	Total NTL Incurred:	# of ADP Losses:	Total ADP Incurred:	Loss Run Evaluation:
Current:								
1st Prior Yr:								
2nd Prior Yr:								
3rd Prior Yr:								

%



No

Coverage:

Non Trucking Liability:	Combined Single Limit:		
Physical Damage:	TIV:	Comp/Coll Ded:	

Underwriting Considerations

• Do you have written safety procedures in place?	Yes	No	
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- In the last three (3) years, has a loss prevention service rated you "below average" or "poor"? Yes
- Are there any outstanding significant loss prevention recommendations? Yes No

Required Information for Submissions

- Three (3) years of currently valued loss runs (60 days prior to the effective date of the policy)
- Explanation of any and all losses greater than \$25,000
- Complete vehicle schedule (must include: age, make, model complete VIN, GVW, TIV, state of registration and owner)
- Current Lease Agreement
- MVR's
- Complete address, with TIV's for all additional terminals

NOTICE: No liability coverage is afforded when the described vehicles are:

- Under carrier direction, control or dispatch
- Used to carry property for any reason
- Being operated or used in any racing or speed contest
- No longer under permanent lease and the lease has been terminated

This policy will not name the carrier to whom you are permanently leased as an "Additional Insured" nor will it provide coverage on behalf of the carrier to whom you are permanently leased by virtue of a "Hold Harmless Agreement" executed by you.

IMPORTANT - READ BEFORE SIGNING THE ATTACHED FORM

FRAUD STATEMENTS

I, the undersigned, represent that information stated in this application is true and correct and understand that the insured policy will be based on the information given in this application and other company inspections and surveys.

If you live in the states of Arkansas or Louisiana, the following statement applies to you:

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 STATEMENTS (Continued)

If you live in the state of California, the following statement applies to you:

For your protection California law requires the following to appear on the form. Any person who knowingly presents a 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.

If you live in the state of Colorado, the following statement applies to you:

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 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.

If you live in the District of Columbia, the following statement applies to you:

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

If you live in the state of Florida, the following statement applies to you:

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

If you live in the state of Kansas, Maryland or Oregon, the following statement applies to you:

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 may be guilty of insurance fraud.

If you live in the state of New Jersey, the following statement applies to you:

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

If you live in the state of Virginia, the following statement applies to you:

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 may have violated state law.

If you live in a state other then the mentioned above, the following statement applies to you:

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.

I/We declare that the above statements and particulars are true and that I/we have not omitted, suppressed or misstated any material facts and agree that this APPLICATION FORM shall be the basis of any policy of Insurance which may be issued by the Company and shall be deemed a part thereof.

It is agreed that the signature to the form does not bind the Company or the applicant to complete insurance. REQUIRED!

SIGNATURE	TITLE	DATE
Owner, Partner or Officer (Insured)		
Producer (Agent)		