

Transportation Insurance Program

Today's Date: _____
Nancy Plourde

Producer/Account Executive: **Steven Michael Carr/**

Effective Date: _____

Needs By Date: _____

Full Legal Name of Applicant:

Any other Legal Entities?

Owner /Contact name: _____

Mailing Address: _____ City: _____ State: ____ Zip:

Phone: _____ Email: _____ Website:

BUSINESS INFORMATION:

Applicant is a: () Corporation () Partnership () Individual () Other:

Years in business: ____ If Less Than 3yrs, Prev Experience:

FEIN # _____

DOT# _____

MC#

Check those that apply:

<input type="checkbox"/>	Common Hauler	<input type="checkbox"/>	Contract Hauler	<input type="checkbox"/>	Broker
<input type="checkbox"/>	Interchange coverage needed	<input type="checkbox"/>	Intrastate	<input type="checkbox"/>	Interstate

LOCATIONS: Office/Garage/Lot

Loc #1: _____

Loc #2: _____

Location Underwriting Information (need for each building/lot):

Year Built: ____ # of Stories ____ Total Area: ____ Part Occupied: ____ Other Occupancies

Construction: () Frame () Masonry-Wood Roof & Floors () Masonry-Concrete & Steel Roof/Floors () Metal ()
Fire Resist.

Building Improvements: () Wiring yr: ____ () Plumbing yr: ____ () Roof yr: ____ () Heat yr: ____

Alarm Type: () Burglar () Fire () Central Station () UL Cert. () Motion Detectors () Sprinkler System:
%_____

Open Lot Parking? () Yes () No Fenced? () Yes () No Cameras/Motion sensors? () Yes () No Armed security () Yes () No

Who owns the Building/Lot?		Any ancillary Buildings?	
Building Limit Requested		Inland Marine limit	
Business Personal Property limit		Business Interruption limit	
Pollution limit requested		EPLI limit requested	
Professional Liability requested		Other	

COMPREHENSIVE LIABILITY SECTION - Coverage & Underwriting Information:

PRIMARY LIABILITY - Single Limits Requested: () \$1,000,000 () \$_____

UMBRELLA - LIABILITY: Limits Requested: () \$1,000,000 () \$2,000,000 () \$5,000,000 () Other

Projected Gross Sales: _____ Projected Payroll:

VEHICLE/ TRAILER SECTION - Coverage Information:

Obtain Excel spreadsheet if available:

Yr/Make/ Model	Vehicle ID Number	Coll . Ded	Com p. Ded.	Use	Cost New	GVW	Radi us Miles	Garag ed Loc #
1.								
2.								
3.								
4.								
5.								

#of Vehicles owned: Pick-ups ____ Trucks ____ Tractors ____ Semi-Trailers ____ Pup Trailers ____

#of Vehicles leased: Pick-ups ____ Trucks ____ Tractors ____ Semi-Trailers ____ Pup Trailers ____

What name are the vehicles registered to?

Auto Liability Limit _____ UM/UIM Limit _____ Medical Payments Limit _____
Physical Damage Max Limit _____ Interchange Limit _____

Hired & Non Owned Liability () Yes () No Hired Car Physical Damage () Yes () No

Towing & Labor () Yes () No Rental Reimbursement () Yes () No

Drive Other Car () Yes () No Full Glass () Yes () No

Driver List - Use additional sheet if necessary

Full Name (as it appears on License)	Date of Birth	State Licens ed	Operator Number	#of years with CDL	Gender

Cargo Information

Describe Cargo Hauled	% of Hauling	Maximum Value	Average Value	Deducti ble

WORKERS COMPENSATION - Coverage & Underwriting Information:

What states do you have or anticipate employees working:

Part 1 - WC (States): _____ Part 3 - Other States:

Part 2 - Employer's Liability: Each Accident \$ _____

Disease - Policy Limit \$ _____

Disease - Each Employee \$ _____

Experience Modification: _____ Rating ID#: _____ Effective Date:

Are you in any of the following states: ND OH WA WV WY Do you subcontract in any other states?

• **GENERAL INFORMATION CORPORATE OFFICERS/MEMBERS; INDIVIDUALS OR PARTNERS:**

Name	Position	Included or Excluded for WC
1.		
2.		
3.		

• **PAYROLL INFORMATION: (attach another page for additional classes/states/payroll)**

Class Code	Description	Annual Payroll	Avg # of Full Time Staff	Avg # of Part Time Staff
	Executive Officers	\$		
	Clerical	\$		

GENERAL ACCOUNT INFORMATION:

Current Truckers Liability Carrier: _____ Policy # _____ Effective Date: _____ Premium: _____

Current Motor Cargo Carrier: _____ Policy # _____ Effective Date: _____ Premium: _____

Current Physical Damage Carrier: _____ Policy # _____ Effective Date: _____ Premium: _____

Current Work Comp Carrier: _____ Policy # _____ Effective Date: _____ Premium: _____

Current GL/Umbrella Carrier: _____ Policy # _____ Effective Date: _____ Premium: _____

Additional information may be requested:

- Copy of Current Contracts and/or Hold Harmless agreements
- Hard Copy Loss Information up to 5 years
- Copy of Experience Modification Worksheet or Authorization to Pull

- Financial Information (Balance sheet, Profit/Loss statement, audited Financials)
- Supplemental Forms (IFTA report, Handbooks, Log records, etc.)