



**AGENCY INTERFACE SPECIFIED UNIT TRANSPORTATION APPLICATION**

Agency: \_\_\_\_\_ Producer: \_\_\_\_\_ Date: \_\_\_\_\_

**BOLDDED INFORMATION IS REQUIRED FOR BINDING**

**1. APPLICANT INFORMATION:**

Insured Name: \_\_\_\_\_  
DBA: \_\_\_\_\_  New  
Alpha Sort: \_\_\_\_\_  Renewal of: \_\_\_\_\_  
Principal/Owner: \_\_\_\_\_  Rewrite of: \_\_\_\_\_  
Mailing: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Garage Location: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ FAX #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
City Tax Code (Kentucky Risks): \_\_\_\_\_ County Tax Code (Kentucky Risks): \_\_\_\_\_  
M.C. Number: \_\_\_\_\_ E-mail: \_\_\_\_\_ Tax ID (Louisiana Risks): \_\_\_\_\_

Locations Other Than Garage Location Description: Terminal (T) Repair/Maintenance (R/M) Office (O) Warehouse (W)  
Other (OTH)

Loc	Street	City	State	Zip	Operation Description
#1					
#2					
#3					

**2. COMMON INFORMATION:**

Policy Inception Date: \_\_\_\_\_  
Policy Type:  Business Auto/Boat (BA-B)  Business Auto/Private Carrier (BA-PC)  Truckers (T)  
 Physical Damage Only (PD)  Commercial General Liability (CGL)  Motor Truck Cargo (MTC)  
Radius %: Local/Intermediate \_\_\_\_\_ % Zone \_\_\_\_\_ %  
Major Cities Travel To or Through: \_\_\_\_\_  
Rate Type:  Truckers  
Form of Business:  Corporation  Individual  Partnership  Limited Liability (LLC)  
 Other/Describe \_\_\_\_\_  
Operation Type:  Common  \*Contract  Exempt  \*\*Leased  Private  
\*If Contract – Does insured haul:  Chemicals  Iron or Steel  Livestock  
\*\*If leased, to whom: \_\_\_\_\_  
Number of Years in Trucking Business with own insurance: \_\_\_\_\_ If less than three years complete the New Venture Analysis form.  
Number of years current management has been in place: \_\_\_\_\_ Number of insurance carriers past 5 years: \_\_\_\_\_  
Has any insurance company canceled or nonrenewed your policy in last three years? (NA in Missouri)?  Yes  No  
If yes, give details: \_\_\_\_\_  
Has coverage ever been written through this company?  Yes  No  
If yes, provide details: \_\_\_\_\_  
Describe type(s) of commodities hauled and the percentage each, Total = 100%: \_\_\_\_\_

**3. UNDERWRITING QUESTIONS:**

- Does the applicant pull *doubles or triples*?  Yes  No
- Are *nonemployees* (passengers) allowed to ride in vehicles?  Yes  No

- What is the number of drivers with passengers? \_\_\_\_\_
3. Are any *Hazardous Materials Hauled*?  Yes  No  
 If yes, describe:  
 \*Submit a completed and signed Hazardous Material Supplemental Application.
4. Do you *trip lease* to other carriers?  Yes  No
5. Do you operate as a freight-broker or freight-forwarder or arrange loads for others?  Yes  No  
 If yes, provide brokerage name: \_\_\_\_\_ Docket #: \_\_\_\_\_
6. Do you haul *oversized/overweight loads*?  Yes  No
7. Do you hire *owner operators*?  Yes  No
- 7a. Do these owner operators drive exclusively for you? Are they *permanently leased*?  Yes  No
- 7b. Do you require Certificates of Insurance for Non-Trucking Liability?  Yes  No
8. Is all owned and leased equipment scheduled on this application. If no, attach explanation.  Yes  No
9. Date of last *DOT Inspection and Rating* (if risk hasn't been inspected, enter NO in date).  
 Date: \_\_\_\_\_ Rating: \_\_\_\_\_
10. Is the insured involved in any *other business* besides trucking?  Yes  No  
 If yes, explain: \_\_\_\_\_
11. Are any of your garaging/terminal/warehousing location(s) *within 5 miles of coastal waters*?  Yes  No  
 Address/Description of Operation: \_\_\_\_\_
12. Does insured have any satellite tracking or theft deterrents, please list: \_\_\_\_\_
13. Number of years insured has been operating at a financial profit in the past three years: \_\_\_\_\_

**4. COVERAGE/DETAILS:**

**BOLDED INFORMATION IS REQUIRED FOR REQUESTED COVERAGES ONLY**

**Coverage Desired:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> A. Auto Liability               | <input type="checkbox"/> D. Hired Auto        | <input type="checkbox"/> G. Physical Damage     |
| <input type="checkbox"/> B. Commercial General Liability | <input type="checkbox"/> E. Motor Truck Cargo | <input type="checkbox"/> H. Pollution           |
| <input type="checkbox"/> C. Excess Liability             | <input type="checkbox"/> F. Non-Ownership     | <input type="checkbox"/> I. Trailer Interchange |

**A. Auto Liability**

CSL:  \$500,000 Local/Intermediate Only  \$750,000  \$1,000,000  Other: \_\_\_\_\_  
 Zone To or Territory \_\_\_\_\_ Group \_\_\_\_\_  
 UM/UIM Limit \_\_\_\_\_ UM/UIM Property Damage Option \_\_\_\_\_ PIP/Med Pay \$ \_\_\_\_\_

**B. Commercial General Liability**

BI and PD CSL:  \$500,000  \$750,000  \$1,000,000  
 Personal Injury/Advertising Liability  Medical Payments -\$5,000 per person  
 Fire Legal Liability - \$25,000 applies to any one fire

**C. Excess Liability**

Limits: \$1,000,000 (Contact Company if higher limit is needed)

**D. Auto Hired or Borrowed**

"If Any" basis (stop here, if on "if any" Basis) OR  Insured trip leases or hires vehicles into their authority  
 Nonscheduled Leases Units: \_\_\_\_\_ Average Days of Trips: \_\_\_\_\_  
 Average Cost of Hire: \_\_\_\_\_ How Many Times Per Year: \_\_\_\_\_ Average Yearly Revenue: \_\_\_\_\_

**E. Motor Truck Cargo (MTC)**

Special Cargo Coverage Form  Basic Cargo Coverage Form  
 Contingent Cargo Extension Freight Broker (Available Only With Basic Cargo Form)  
 Business Description:  Trucker  Owner  Both  
 Commodity Class:  A  B  C  D  E  F  
 Limits per power unit: \_\_\_\_\_ Deductible:  \$500  \$1,000  \$2,500

**F. Non-Ownership Liability**

Estimated Number of Employees: \_\_\_\_\_

**G. Physical Damage**

Deductible:  \$500  \$1,000  \$2,500 Downtime:  Yes  No  
 (The deductible amount will apply to all scheduled units with physical damage coverage)

**H. Pollution**

Pollution Classification:  Nonhazardous  Hazardous (per CFR 172.101(2))  Both

**I. Trailer Interchange**

Value: \_\_\_\_\_ Interchanges Per Day: \_\_\_\_\_ Times Per Year: \_\_\_\_\_ Deductible: \_\_\_\_\_  
 Written Trailer Interchange Agreement (Mandatory for Coverage to Apply)  Yes  No

**5. INSURANCE HISTORY & LOSS EXPERIENCE / IF LOSSES ARE OVER \$5,000 PLEASE SUBMIT LOSS RUNS**  
**BOLDDED INFORMATION IS REQUIRED FOR MOST PREVIOUS YEAR – Provide prior insurance carriers and loss experience for past three (3) years.**

POLICY HISTORY			LOSS HISTORY					
Policy Term		Insur Co.	# Claims	Liability		# Claims	Phy Dam	
From	To			Loss Amount			Loss Amount	
				Reserve	Paid		Reserve	Paid

POLICY HISTORY			LOSS HISTORY (Continued)					
Policy Term		Insur Co.	# Claims	Cargo		# Claims	Gen Liab	
From	To			Loss Amount			Loss Amount	
				Reserve	Paid		Reserve	Paid

**6. DRIVERS - PLEASE ATTACH CURRENT MVRS - NOT MORE THAN 3 MONTHS OLD - MUST BE COMPLETED FOR ALL DRIVERS**

Driver	DOB	DL #	State	# Yrs. Driving Similar Equip	Date of Hire	# Violations				# Accidents Last 3 Yrs
						Past 3 Yrs.		Past Yr.		
						# Minor	# Major	# Minor	# Major	
1.										
2.										
3.										
4.										
5.										
6.										

**7. SCHEDULE OF VEHICLES**

Unit	Size/Type	* Ownership	Year	Make	Vin #	** Radius	Downtime Y/N	Lien #	Add'l #	Value
1.										
2.										
3.										

Unit	Size/Type	* Ownership	Year	Make	Vin #	** Radius	Downtime Y/N	Lien #	Add'l #	Value
4.										
5.										
6.										
7.										
8.										
9.										
10.										

\* Ownership: O= Owned OP= Owner/Operator LL= Long Leased NO= Not Owned  
 \*\*Radius: L/I= Local/Intermediate - 0-300 miles Z= Zone - Over 300 miles

**SCHEDULE OF LIENHOLDERS AND ADDITIONAL INSUREDS**

Unit #	Name of 3 <sup>rd</sup> Party	Address	City	State	Zip Code	LP	AI

**REGULATORY FILING INFORMATION SECTION COMPLETE IN DETAIL**

ALL owned autos MUST be insured on this policy to have any filings, certificates, or endorsements on the policy. No filing will be done unless all trucks, tractors, and trailers owned, operated, or used by you are insured with this company.

Are ALL OWNED AUTOS insured under this policy?  Yes  No  
 Does name and address match EXACTLY that of your authority?  Yes  No  
 If "No", please provide the exact name and address:

\*NOTE: We will issue an MCS-90 endorsement and BMC 91X filing with a limit of \$750,000 unless requested otherwise and verification is submitted. The Insured can verify the financial responsibility limit needed by submitting a copy of their RS-1 – Uniform Application for Single State Registration for Motor Carriers Operating Under Authority issued by the Interstate Commerce Commission.

LIABILITY LIMITS:  \$750,000  \$1,000,000

CARGO LIMIT: \_\_\_\_\_

FOR FHWA FILINGS: LIABILITY MC# \_\_\_\_\_ CARGO MC# \_\_\_\_\_

BASE STATE:

Does the applicant require?

- Canadian Providences: \_\_\_\_\_
- Oversize/Overweight Certificates: \_\_\_\_\_
- CA MCP65 # \_\_\_\_\_

DIRECTIONS: Please identify below the states which require Form E / Form H filings.

State	Liability	Cargo	Authority Number/File Number
	<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"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

Comments:

