



AGENCY INTERFACE SPECIFIED UNIT TRANSPORTATION APPLICATION

Agency: _____ Producer: _____ Date: _____

BOLDED 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/Bobtail (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:

1. Does the applicant pull **doubles or triples**? Yes No
2. 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:

BOLDDED 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
BOLDED 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

8. SCHEDULE OF LIENHOLDERS AND ADDITIONAL INSUREDS

Unit #	Name of 3 rd Party	Address	City	State	Zip Code	LP	AI

9. 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"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

Comments:

FRAUD WARNINGS

Fraud Warning (Arkansas, Florida, Kentucky, Michigan, Minnesota, New Jersey and New York): Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing 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 the person to criminal and civil penalties.

Colorado Fraud Warning: 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 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.

Maine Fraud Warning: 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 or denial of insurance benefits.

New Mexico Fraud Warning: Any person 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 Automobile Fraud Warning: Any person who 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 subjected to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

Ohio Fraud Warning: 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.

ALL OTHER 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.

ALL APPLICANTS: By my signature below, I attest that:

1. I am an authorized representative of the applicant;
2. I have reviewed this form;
3. The information provided is true and accurate;
4. I have not willfully concealed or misrepresented any material fact or circumstance concerning this form; and
5. I have read the applicable items above and agree to all terms or conditions stated therein.

APPLICANT SIGNATURE

DATE

LICENSED SENTRY SELECT AGENT SIGNATURE

DATE

AGENT LICENSE ID (FLORIDA ONLY): _____