

**Sentry Select Insurance Company**

P.O. Box 8036  
Stevens Point, WI 54481  
800-610-4888 FAX 715-346-8913



**SENTRY**  
INSURANCE

**FLEET COMMERCIAL INSURANCE APPLICATION  
EXCEPT FOR MISSOURI BASED RISKS**

**A. AGENT INFORMATION**

AGENCY: \_\_\_\_\_ Date Submitted: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

PRODUCER: \_\_\_\_\_ Producer E-mail Address: \_\_\_\_\_

Proposed Effective Date: \_\_\_\_\_  NEW BUSINESS  RENEWAL

How long has your agency written this applicant? \_\_\_\_\_

**B. APPLICANT INFORMATION**

Name of Applicant/1st Named Insured: \_\_\_\_\_

If more than one Named Insured provide explanation for each: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
RFD or Street and No., Town or City, County Required, State and Zip Code

(Principal Garaging Address (if different): \_\_\_\_\_  
Street, Address, City, State, Zip

**Location Descriptions**

Loc.	City and State	Security Measures – Lighted (L), Fenced (F), Security Alarm (A), Dogs (D), Security Guards (SG)	Location Description - Terminal (T), Repair/Maintenance (R/M), Office (O), Warehouse (W), Other (Oth)
#1			
#2			
#3			

List additional locations in the "Comments" section, or attach separate page if necessary.

Are any of the applicants garaging/terminal locations within ten (10) miles of coastal waters?  Yes  No If yes, explain: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

Name of Safety Director: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Inspection Contact Phone Number: \_\_\_\_\_

Number of Years in Business: \_\_\_\_\_ Truck Management Experience: \_\_\_\_\_

Current Financials Attached?  Yes  No

In the last three years, has applicant been refused, canceled, or nonrenewed for Insurance coverage?  Yes  No

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

**Ownership Information**

	Name	Position/Title	# Years	% Ownership
1.				
2.				
3.				
4.				

The following statement applies to all new policyholders in the State of South Carolina:

THE INSURER CAN CANCEL THIS POLICY FOR WHICH YOU ARE APPLYING WITHOUT CAUSE DURING THE FIRST 90 DAYS. THAT IS THE INSURER'S CHOICE. AFTER THE FIRST 90 DAYS, THE INSURER CAN ONLY CANCEL THIS POLICY FOR REASONS STATED IN THE POLICY.

**C. DESCRIPTION OF OPERATIONS**

Business Form:  Individual  Partnership  Corporation  
 LLC  Other (Describe) \_\_\_\_\_

Operation Type:  Common,CM  Contract, CO  Private, PA  Exempt, EX  
 Other: (Describe) \_\_\_\_\_  
 Leased, LS to whom: \_\_\_\_\_

If Contract, for whom: \_\_\_\_\_  
 DOT Number: \_\_\_\_\_ MC Number: \_\_\_\_\_  
 Has applicant operated under a different name and/or MC# in the past four years?  Yes  No If yes, explain: \_\_\_\_\_

Is Carrier involved in any nontruck business?  Yes  No If yes, please explain/provide description of business: \_\_\_\_\_

Estimated number of employees?  0-25  26-100  101-500  501-1000  Over 1,000

**D. COMMODITIES HAULED**

Commodity Description	% Haul	Avg. Load Value	Max. Load Value	Shipper
	%			
	%			
	%			
	%			
	%			
	%			

Does applicant transport hazardous materials?  Yes  No If yes, please complete the Hazardous Material Supplemental Application and show the % of Gross Receipts: \_\_\_\_\_%

**E. SCOPE OF OPERATIONS**

Radius: Metro Areas?  Yes  No  
 Delivery?  Yes  No HOME: \_\_\_\_\_ RETAIL: \_\_\_\_\_  
 Less-Than-Truckload (LTL):  Yes  No

Radius by %: 0-50 \_\_\_\_\_% 51-300 miles \_\_\_\_\_% 301-500 miles (available in limited states) \_\_\_\_\_%  
 Over 500 miles \_\_\_\_\_%

**SHOW PERCENT OF OPERATIONS IN AND THROUGH**

_____ % Atlanta	_____ % Denver	_____ % Louisville	_____ % Omaha
_____ % Baltimore	_____ % Detroit	_____ % Memphis	_____ % Phoenix
_____ % Boston	_____ % Hartford	_____ % Miami	_____ % Philadelphia
_____ % Buffalo	_____ % Houston	_____ % Milwaukee	_____ % Pittsburgh
_____ % Charlotte	_____ % Indianapolis	_____ % Mpls./St. Paul	_____ % Portland
_____ % Chicago	_____ % Jacksonville	_____ % Nashville	_____ % Richmond
_____ % Cincinnati	_____ % Kansas City	_____ % New Orleans	_____ % St. Louis
_____ % Cleveland	_____ % Little Rock	_____ % New York City	_____ % Salt Lake City
_____ % Dallas/FTW	_____ % Los Angeles	_____ % Oklahoma City	_____ % San Francisco
			_____ % Tulsa

**F. OPERATIONAL INFORMATION**

**1. SAFETY PROGRAM**

Written Safety Program  Yes  No Comments: \_\_\_\_\_  
 Safety Meetings Held  Yes  No Frequency: \_\_\_\_\_  
 Driver Orientation  Yes  No Description: \_\_\_\_\_  
 Driver Incentives  Yes  No Description: \_\_\_\_\_

Speed Governors  Yes  No      What is maximum speed? \_\_\_\_\_  
 Satellite Tracking  Yes  No       Tractors     Trailers     Both  
 Alarm on Vehicles  Yes  No

Additional comments on Safety Program: \_\_\_\_\_

**2. DRIVER** (Attach Supplemental Driver Information and MVRs) Explain/describe driver hiring requirements/documents in driver qualification files: \_\_\_\_\_

Minimum Age: \_\_\_\_\_ Minimum Experience Required: \_\_\_\_\_  
 Are driver trainees used? If 'yes', Underwriting approval is required  Yes  No If yes, how many? \_\_\_\_\_  
 Are team drivers used?  Yes  No If yes, how many? \_\_\_\_\_  
 Does applicant utilize employee leasing?  Yes  No If yes, explain: \_\_\_\_\_  
 Are passengers allowed to ride in vehicles?  Yes  No # of passengers per year? \_\_\_\_\_  
 Does applicant have a written passenger program?  Yes  No If yes, attach copy of program.

**3. VEHICLE MAINTENANCE PROGRAM –**

- a. Have written/scheduled maintenance program?  Yes  No
- b. Maintenance records kept on individual vehicles?  Yes  No
- c. Does applicant service owned vehicles?  Yes  No  
 If yes, number of full-time mechanics: \_\_\_\_\_
- d. Does applicant monitor owner-operator vehicles for maintenance?  Yes  No How often? \_\_\_\_\_
- e. Does applicant service/repair other trucking firms vehicles?  Yes  No If yes describe: \_\_\_\_\_

**4. SCHEDULE OF EQUIPMENT**

TYPE	# COMPANY OWNED OR LEASED	# OWNER OPERATED	TOTAL
Tractors			
Trucks			
Service Units (for business use only)			
Semitrailer			
Refrigerated Trailer			
Tank Trailer			
Flat-Bed Trailer			
Other Trailers			
Unlicensed Yard Tractors			
Dump Trailers – Backend/Bottom Dump			

Is applicant pulling double/triple trailers?  Yes  No If yes, how many? \_\_\_\_\_  
 Does applicant have a tow truck(s)?  Yes  No If yes, how many? \_\_\_\_\_  
 Tow vehicles of others?  Yes  No  
 Use Temperature controlled equipment?  Yes  No  
 Mobile equipment; i.e. snowplows, forklifts, cranes, cherry pickers, yard goats, etc.?  Yes  No If yes, please provide details: \_\_\_\_\_

**G. LEASING/BROKERAGE OPERATIONS**

- 1. Does the applicant operate as an ICC broker?  Yes  No
  - a. If yes, what is the revenue generated by that operation? \_\_\_\_\_
  - b. Are Tripleasors Used?  Yes  No  
 If yes, under what name/MC# does it operate under? \_\_\_\_\_  
 Does applicant require them to provide you with an additional insured endorsement and/or certificate of insurance?  Yes  No
  - c. Name and Policy Number of insurance carrier providing Truck Broker Contingent Liability Coverage: \_\_\_\_\_

2. Leased and Hired Vehicles?
- d. Does applicant trip lease to other carriers?  Yes  No
- e. Do other motor carriers trip lease to applicant?  Yes  No
- f. Does applicant require them to provide you with an additional insured endorsement and/or certificate of insurance?  Yes  No
3. Does applicant rent or lease vehicles to others with or without operators?  Yes  No  
If yes, please explain: \_\_\_\_\_
4. Is applicant a subhauler for another entity? Or does applicant allow others to subhaul under them?  Yes  No  
If yes, please explain and provide revenue percentage: \_\_\_\_\_

**H. FINANCIAL INFORMATION**

1. Have any business debts ever been turned over to a collection agency, are there any outstanding judgments against the business, or has the owner ever filed for bankruptcy?  Yes  No If yes, Explain: \_\_\_\_\_
2. How many years profitable (positive net income) in last three? \_\_\_\_\_

**I. LOSS INFORMATION** Complete or attach loss summary. Current and prior three years (Current year and prior 4 years for large fleet & quotes requesting limits in excess of \$1,000,000) company loss runs must be submitted. Indicate Number/loss amounts by line. (Loss runs must be currently valued within last 90 days)

	Current Deductible	Current Year	1st Yr. Prior	2nd Yr. Prior	3rd Yr. Prior	4th Yr. Prior
Auto Liability						
Auto Physical Damage						
Inland Marine						
General Liability						

**J. ADDITIONAL INTERESTS** (Check box that applies and **attach list**):

- Additional Insureds  Loss Payees  UIIA

**K. BASIS OF QUOTATION**

Terms of Payment:  Monthly Reporting  Annual Prepaid (Requires Underwriter approval)  
If annual prepaid, will premium be financed?  Yes  No

Method of Reporting:  Mileage (Based on IFTA reports)  Gross Receipts/Revenue  
 Units  Owner Operators - Group Bobtail Liability

**Additional Comments/Notes:** \_\_\_\_\_

**L. COVERAGE REQUESTS**

**AUTOMOBILE LIABILITY**

<input type="checkbox"/> <b>Liability Coverages**</b>	<u>Primary Limits</u>	<u>Group Bobtail/Nontrucking</u>
Bodily Injury/Property Damage	\$_____ CSL	\$_____ CSL
Excess Auto Liability	\$_____ CSL	NA
Uninsured Motorist*	\$_____ CSL	\$_____ CSL
Underinsured Motorist*	\$_____ CSL	\$_____ CSL
PIP - No Fault*	\$_____	\$_____
Medical Payments*	\$_____	\$_____

\*These coverages may have statutory options. Please indicate coverage option based on state requirement.

\*\*Hired and Nonownership liability is included in quote.

	PRIMARY LIABILITY			BOBTAIL LIABILITY
	<input type="checkbox"/> Gross Receipts/Revenue*	<input type="checkbox"/> Mileage	# Power Units	# Owner Operators
Est. Coming Year				
20				
20				
20				
20				

\*Does Gross Receipts include fuel surcharges?  Yes  No

\*Does Gross Receipts include brokerage revenue?  Yes  No

**Additional Auto Liability Options**

1. Deductible Options

\$1,000  \$2,500  \$5,000  \$10,000  Other: \_\_\_\_\_

2. Does applicant want an occurrence/basket deductible? (\$5,000 minimum)  Yes  No

3. Does applicant want Pollution coverage? (Submit Hazardous Materials Questionnaire)  Yes  No

**AUTOMOBILE PHYSICAL DAMAGE**

Type of Units  Owned  Owner Operators

Physical Damage policies are written on a reported stated value-basis only.

**Comprehensive/Collision:** Deductible (Choose up to three options):  \$500  \$1,000  \$2,500  \$5,000  \$10,000

Total Values: \_\_\_\_\_ Maximum value one tractor/trailer: \_\_\_\_\_

Maximum value per terminal exposure: \_\_\_\_\_

**Undescribed Auto Physical Damage**

Limits requested for: Tractor \_\_\_\_\_ Trailer \_\_\_\_\_  
 Estimated Number of Undescribed: Tractors \_\_\_\_\_ Trailers \_\_\_\_\_

Deductibles and coverage will be same as physical damage coverage.

**Trailer Interchange**

In the event of a loss, trailer interchange agreements will be required.

Limit each trailer: \_\_\_\_\_ # of trailers interchanged each day: \_\_\_\_\_ # of trailers interchanged a week: \_\_\_\_\_

Deductible: \$ \_\_\_\_\_ (\$1,000, \$2,500, \$5,000 or \$10,000)

DOWNTIME:  Yes  No # of Power Units: \_\_\_\_\_

**MOTOR TRUCK CARGO**

Special Cargo Coverage Form  Basic Cargo Coverage Form  
 Contingent Cargo Extension Freight Broker (Available Only with Basic Cargo Form)

**Rating Information:**

Limit any one covered vehicle: \_\_\_\_\_ (\$10,000 Minimum; \$250,000 Maximum\*).

Special Limits by Commodity or Designated Shipper:  Yes  No

Special Limit: \_\_\_\_\_

Designated Shipper (Name & Address): \_\_\_\_\_

What is commodity hauled: \_\_\_\_\_ Percentage of total revenue: \_\_\_\_\_

Percent of hauls for any one certain Shipper (if greater than 20%): Percentage of hauls: \_\_\_\_\_ %

Name of Shipper: \_\_\_\_\_

Deductible (Choose up to three options):  \$500  \$1,000  \$2,500  \$5,000  \$10,000

**Underwriting Questions:**

1. Are trailers left loaded and unattended in terminals or otherwise?  
 During the day:  Yes  No How many? \_\_\_\_\_  
 Overnight:  Yes  No How many? \_\_\_\_\_  
 If either answer is yes, give details of any security precautions taken to secure the vehicle and cargo: \_\_\_\_\_
2. Does applicant transport high-value cargoes such as stereos, TVs, computer hardware, software or chips, pharmaceuticals, liquor, meat, seafood, etc.?  Yes  No If yes, please describe commodity: \_\_\_\_\_

**GENERAL LIABILITY**

Occurrence Basis Only - Complete For Coverage Desired - Coverage is limited to Trucking Operations only

**General Liability Limits**

- BI and PD CSL\* (Per Occurrence):  \$500,000  \$750,000  \$1,000,000  
 BI and PD CSL\* (Aggregate):  1 TIMES, OR  2 TIMES PER OCCURRENCE LIMIT

- Personal Injury/Advertising Liability (same as BI and PD Limit):  Yes  No  
 Medical Payments (\$5,000 Any One Person):  Yes  No  
 Fire Legal Liability (\$100,000 Any One Premises):  Yes  No

County Code of Garage Location: \_\_\_\_\_ County Name: \_\_\_\_\_

**Underwriting Questions**

Operations other than trucking:

1. Storage of goods of others (warehousing)?  Yes  No  
 2. Storage of vehicles of others?  Yes  No  
 3. Space leased to others?  Yes  No  
 4. Sale or storage of fuels, chemicals, or other products?  Yes  No  
 5. Freight forwarding or consolidation for others?  Yes  No  
 6. Any other nontrucking operations?  Yes  No  
 7. Does applicant own, rent, or occupy any terminal besides their garaging location?  Yes  No

If yes to any of the above questions, explain (If additional space is needed attach separate sheet of paper).

**M. REGULATORY FILING INFORMATION**

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:

- (1) Sentry 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.
- (2) The MCS-90 endorsement will be issued on all interstate risks and only those intrastate risks requiring it.

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

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

- Does the applicant require?  Canadian Provinces - List Provinces (Certificates of Insurance): \_\_\_\_\_  
 Oversize/Overweight Certificates – List states: \_\_\_\_\_  
 CA MCP65 # (California Certificate of Insurance) \_\_\_\_\_

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

State	Liability (E)	Cargo (H)	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"/>	

Comments: \_\_\_\_\_

**N. NOTICE TO APPLICANTS - FRAUD WARNINGS**

**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 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.

**DISTRICT OF COLUMBIA, MAINE, TENNESSEE, AND VIRGINIA 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 denial of insurance benefits.

**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.

**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.

**NEW YORK APPLICANTS (EXCEPT AUTOMOBILE):** 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

**NEW YORK AUTOMOBILE APPLICANTS:** 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 contains 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 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 APPLICANTS:** Any person who, with intent to defraud or knowing that he/she 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.

**OKLAHOMA APPLICANTS:** Warning: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.

**UTAH APPLICANTS:** Any person who knowingly presents a false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for healthcare fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

**ALL OTHER APPLICANTS:** Any person who knowingly presents a false or fraudulent claim or 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.

**O. SIGNATURES**

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

I am an authorized representative of the applicant;  
I have reviewed this form;  
The information provided is true and accurate;  
I have not willfully concealed or misrepresented any material fact or circumstance concerning this form; and  
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): \_\_\_\_\_

**INSURED AGREEMENT AND SIGNATURE BLOCK**

I authorize Sentry Select Transportation Division to obtain copies of Motor Vehicle Reports for underwriting the insurance that I have applied for. I also understand that a routine inspection will be done regarding my operations. I agree to promptly report and furnish the name, driver license number, and date of birth for all drivers I hire and employ after completion of this application. I understand all accidents are to be reported promptly regardless of severity or fault. I also understand that I have no coverage until such time the Company accepts this application or authorizes coverage to be bound.

\_\_\_\_\_  
Applicant Signature & Title \_\_\_\_\_  
Date

**FOR GEORGIA RESIDENTS**

I hereby authorize the Company to obtain from the Georgia Department of Public Safety a copy of the Motor Vehicle Reports for all drivers on this policy, and certify that those other drivers have authorized me to give this consent on their behalf. I understand that these Motor Vehicle Records will be used in the rating and/or underwriting of this insurance for which I am here applying, and any renewal thereof. I understand that a consumer reporting agency may be used to obtain such reports and do hereby authorize such use.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

I hereby certify that the signature of the applicant is correct to the best of my knowledge and belief, and further warrant that the answers, statements, and information reflected hereon was given by the applicant together with information from my records, if any.

\_\_\_\_\_  
Agent Signature \_\_\_\_\_  
Date

Property and casualty insurance coverages are underwritten by Sentry Select Insurance Company, an affiliate of Sentry Insurance a Mutual Company, Stevens Point, Wisconsin.