

TRUCKER'S FLEET APPLICATION

Effective Date _____

FEIN: _____

Exact name and address of First Named Insured:

Phone: () _____ Facsimile () _____

Other affiliated companies included for insurance and operations:

Is this how name appears on Liability and Cargo Filing? _____ ICC Docket # _____

Applicant is: Sole Proprietor Partnership Corporation

In business in present form since: _____

Person responsible for insurance: _____

OPERATIONS:

Description and scope of operations: _____

Applicant is: Common Contract Private Exempt Other

STATE FILINGS REQUIRED (INCLUDE FILING NUMBER)

CITIES ENTERED BY %:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Atlanta % | <input type="checkbox"/> Denver % | <input type="checkbox"/> Los Angeles % | <input type="checkbox"/> Okla. City % |
| <input type="checkbox"/> Baltimore % | <input type="checkbox"/> Detroit % | <input type="checkbox"/> Louisville % | <input type="checkbox"/> Omaha % |
| <input type="checkbox"/> Boston % | <input type="checkbox"/> Hartford % | <input type="checkbox"/> Memphis % | <input type="checkbox"/> Philadelphia % |
| <input type="checkbox"/> Buffalo % | <input type="checkbox"/> Houston % | <input type="checkbox"/> Miami % | <input type="checkbox"/> Phoenix % |
| <input type="checkbox"/> Chicago % | <input type="checkbox"/> Jacksonville % | <input type="checkbox"/> Nashville % | <input type="checkbox"/> Pittsburgh % |
| <input type="checkbox"/> Cleveland % | <input type="checkbox"/> Kansas City % | <input type="checkbox"/> New Orleans % | <input type="checkbox"/> St. Louis % |
| <input type="checkbox"/> Dallas % | <input type="checkbox"/> Little Rock % | <input type="checkbox"/> New York % | <input type="checkbox"/> San Francisco % |
| <input type="checkbox"/> Tulsa % | | | |

EQUIPMENT & DRIVER SUMMARY:

Heavy Tractors		Local Drivers	
Extra Heavy Tractors		Long Haul Drivers	
Heavy Trucks		Local Owner/Ops.	
Medium Trucks		Long Haul Owner/Ops.	
Dumps			

Driver Ages	Minimum	Maximum
COMPANY	_____	_____
OWNER/OPERATORS	_____	_____
# of drivers < 25	_____	_____
# of drivers > 65	_____	_____

EXPOSURE BASE -- CURRENT AND PREVIOUS 3 YEARS

From Mo./Yr. To Mo./Yr. Projected for Next Year	Gross Revenue	Mileage	# of Units
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CARGO DESCRIPTION:

Commodity	Max. Value	Avg. Value	% of Total
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you haul hazardous materials? Yes No If yes, explain: _____

Do any of your loads require placards? Yes No If yes, explain: _____

Do any of your commodities require temperature control? Yes No If yes, explain: _____

Describe oversize/overweight operations, if any: _____

RADIUS OF OPERATIONS:

Radius	Percentage	No. of Power Units
< 50 miles	_____	_____
50 to 200 miles	_____	_____
200 to 500 miles	_____	_____
> 500 Miles	_____	_____

Average length of haul: _____ miles

Maximum length of haul: _____ miles

FLEET ADMINISTRATION GUIDELINES:

- | | <u>YES</u> | <u>NO</u> |
|---|--------------------------|--------------------------|
| 1. Does driver selection procedure include: | | |
| Written application | <input type="checkbox"/> | <input type="checkbox"/> |
| Reference checks | <input type="checkbox"/> | <input type="checkbox"/> |
| Road test | <input type="checkbox"/> | <input type="checkbox"/> |
| Road test certification | <input type="checkbox"/> | <input type="checkbox"/> |
| Written test certification | <input type="checkbox"/> | <input type="checkbox"/> |
| Drug testing | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Driver record (MVR'S) requested: | | |
| New Drivers | <input type="checkbox"/> | <input type="checkbox"/> |
| Periodically | <input type="checkbox"/> | <input type="checkbox"/> |
| How Often? | _____ | _____ |
| 3. Are they reviewed? | <input type="checkbox"/> | <input type="checkbox"/> |
| How often and by whom? | _____ | _____ |
| 4. Accident investigation & review? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. How do you compensate your drivers | _____ | |
| 6. Are safety meetings held? <input type="checkbox"/> Yes <input type="checkbox"/> No | If so, how often? _____ | |
| 7. Physical examinations: | | |
| Pre-placement | <input type="checkbox"/> | <input type="checkbox"/> |
| Periodically | <input type="checkbox"/> | <input type="checkbox"/> |
| How often? | _____ | _____ |
| Reviewed by management? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does driver indoctrination include: | | |
| Review of company policies? | <input type="checkbox"/> | <input type="checkbox"/> |
| Daily inspection procedures? | <input type="checkbox"/> | <input type="checkbox"/> |
| Equipment familiarization? | <input type="checkbox"/> | <input type="checkbox"/> |
| Emergency procedures? | <input type="checkbox"/> | <input type="checkbox"/> |
| Accident reporting procedures? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Is there road supervision? | <input type="checkbox"/> | <input type="checkbox"/> |
| Road patrol by insured? | <input type="checkbox"/> | <input type="checkbox"/> |
| Radio dispatch? | <input type="checkbox"/> | <input type="checkbox"/> |

LOGGING PROCEDURES:

- | | <u>YES</u> | <u>NO</u> |
|--------------------------|--------------------------|--------------------------|
| Driver Log book used? | <input type="checkbox"/> | <input type="checkbox"/> |
| Reviewed by management? | <input type="checkbox"/> | <input type="checkbox"/> |
| Penalties for violation? | <input type="checkbox"/> | <input type="checkbox"/> |

Daily call-in system used?
 Predetermined truck stops used?

PREVENTATIVE MAINTENANCE:

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Is a record kept of each vehicle? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Controlled inspection frequency? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Daily vehicle condition reports? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Front axle brakes operative on all units? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does insured service vehicles?
If yes, number of mechanics | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. If no, are certified service facilities used? | <input type="checkbox"/> | <input type="checkbox"/> |

PRIOR INSURANCE INFORMATION: Current and past (2) policy periods:

LINE OF COVERAGE	INSURANCE COMPANY	EFFECTIVE DATE	POLICY LIMITS	ANNUAL PREMIUM
AUTO LIABILITY		/ /		
PHYS. DAMAGE		/ /		
CARGO		/ /		
AUTO LIABILITY		/ /		
PHYS. DAMAGE		/ /		
CARGO		/ /		

Details of prior large losses: _____

Has any company during the past (3) years, cancelled or refused to renew your insurance coverage? Yes NO If yes, explain _____

DESIRED COVERAGES: Specify coverage and limits below:

	Limit	Deductible
Auto Liability		
Personal Injury Protection		
Uninsured Motorists		
Medical Payments		
Hired and Non-Owned Auto		

	Deductible
Physical Damage	
Specified Perils	
Comprehensive	
Collision	

Value of Tractors:		Trailers:		

Motor Truck Cargo - Legal Liability All Risk incl. Theft, Earned Freight & Debris Removal	Limit	Deductible
Coverage Per Vehicle		
Catastrophe Limit		
Terminal Limit		

Trailer Interchange: Limit per trailer \$
Number of days _____ **Number of units** _____ **Deductible** _____

This applicant hereby applies to the company for a policy of insurance as set forth in this application on the basis of statements contained herein. Applicant agrees that such policy shall be null and void if such information is materially false or misleading so that the company would have rejected the risk. Applicant understands that an inquiry may be made which will provide applicable information concerning character, characteristics, mode of living or other background information concerning character, general reputation, financial stability and other pertinent financial data, personal characteristics, or other background information the Company deems necessary in order to determine whether the company will accept or reject applicant for coverage. Upon written request additional information as to the nature and scope of such inquiry, if one is made, will be provided.

Signed this _____ day of _____ 20 _____,

At _____
(City & state)

By: _____ Title: _____

Authorized Representative of Named Insured

Signed this _____ day of _____ 20 _____,

At _____
(City & state)

By: _____