



Excess Liability Transportation Application

This application must be completed, signed and dated by the applicant. All questions must be answered completely. The information is required to make an underwriting and pricing evaluation. Your answers are considered legally material to that evaluation. If any question does not apply, indicate NOT APPLICABLE. If space is not sufficient to properly answer the question, please provide the details in the Additional Information section of this form or you may attach a separate page using your letterhead. To use this form, you may mouse click on a field or move between fields using the tab key. To check a box, you may mouse click or press the space bar.

I. GENERAL INFORMATION

Applicant Name:			
Mailing Address :			
Garaging Address :			
Years in Business :			
Company Website :			
DOT #:		MC#:	
Policy Period From:		To:	

Underlying Coverages:	Auto Liability:	General Liability:
Insurance Company:		
Premium:		

II. OPERATIONS

Projected Equipment:	Owned (Company Drivers)	Leased (Owner/Operators)
Tractors		
Heavy Truck (GVW 20k +)		
Medium Truck (GVW 10k-20k)		
Light Truck (GVW < 10k)		
PPT		

Radius:

0-50 Miles	%	Average Length of Haul:
51-200 Miles	%	Maximum Length of Haul:
201-500 Miles	%	

Please list the Metropolitan Areas entered by the insured:

Please list cargo hauled and the % of loads for each commodity:

Commodity	%	Commodity	%

Does the insured haul any hazardous commodities such as chemicals, explosives, toxins, etc.? Yes No
 If yes, please include percentage of each product:

Does the insured have any Brokerage Operations? Yes No
 If yes, please confirm prior year's Brokerage Revenue:

Do you permanently lease Owner/Operators? Yes No
 If yes, how many:

Does the insured use Sub-Haulers to haul freight? Yes No
 If yes, please confirm the annual Cost of Hire:

Historic and Projected Exposures

Policy Period	Revenue:	Miles:	Power Units:
Projected			
Current Year			
Prior Year			
2nd Year			
3rd Year			
4th Year			

Driver & Safety Info:

Are driver MVR's checked prior to hiring? Yes No

Is there a Driver Orientation or Training Program? Yes No

Average age of drivers

Driver turnover percentage %

Is there a formal safety program? Yes No

How often are safety meetings held?

Is there a formal vehicle maintenance program? Yes No

How often is routine maintenance performed?

III. ACKNOWLEDGEMENTS, AUTHORIZATION and SIGNATURE

PLEASE PROVIDE ADDITIONAL COMMENTS THAT WOULD FURTHER CLARIFY THE INFORMATION ABOVE OR ADDRESS CHARACTERISTICS OF YOUR PRACTICE NOT SPECIFICALLY ADDRESSED HEREIN.

By signing this Application, you represent and agree to each of the following five (5) items:

1	You have made a comprehensive internal inquiry or investigation to determine whether anyone in your organization is aware of any actual or alleged fact, circumstance, situation, act, error or omission which may reasonably be expected to result in a claim, and have fully and completely divulged any and all such situations in this Application; and
2	This Application, along with each of the following applicable Supplemental Applications, are hereby being submitted to the Company (Please check all that apply) <input type="checkbox"/> Claim Information Supplemental Application <input type="checkbox"/> Statement of No Known Claims Letter <input type="checkbox"/> Other:
3	Each of the statements and answers given in this Application, and in each of the Supplemental Applications checked in Number 2. above, are: a Accurate, true and complete to the best of your knowledge and no material facts have been suppressed or misstated; b Representations you are making on behalf of all persons and entities proposed to be insured; c A material inducement to the insurance company to provide insurance, and any policy issued by the insurance company is issued in specific reliance upon these representations.
4	This Application, along with each of the Supplemental Applications checked in Number 2. above, are hereby deemed to be attached to the policy contract, and incorporated into the policy contract, whether or not any of the Supplemental Applications are physically attached to a particular copy of the policy contract, and regardless of whether any of the Supplemental Applications are signed or dated.
5	You agree to promptly report to the Company, in writing, any material change in your operations, conditions, or answers provided in this Application, or any Supplemental Application, that may occur or be discovered after the completion date of said Application(s), but before the inception date of the policy. Upon receipt of any such written notice, the Company has the right, at its sole discretion, to modify or withdraw any proposal for insurance.

FRAUD WARNING

Notice to Applicants of all states except Colorado, Maryland, New York, and Pennsylvania:

Any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any material false information or conceals for the purposes 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 and denial of insurance benefits.

Notice to 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.

Notice to Maryland Applicants:

Any person who knowingly or willfully presents a false or fraudulent claim for payment for a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Notice to New York Applicants:

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 be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Notice to Pennsylvania Applicants:

Any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any material false information or conceals for the purposes 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.

IMPORTANT NOTICE: Failure to report any claim made against you during your current policy term, or facts, circumstances or events which may give rise to a claim against you to your current insurance company **BEFORE** expiration of your current policy term may create a lack of coverage.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE. IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL ATTACH TO THE POLICY.

The applicant must sign this Application within thirty (30) days prior to the policy inception date.

Signature:	Date:
Print Signature:	