



Return complete app to:
Quote@shellyins.com

Applicant Information

- Effective Date: _____ To _____ USDOT/ MC#: _____
- Name of Applicant: _____
 - Mailing Address: _____
(Number) (Street) (City) (County) (State) (Zip)
 - Physical Address: _____
(Number) (Street) (City) (County) (State) (Zip)
 - Applicant is: Individual Partnership Corporation Cell Phone: _____
 - Website: _____ Email Address: _____
 - Number of consecutive years of coverage under applicants name: _____
 - Person to contact for inspection (name & phone number): _____
 - Is this a new operation? Yes No Is your operation currently for sale? Yes No
 - Gross receipts last year: _____ Estimate for coming year: _____
 - Have you filed for Bankruptcy within the last 5 years or do you contemplate doing so? Yes No
If yes, provide details: _____

Description and Area of Operations

- Business Description: _____
- Does applicant operate: For Hire Not For Hire Both
- Percentage of trips by radius: 0-100 _____ 101-300 _____ 301-500 _____ 500+ _____
- Largest Cities entered: _____
- Three largest shippers applicant hauls for: _____
- Do you haul any hazardous or extra hazardous substances or materials as defined by EPA? Yes No
If yes, what type(s) materials is being hauled? (give complete listings, naming material(s) and/or chemical content): _____
- Do you pull double trailers? Yes No Triple trailers? Yes No
- Complete for all applicable commodities (must add up to 100%).

Commodities being hauled? (Include UN # if hazardous commodity)	% of Loads	Maximum Value	Average Value

Coverages

- Y N
- Physical Damage TIV: \$ _____
- Motor Truck Cargo Cargo Limit: \$ _____ Deductible: \$ _____
- Refrigeration Breakdown Coverage Deductible: \$ _____
- (TRIA) applies to cargo only
- Trailer Interchange Max value per Trailer: \$ _____ # of Days _____ Deductible: \$ _____

Previous Insurance Carrier & Loss Experience

Provide current valued loss runs (ordered in the past 60 days) for the current policy term and prior two years.

Physical Damage From To	Ins. Carrier	Policy Number	Premiums	Power Unit Count	# of Claims	Total Incurred

Motor Truck Cargo From To	Ins. Carrier	Policy Number	Premiums	Power Unit Count	# of Claims	Total Incurred

Vehicle Information

18. SCHEDULE OF AUTOMOTIVE VEHICLES TO BE COVERED

Auto Vehicle No.	Year	Trade Name	Vehicle ID (VIN) 17 digit number	Body Type Truck (T), Tractor (TR), Trailer (TL), Dump (D), Tanker (K)	GVW	Radius	Owned (O), Owner Operator (O/O), Leased (L)
1							
2							
3							
4							
5							

19. PHYSICAL DAMAGE COVERAGES DESIRED (complete spaces below in detail for each respective auto/vehicle described above.)

Auto/Vehicle No.	Garage Zip Code	Original Cost New	Stated Value	Physical Damage		Motor Truck Cargo	
				Comprehensive Deductible	Collision Deductible	Cargo Limit	Deductible
1							
AI/LP							
2							
AI/LP							
3							
AI/LP							
4							
AI/LP							
5							
AI/LP							

20. Any loss payees? Yes No If yes, indicate for which vehicle(s) and give name and address of loss payees:

Driver Information

21. Does any driver listed have any convictions such as DWI/DUI of alcohol or drugs, license suspensions for moving violations, felonies, hit and run, eluding an officer, reckless/negligent operation of a vehicle, driving while under suspension or revocation or other violations not listed above?

Yes No If yes, describe (including dates) _____

22. Driver's pay scale is (check all that apply): Hourly Trip Mileage

23. Are you familiar with the U.S. Dept. Of Transportation driver regulations? Yes No

Are you complying with regulations? Yes No

24. SCHEDULE OF ALL DRIVERS NOW EMPLOYED (If not enough space, attach separate listing)

Name	Date of Birth	Driver License No.	State Where Licensed	# of Years Driving Like Equipment	Moving Violations / Accidents (#, date, details)	Date of Hire

DRIVER CRITERIA CONDITIONS ENDORSEMENT

Notwithstanding any provision to the contrary within the Policy to which this Endorsement is attached, this Insurance shall not indemnify the Insured for loss or damage to any Automobile and/or lawful cargo as insured by and otherwise recoverable under this Policy unless the Automobile is operated by or such cargo is transported by a driver who at the inception of this Policy or at the date of hire, whichever is the later, provides documented evidence of an MVR no older than three months showing they:

- 1) Are aged between twenty-one (21) and seventy-five (75) years of age. All drivers over the age of seventy (70) will be required to have an acceptable annual letter of health from a registered doctor or their authorised representative.
2) Have experience as follows:
a) a minimum of two (2) years continuous driving experience, within thirty-six (36) months of the policy inception date or date of hire, whichever is the later, driving equipment similar to or driving trucks transporting cargo similar to that insured under this Policy; OR
b) a minimum of one (1) years continuous driving experience, within twenty-four (24) months of the policy inception date or date of hire, whichever is the later, driving equipment similar to or driving trucks transporting cargo similar to that insured under this Policy providing there are no violations and no at fault accidents. For such drivers the Deductible stated in the Declarations Page shall be increased by 100% or to a minimum of \$5,000, whichever is the greater.
3) A current valid driver's license applicable in the United States, Canada or Mexico (driver must have a valid border crossing visa).
4) No more than five (5) Minor Violations, as defined below, in the past thirty-six (36) months.
5) No more than one (1) at fault accident in the past thirty-six (36) months.
6) Have no Major Violations, as defined below, in the past thirty-six (36) months.

INSURERS' MAINTAIN THE RIGHT TO DECLINE ANY CLAIM WHERE THE DRIVER DOES NOT MEET THE ABOVE DRIVER CRITERIA.

DEFINITIONS

MINOR VIOLATIONS

- a) All moving violations are considered minor unless listed as Major Violations.
b) Defective brakes.
c) Defective equipment.
d) Oversize.
e) Overweight.

MAJOR VIOLATIONS

- a) Driving while intoxicated, driving under the influence, blood alcohol content, implied consent, any drug related violation.
b) Manslaughter or negligent homicide.
c) Felony involving a motor vehicle.
d) Speeding contest or racing.
e) Hit and run or fleeing the scene of an accident.
f) Careless or reckless driving.
g) Not having a valid Commercial Drivers License or driving a tractor with a general operator's license.
h) Fleeing / eluding arrest.
i) Multiple licences.
j) False report, statement or fraud.
k) Operating a vehicle without the owner's authority.
l) Driving whilst using a mobile device, in violation of state law.

All other terms and conditions remain unaltered.

MUST BE SIGNED BY THE APPLICANT PERSONALLY

No coverage is bound until the Company advises the Applicant or its representative that a policy will be issued and then only as of the policy effective date and in accordance with all policy terms. The Applicant acknowledges that the Applicant's Representative named below is acting as Applicant's agent and not on behalf of the Company. The Applicant's Representative has no authority to bind coverage, may not accept any funds for the Company, and may not modify or interpret the terms of the policy.

The Applicant agrees that the foregoing statements and answers are true and correct. The Applicant requests the Company to rely on its statements and answers in issuing any policy or subsequent renewal. The Applicant agrees that if its statements and answers are materially false, the Company may rescind any policy or subsequent renewal it may issue.

The Applicant agrees that any inspection of equipment, premises, operations, or inspection of any other matter relating to insurance that may be provided by the Company, is made for the use and benefit of the Company only, and is not to be relied upon by the Applicant or any other party in any respect.

The Applicant understands that an inquiry may be made in to the character, finances, and other personal and business background information the Company deems necessary in determining whether to bind or maintain coverage. Upon written request, additional information will be provided to the Applicant regarding any investigation.

The Applicant represents that she/he has completed all relevant sections of this Application prior to execution and that the Applicant has personally signed below (or if Applicant is a Corporation, a corporate officer has signed below).

Will premium be financed? [] Yes [] No If yes, with whom _____

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.

Applicant's Printed Name _____

Applicant's Signature _____

Date _____

TO BE COMPLETED BY AGENT OF APPLICANT

Agent of Applicant Name _____

Agent License ID Number _____

Agent Address _____

Agent Signature _____

Date _____

Phone Number _____

STATEMENT OF DILIGENT EFFORT

I, _____ License #: _____
Name of Retail/Producing Agent

Name of Agency: _____

Have sought to obtain:

Specific Type of Coverage Commercial Auto Physical Damage for

Named Insured _____ from the following
authorized insurers currently writing this type of coverage:

(1) Authorized Insurer: _____

Person Contacted *(or indicate if obtained online declination)*: _____

Telephone Number/Email: _____ Date of Contact: _____

The reason(s) for declination by the insurer was (were) as follows *(Attach electronic declinations if applicable)*:

(2) Authorized Insurer: _____

Person Contacted *(or indicate if obtained online declination)*: _____

Telephone Number/Email: _____ Date of Contact: _____

The reason(s) for declination by the insurer was (were) as follows *(Attach electronic declinations if applicable)*:

(3) Authorized Insurer: _____

Person Contacted *(or indicate if obtained online declination)*: _____

Telephone Number/Email: _____ Date of Contact: _____

The reason(s) for declination by the insurer was (were) as follows *(Attach electronic declinations if applicable)*:

Signature of Retail/Producing Agent

Date

"Diligent effort" means seeking coverage from and having been rejected by at least three authorized insurers currently writing this type of coverage and documenting these rejections.

Surplus lines agents must verify that a diligent effort has been made by requiring a properly documented statement of diligent effort from the retail or producing agent. However, to be in compliance with the diligent effort requirement, the surplus lines agent's reliance must be reasonable under the particular circumstances surrounding the export of that particular risk. Reasonableness shall be assessed by taking into account factors which include, but are not limited to, a regularly conducted program of verification of the information provided by the retail or producing agent. Declinations must be documented on a risk-by-risk basis.

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, **as defined in Section 102(1) of the Act, as amended:** The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2027, the date on which the TRIA Program is scheduled to terminate, or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

	I hereby elect to purchase coverage for acts of terrorism for a prospective premium of
	I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.

Policyholder/Applicant's Signature	<u>Great Lakes Insurance SE</u> Insurers
Print Name	Policy Number
Date	

SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, **(name of insurance agency)** has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

There is no liability on the part of, and I have no cause of action against, my agent for placing coverage in the surplus lines market.

Named Insured

Signature of Insured's Authorized Representative

Date

Great Lakes UK

Name of Excess and Surplus Lines Carrier

Motor Truck Cargo

Type of Insurance

Effective Date of Coverage

Producer Name

Producer License #