



### Submission Clearance Check Box

- Equipment List including the year, make, body type, 17 digit serial number, GVW and stated value. If unit is owned by an owner operator, please indicate owners name on schedule.
- Driver List including Drivers Name, Date of Birth, Driver License Number, Date of Hire and Years of driving experience.
- Loss Runs valued within 90 days for the current year plus up to (4) prior years. Describe any claim with payment or reserves over \$25,000.
- 5 Year Loss Summary
- SMO Fleet Application
- Provide a Narrative of operations and advise which markets you would like us to approach

### Insured Information

Proposed Effective Date \_\_\_\_\_ Expiration Date \_\_\_\_\_ Date Quote is Needed \_\_\_\_\_

Producing Agency Name \_\_\_\_\_ Code \_\_\_\_\_

Individual     LLC     Partnership     Corporation     Other \_\_\_\_\_

Applicant Name \_\_\_\_\_ Company Name (DBA) \_\_\_\_\_

Garaging Address \_\_\_\_\_ County \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ US DOT # \_\_\_\_\_ FEIN \_\_\_\_\_

Date Current Operations Began \_\_\_\_\_ Location is:     Inside City Limits     Outside City Limits

Company Website \_\_\_\_\_

### Safety Director

Name \_\_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Years in Current Position \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Operations Director

Name \_\_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Years in Current Position \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Owner / Principal / Resident

Name \_\_\_\_\_ Title \_\_\_\_\_ Business Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Commodities Transported

Commodity	% of Loads	Max Value	Commodity	% of Loads	Max Value

### Schedule of Equipment Operated

Type	Owned	Leased w/o Drivers	Owner Operators	Local (0-50)	Intermediate (51-200)	Long Haul (201+ miles)	TOTAL UNITS
Light Trucks							
Medium Trucks							
Heavy Trucks							
Extra Heavy Trucks							
Tractors							
Semi- Trailers							

## Description of Operations

Business Class	<input type="checkbox"/> Trucking for Hire – Exempt <input type="checkbox"/> Service <input type="checkbox"/> Mining <input type="checkbox"/> Forestry	<input type="checkbox"/> Trucking for Hire – Nonexempt <input type="checkbox"/> Retailer <input type="checkbox"/> Construction <input type="checkbox"/> Other _____	<input type="checkbox"/> Manufacturer <input type="checkbox"/> Agriculture <input type="checkbox"/> Wholesale Distributer
Operations	<input type="checkbox"/> Auto – Boat Haulers <input type="checkbox"/> Drive-away <input type="checkbox"/> Dry Van – Doubles <input type="checkbox"/> Flatbed <input type="checkbox"/> Mobile Home <input type="checkbox"/> Refrigerated <input type="checkbox"/> Special Type Operations <input type="checkbox"/> Towing/Recovery – For Hire <input type="checkbox"/> Repossessors – All Other <input type="checkbox"/> Waste – Auto Dismantler	<input type="checkbox"/> Container/Intermodal <input type="checkbox"/> Dry Bulk/Farm Products <input type="checkbox"/> Dump <input type="checkbox"/> Livestock <input type="checkbox"/> Non-Trucking <input type="checkbox"/> PPT – Corporate Owned <input type="checkbox"/> Tanker – Fuel <input type="checkbox"/> Towing/Recovery – Private <input type="checkbox"/> Waste/Garbage – Commercial <input type="checkbox"/> Waste – Building Wrecking	<input type="checkbox"/> Courier – Specialized Delivery <input type="checkbox"/> Dry Van/Box <input type="checkbox"/> Dump-Coal <input type="checkbox"/> Log or Pulp <input type="checkbox"/> Commercial Use – Truck <input type="checkbox"/> Service Truck <input type="checkbox"/> Tanker – Liquids/Comp. Gases <input type="checkbox"/> Towing/Recovery – Commercial <input type="checkbox"/> Waste/Garbage – Residential <input type="checkbox"/> Waste – Junk Dealers

Range of Transport:       Interstate       Intrastate

### Brokerage

Do you have brokerage authority?     Yes     No      If yes, MC# \_\_\_\_\_  
 Do you broker both exempt & non-exempt loads     Yes     No      If yes, % of brokerage under same name \_\_\_\_\_%

### Percent of Loads

0 – 50 Miles (Local) \_\_\_\_\_%      51 – 200 Miles (Intermediate) \_\_\_\_\_%      201+ Miles (Long Haul) \_\_\_\_\_%  
 Longest trip one way (miles) \_\_\_\_\_      Annual miles driven \_\_\_\_\_

### Operations Beyond 200 Mile Radius (identify metropolitan areas traveled through or into)

<input type="checkbox"/> Atlanta	<input type="checkbox"/> Cleveland	<input type="checkbox"/> Jacksonville	<input type="checkbox"/> Milwaukee	<input type="checkbox"/> Orlando	<input type="checkbox"/> Salt Lake City
<input type="checkbox"/> Balt-Washington	<input type="checkbox"/> Dallas/Ft Worth	<input type="checkbox"/> Kansas City	<input type="checkbox"/> Minneapolis/St Paul	<input type="checkbox"/> Philadelphia	<input type="checkbox"/> San Diego
<input type="checkbox"/> Boston	<input type="checkbox"/> Denver	<input type="checkbox"/> Little Rock	<input type="checkbox"/> Nashville	<input type="checkbox"/> Phoenix	<input type="checkbox"/> San Francisco
<input type="checkbox"/> Buffalo	<input type="checkbox"/> Detroit	<input type="checkbox"/> Los Angeles	<input type="checkbox"/> New Orleans	<input type="checkbox"/> Pittsburgh	<input type="checkbox"/> Seattle
<input type="checkbox"/> Charlotte	<input type="checkbox"/> Hartford	<input type="checkbox"/> Louisville	<input type="checkbox"/> New York City	<input type="checkbox"/> Portland	<input type="checkbox"/> Tampa
<input type="checkbox"/> Chicago	<input type="checkbox"/> Houston	<input type="checkbox"/> Memphis	<input type="checkbox"/> Oklahoma City	<input type="checkbox"/> Richmond	<input type="checkbox"/> Tulsa
<input type="checkbox"/> Cincinnati	<input type="checkbox"/> Indianapolis	<input type="checkbox"/> Miami	<input type="checkbox"/> Omaha	<input type="checkbox"/> St. Louis	<input type="checkbox"/> _____

Cities other than above or regular routes \_\_\_\_\_

## Description of Operations

Number of Drivers:

Regularly Employed _____	Part Time _____	Owner/Operator _____
Leased _____	Casual _____	TOTAL _____

What is the basis for driver pay?     Hourly     Trip     Mileage     Other \_\_\_\_\_

Are drivers covered by workers compensation?     Yes     No

Drivers Hired or Leased Last Year:

Number Replaced _____	Number Increased _____	Minimum Age _____
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ATTENTION: Provide a list of drivers that includes the Driver's Name, DOB, License Number, Date of Hire and Years of Driving Experience. Please identify owner/operators and unit operated.



### Lienholder Information

Unit #	Name	Address	LP	AILP
			<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"/>

### Certificate of Insurance

Name	Mailing Address

### Truckers General Liability Coverage

Premises Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

1. Do you haul bulk fuel?  Yes  No
2. Do you repair or service vehicles of others?  Yes  No
3. Do you have dogs at premises? (see exclusion endorsement)  Yes  No
4. Do you or anyone else who is an employee carry a firearm to work? (see exclusion endorsement)  Yes  No
5. Do you generate income from other activities besides the operation of the trucks?  Yes  No
6. Do you want to add Contractual Liability?  Yes  No
7. Do you want to add mis-delivery of goods Coverage?  Yes  No
8. Do you have fuel storage containers on premises?  Yes  No
9. Please list all mobile equipment owned by the applicant, if any (i.e. forklift, backhoe, mobile crane, etc.) \_\_\_\_\_  
\_\_\_\_\_
10. Please list all premises owned or rented \_\_\_\_\_
11. Description of any other operations being conducted by this applicant? \_\_\_\_\_
12. Payroll of clerical (dispatch and mechanics) \_\_\_\_\_

### Additional/Designated Insured for Auto Liability or Truckers General Liability

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

#### Auto Liability Additional Insureds:

- Designated Additional Insured  Intermodal  Additional Insured Waiver Rights Recovery

#### General Liability Additional Insureds:

- Controlling Interest  Mortgage  Designated Person or Organization  Co-owner of Insured Premises  
 Owners, Lessees or Contractors  Managers or Lessors of Premises  Vicarious Liability of Owners, Lessees or Contractors

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

#### Auto Liability Additional Insureds:

- Designated Additional Insured  Intermodal  Additional Insured Waiver Rights Recovery

#### General Liability Additional Insureds:

- Controlling Interest  Mortgage  Designated Person or Organization  Co-owner of Insured Premises  
 Owners, Lessees or Contractors  Managers or Lessors of Premises  Vicarious Liability of Owners, Lessees or Contractors

## Lienholder Information

Current Carrier Name \_\_\_\_\_ Policy Number \_\_\_\_\_  
 Policy Limits \_\_\_\_\_ Policy Dates \_\_\_\_\_ Current Rate/ Exposure Basis \_\_\_\_\_  
 Bodily Injury Deductible \_\_\_\_\_ Property Damage Deductible \_\_\_\_\_

### Questionnaire

Yes No

1. Is all equipment operated under the applicant's authority scheduled on the application? If no, attach explanation.
2. Is all owned equipment scheduled on this application? If no, attach explanation.
3. Do you lease your vehicles to others? If yes, who must provide liability coverage?  You  Lessee
4. Do you hire other motor carriers or owner-operators to haul for you? If yes, complete questions below, complete Hired Autos Application Supplement, and attach copy of leases agreement.
- A. On what basis are they leased?  Permanent Basis  Temporary/ Trip Basis
- B. Annual cost of hire \_\_\_\_\_ or # of trips \_\_\_\_\_
- C. Are vehicles leased with driver?  Yes  No
- D. Are leased vehicles included in this application for insurance?  Yes  No
- I. If yes, do you require leased vehicle owners to purchase non-trucking liability coverage?  Yes  No
- II. If no:
- a. Is there a written lease agreement stating the lessor will provide primary auto liability coverage while leased to you?  Yes  No
- b. Limit of liability required \_\_\_\_\_
- c. Do you secure evidence the lessor has primary auto liability coverage?  Yes  No
- d. Does the lease state that the lessor agrees to provide you with 30 days advance notice if their insurance coverage is being cancelled or reduced?  Yes  No
5. Do you pull doubles and/or triples?
6. Do you haul intermodal containers?
7. Is any Portion of your operation seasonal? If yes, explain
8. Do you use any team, hot seat, slip seating or relay driver operations?
9. Do you allow passengers other than employees? If yes, attach copy of passenger program or explain program (frequency, requirements, etc.)
10. Do you operate more than one terminal? If yes, provide the following:
- | Location(s) | # of Units | Address, City, State |
|-------------|------------|----------------------|
|             |            |                      |
|             |            |                      |
|             |            |                      |
11. Do you operate mobile equipment subject to compulsory or financial responsibility law or other motor vehicle insurance law in the state where it is licensed or principally garaged? If yes, and need Liability Coverage, complete Mobile Equipment Supplement.
12. Do you require use of escort vehicles?
- A. If yes and escort vehicles are not included in this application for insurance, provide the name of the insurance carrier, policy number and auto liability limits.
- B. If yes and escort vehicles are included in this application, drivers of escort vehicles should be listed in the Driver Information Section.
13. Do you haul over size, overweight or hazardous loads? If yes, attach explanation.

## Applicant Information (exactly as appears on permit)

Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
MC # \_\_\_\_\_ DOT # \_\_\_\_\_

## Filings Requested

Liability BMC 91X                       Liability – Form E – State \_\_\_\_\_                       Oversized/Overweight – State \_\_\_\_\_  
 Hazardous – State \_\_\_\_\_                       Cargo – Form H – State \_\_\_\_\_                       Other \_\_\_\_\_

**Please note:** The FMCSA and/or state agencies require a minimum 36 day notice of cancellation on all policies that have a MCS-90 or filings.

## Coverages

**Auto Liability**  
Limits: \$ \_\_\_\_\_ CSL

**Hired Auto Liability**  
Cost of Hire \_\_\_\_\_ # of Employees \_\_\_\_\_

**Non-Owned**  
Is the account a Service or Charitable Organization?     Yes     No    # of Power units under agreement \_\_\_\_\_

**Medical Payments**                      Limit \$ \_\_\_\_\_                       Property Protection (Michigan)

**Uninsured Motorists Bodily Injury**                      Limit \$ \_\_\_\_\_

**Underinsured Motorists Bodily Injury**                      Limit \$ \_\_\_\_\_

**Uninsured Motorists Property Damage**                      Limit \$ \_\_\_\_\_                      Deductible \$ \_\_\_\_\_

**Personal Injury Protection**                      Limit \$ \_\_\_\_\_

### Physical Damage

**Comprehensive** Deductible \$ \_\_\_\_\_     **Collision** Deductible \$ \_\_\_\_\_     **Specific Cause of Loss** Deductible \$ \_\_\_\_\_

**Trailer Interchange** (provide a copy of agreement)  
# of Power units under agreement \_\_\_\_\_    Maximum trailer value \$ \_\_\_\_\_    # trailer days per power unit \_\_\_\_\_

**Non-Owned Trailer Limit** (provide a copy of agreement)  
Limit \$ \_\_\_\_\_

**Enhanced Physical Damage** (Michigan)  
 Standard                       Preferred                       Elite

**Hired Auto Physical Damage** (complete and attach supplement)

**Cargo**  
Limit \$ \_\_\_\_\_                      Deductible \$ \_\_\_\_\_                      (same for all vehicles with cargo coverages)

**Optional Cargo Coverages** (check all that apply):  
 Refrigeration Breakdown - minimum \$2,500 deductible                       Earned Freight Increase to \$ \_\_\_\_\_ (\$1,000 included)  
 Debris Removal Increase to \$ \_\_\_\_\_ (\$25,000 included)

### Truckers General Liability Coverage Section (this is for businesses solely involved in "for-hire" transportation of property)

**Desired Limits**    Each Occurrence \$ \_\_\_\_\_    Aggregate \$ \_\_\_\_\_

**Employers Liability (stop gap) Coverage** (Ohio)     Yes     No

## Fleet Submission Clearance

You will be notified by our underwriters which markets we were able to clear your submission with. Upon confirmation that your fleet has been cleared, please provide the following information to obtain a quote.

Motor Vehicle Reports                       Last 4 Quarter of IFTAs                       Information on Safety and Hiring  
 Financials on 26+ Units (balance sheet, income statement & auditor notes, if available)  
 Contractual Requirements and or Agreements                       List of Additional Interests and their interest / relation to the insured