



Return complete app to:
Quote@shellyins.com

Post Office Box 2909
Jacksonville, FL 32203-2909

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.

Description of Operations

1. Which of the following is part of your driver screening/hiring process:

- | | |
|---|---|
| <input type="checkbox"/> Employment Background Check | <input type="checkbox"/> Pre-Employment Drug Test |
| <input type="checkbox"/> Criminal Background Check | <input type="checkbox"/> Road Test |
| <input type="checkbox"/> Motor Vehicle Record (MVR) | <input type="checkbox"/> Review Pre-Employment Screening Program (PSP) Report for FMCSA |
| <input type="checkbox"/> Behavioral/Integrity Testing | <input type="checkbox"/> Physical Abilities Testing |

2. Which of the following is part of your driver performance management process:

- Annual review of driver's driving record (MVR)
- Review of electronic engine data
- Periodic review of driver and vehicle out of service violations. (SafeState/CSA2010 Reports)
- Incentives for violation-free and accident-free driving
- Are Owner Operators subject to Motor Carrier Maintenance Programs, i.e. EOBR/Qualcomm
- Formal corrective action procedures. If so, please attach.
- Periodic review of accidents/incidents
- Driver safety training. Description of Program _____
- Are units governed? If so, what limit? _____
- Formal Written Hiring Standard. If so, please attach.

3. Do you adhere to a written vehicle inspection and maintenance program? Yes No

If yes, describe or attach program _____

Reporting Option (actual and estimated)

	Period	Units	Revenue	Mileage
Projected				
Current				
1st Prior				
2nd Prior				
3rd Prior				
4th Prior				

Insurance History and Loss Experience

Provide the following insurance and loss information for the current and prior four (4) years

Has any insurance company cancelled or nonrenewed your policy in the last four (4) years? (Missouri applicants – don't answer this question)

Yes No If yes, explain _____

Policy Term		Insurance Company	Policy Number	Liability		Physical Damage		Cargo		General	
From	To			#	Loss Amount	#	Loss Amount	#	Loss Amount	#	Loss Amount

of claims over \$100,000: _____ Dollar amount for claims over \$100,000: _____

EXPERIENCE INFORMATION: Furnish currently valued (must be value dated within the last 3 months) insurance company produced detailed loss and experience auto liability, physical damage and cargo loss runs for current year plus at least three (3) full policy years. Describe any claim with payment or reserves over \$25,000.

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:

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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
 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 \$ _____

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