



3250 INTERSTATE DR. RICHFIELD, OH 44286
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LARGE FLEET APPLICATION
 (05/03 EDITION DATE)
**FOR ACCOUNTS WITH MORE
 THAN 10 UNITS**
 THIS APPLICATION FORMS A PART OF THE
 INSURANCE POLICY BY ENDORSEMENT

Proposed Effective Date: _____ Date Quote Needed: _____

Agent: _____ Agency: _____ E-Mail Address: _____

Applicant's Name: _____

Street Address: _____ City: _____ ST: _____ Zip Code: _____ County: _____

Mailing Address: _____ City: _____ ST: _____ Zip Code: _____ County: _____

Phone: _____ Fax: _____ Contact: _____

List any subsidiaries and affiliates: _____ Years in business: _____

List other Named Insured's: _____

Federal Tax ID/SSN: _____ State Tax ID: _____ MC Number: _____

____ Corporation ____ Partnership ____ Individual ____ Common Carrier ____ Contract Carrier ____ Private Carrier

Principal Officers:

President: _____ Safety Director: _____

Operations Mgr: _____ Financial Mgr: _____

Company has been under current management since: _____

Description of business operations: (attach a separate sheet, if necessary) _____

City and State Terminals. Include number of units at each terminal. Attach list, if more than four locations.

1) _____ # _____ 2) _____ # _____
 3) _____ # _____ 4) _____ # _____

Commodities Hauled:

* We need this information to understand risk, even if we're not quoting cargo

List Type of merchandise hauled and %:

List major shippers and %:

1) _____
 2) _____
 3) _____
 4) _____
 5) _____

1) _____
 2) _____
 3) _____
 4) _____
 5) _____

Do you haul any electronic goods, cigarettes, alcohol, tires, seafood, or other high value cargo? ____ Yes ____ No

If yes, please list: _____

Driver Information and Hiring Standards

Attach Driver Schedules

Number of drivers:

Employees: _____ Owner/Operators: _____ Subhauled: _____ Total: _____

Percent of drivers employed more than:

1 Year: _____ 3 Years: _____

Within the last year, number of drivers:

Hired: _____ Terminated: _____

Required amount of over-the-road experience for new hires:

Miles: _____ Years: _____ Minimum driver age requirements: _____

Wages are based on:

Hours: _____ Miles: _____ Revenue: _____ Trips: _____

Average driver annual pay: _____

How often do drivers get home? _____

Available bonuses (please specify amount and type, e.g., Fuel, Safety): _____

Do your driver selection procedures include the following:

Written Application?	____ Yes ____ No	Written test?	____ Yes ____ No
MVR check?	____ Yes ____ No	Physical before Hiring?	____ Yes ____ No
Interview?	____ Yes ____ No	Reference checks?	____ Yes ____ No
Drug Test?	____ Yes ____ No	Driving tests?	____ Yes ____ No

Who administers driver hiring process? _____

Does driver indoctrination include the following:

Familiarization with equipment?	____ Yes ____ No	Familiarization with company rules?	____ Yes ____ No
Procedures for accident reporting?	____ Yes ____ No	Familiarization with routes?	____ Yes ____ No
Training in handling commodities?	____ Yes ____ No		

Length of new hire training program? _____

Complete this section if owner/operators are used.

Permanent/exclusive lease agreement?	____ Yes ____ No	If yes, attach copy.
Equipment inspected by insured?	____ Yes ____ No	
Subject to insured's hiring standards?	____ Yes ____ No	
Driver files maintained by insured?	____ Yes ____ No	

Maintenance

Name of Maintenance Manager: _____

Years Maintenance Manager with firm in this position: _____

Years in maintenance field: _____

Number of full-time maintenance personnel: _____

Do you have a written maintenance program? _____

Maintenance program is provided for:

Company Vehicles _____

Owner Operators _____

Others _____

Vehicle maintenance is:

Internal _____

External _____

Both _____

What is the nature of the work performed? _____

Do you have your own:

Parts department? Yes No

Body Shop? Yes No

Service bays? Yes No

Controlled inspection reports? Yes No

Are there pre/post trip inspections? Yes No

Is owner/operator subject to same maintenance program as owned equipment? If no, explain below Yes No

What records are kept on each vehicle? Describe: _____

Do you have a vehicle replacement policy? Yes No Describe: _____

Do you have a tire replacement policy? Yes No Describe: _____

Do you use retreads? Yes No Explain: _____

If you do not have your own Maintenance Repair Facility, describe the Maintenance Program for owned and owner/operator equipment.

Safety (Attach Copy of Safety Program)

Safety Directors Name: _____ Safety Director reports to: _____

Number of years with applicant: _____ Number of years in safety: _____ Percent devoted to Safety activities: _____

Describe duties: _____

Do you have a safety award program? _____ Yes _____ No Describe: _____

How often are driver safety meetings held? _____ Are safety mtgs. mandatory? _____ Yes _____ No

If no, explain: _____

Is there a program in place for dealing with drivers who have accidents?

If yes, please describe or attach: _____

Do you routinely order your carrier safety profile? _____ Yes _____ No

Do you maintain a loss register and conduct periodic accident analysis? _____ Yes _____ No

Are all owner/operators required to carry at least \$500,000 non-trucking liability? (Bobtail) _____ Yes _____ No

Are certificates on file? _____ Yes _____ No Is the insured an additional insured?

Explain controls on owner/operator non-trucking liability: _____

What is your policy regarding Authorized Guest Passenger? _____

Do you have a speed policy? _____ Yes _____ No Explain: _____

Do your driver files include:

Application	_____ Yes	_____ No	Interview results	_____ Yes	_____ No
Reference check	_____ Yes	_____ No	Written test results	_____ Yes	_____ No
MVR	_____ Yes	_____ No	Road test results	_____ Yes	_____ No
Copy of license	_____ Yes	_____ No	Training record	_____ Yes	_____ No
Disciplinary warnings	_____ Yes	_____ No	List of convictions	_____ Yes	_____ No
Accident reviews	_____ Yes	_____ No	Physical exam results	_____ Yes	_____ No

Are driver files updated annually including new MVRs? _____ Yes _____ No

How often are files reviewed and by whom? _____

Explain what disciplinary action is taken when drivers develop unacceptable records: _____

Any current drivers with citations for DWI, DUI, or reckless? _____ Yes _____ No

Operation Information

	Trucking Revenue	Brokerage Revenue	Miles Driven
Next Year Projections	_____	_____	_____
Current Policy Year	_____	_____	_____
1 Year Prior	_____	_____	_____
2 Years Prior	_____	_____	_____
3 Years Prior	_____	_____	_____
4 Years Prior	_____	_____	_____

	# Company Tractors	Trucks	#Owner/Operators	# Total Power Units	#Service Vehicles	# Private Passenger
Next Year Projections	_____	_____	_____	_____	_____	_____
Current Policy Year	_____	_____	_____	_____	_____	_____
1 Year Prior	_____	_____	_____	_____	_____	_____
2 Years Prior	_____	_____	_____	_____	_____	_____
3 Years Prior	_____	_____	_____	_____	_____	_____
4 Years Prior	_____	_____	_____	_____	_____	_____

Are Private Passenger and/or Service Vehicles used for personal use? Yes No If yes, explain: _____

Do you include the Owner/Operators mileage in your IFTA report? Yes No If yes, explain: _____

RADIUS OF OPERATION	
< 50 Miles	_____ %
50 to 200	_____ %
200 to 500	_____ %
500 to 750	_____ %
> 750	_____ %
Average Length of Haul:	_____ Miles
Maximum Length of Haul:	_____ Miles

TRAILER BREAKDOWN: # OF UNITS FOR EACH	
Auto Hauler:	Intermodal/Container:
Customized:	Low Body:
Dry Van:	Refrigerated:
Dump:	Tanker:
Flatbed:	Other:

Does operations supervision include: Recording Devices Radio Dispatch Satellite Communication Cell Phones

Do you use driver teams: Yes No How many? _____

Do you haul doubles? Yes No Do you have triples? Yes No What Lanes? _____ How Often? _____

Insured's cost for hired auto (not long term lease):

Projected Year: _____ Current Year: _____ Prior Year: _____

Do you, for compensation, arrange for the transportation of property by other motor carriers? Yes No

Do you have brokerage authority? Under the same name? % of brokerage under the same name: _____ Separate financial records?

Are certificates on file and up to date on all brokered loads? Yes No

Describe controls on all brokered loads: _____

Do you broker both exempt & non-exempt loads? Yes No

Do you rent or lease to others? Yes No With drivers? Yes No Long Term? Yes No Trip? Yes No

To whom do you lease? _____

What is your Non-Driver Payroll? _____

Authorities: Freight Broker: _____ Common Carrier: _____ Contract Carrier: _____ Private Carrier: _____

Operation Type: Regular Route _____ % Irregular Route _____ % Just-In-Time _____ % Hot Shot _____ %

Cargo Supplement

Desired Limits of Liability:

Per Vehicle: _____ Catastrophe: _____ Deductible: _____

Terminal Exposures:

Do you own and maintain any parking facilities? _____ Yes _____ No

Location Exposure	24 Hour Guard?		Fenced?		Average Dock Exposure	Maximum Dock Exposure
	yes	no	yes	no		
	yes	no	yes	no		
	yes	no	yes	no		

Type of merchandise hauled: Mandatory - if Cargo coverage selected

Avoid such terms as "general merchandise." State approximate percentage of aggregate and maximum load value. (coinsurance applies. Be certain amount of insurance equals maximum load value.)

Commodity	Percentage (G.R.)	Per Unit Maximum Value	Per Unit Average Value

Is cargo carrying equipment provided with alarm system? _____ Yes _____ No

Red label materials? _____ Yes _____ No Garbage hauled? _____ Yes _____ No

Is regular DOT bill of lading issued? If not, attach a copy of form used. _____ Yes _____ No

Does applicant haul containerized cargo? _____ Yes _____ No If yes, what percent? _____

Physical Damage Supplement

Collision \$ _____ Deductible

Comprehensive \$ _____ Deductible

Type	# Units	Total Value	Maximum Value Per Unit	Minimum Value Per Unit
Tractors				
Trailers				
Trucks				
Service Units				
PP Auto				
Other				
Total				

Exposure by Location:

	Location	Average Exposure	Maximum Exposure
1)			
2)			
3)			
4)			
5)			
6)			

Does insured require trailer interchange coverage? _____ Yes _____ No

If yes, what limit? _____

How many trailers interchanged a month? _____

General Liability Supplement

General Aggregate Limit (Other than Products-Completed Operations)	\$ 2,000,000
Products-Completed Operations Aggregate Limit	\$ 1,000,000
Personal & Advertising Injury Limit	\$ 1,000,000
Each Occurrence Limit	\$ 1,000,000
Fire Damage Limit	\$ 50,000
Medical Expense Limit	\$ 5,000

Business Locations: (If different than terminal locations on page one)

Complete Address (Please include County) Describe Function

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____

Square footage of office: _____

Square footage of garage facilities: _____

Location Information:

	Fenced?		Guard?		Public Access?		Lighted?		Guard Dogs?			Total Employees Own/Lease
1)	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	#	
2)	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	#	
3)	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	#	
4)	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	#	
5)	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	#	
6)	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	#	

Is insured involved in any business activity other than trucking? Yes No Describe: _____

Does Applicant lease property or mobile equipment to others? Yes No If yes, explain: _____

Does Applicant do any Rigging? If so, provide receipts, type of equipment and describe types of jobs performed.

Does Applicant do work on anything other than company owned equipment? If yes, list revenue, # of vehicles at any one time, and describe type of work performed. _____

Does Applicant have any underground or above ground storage tanks? If so, provide capacity, type of products stored and does Applicant have Pollution Liability Insurance? _____

Does Applicant sell any product either wholesale or retail? If yes, describe: _____

Underwriting Information for Submission

Four (4) prior years company loss runs and current year valued within the last 60 days for all lines, along with circumstances of all claims excess of \$25,000.

List of all drivers, indicating owner-operators, showing full name, date of birth, drivers license number, state of license, social security number, and date of hire.

Complete vehicle schedule that includes age, make, model, complete VIN, stated value, gross vehicle weight, ownership, and garaging location for each vehicle.

Copy of permanent lease and trip lease agreements.

Audited financial statements for the last two (2) years, and most current interim statement including balance sheet.

Copy of safety award program and maintenance.

Most recent eight (8) quarters of Schedule B's showing states and mileage traveled per state.

Commodities carried by percentage of each.

Complete address of all terminals.

Motor Vehicle Reports.

Copy of expiring Declaration Page(s).

Supplemental Auto Application_UM/UIM form. **Submit Signed Originals.**

Underwriting Questions - Mandatory:

- Has your insurance been canceled or non-renewed in the last 5 years for any reason? Yes No If yes, explain: _____
- Have you filed for Bankruptcy or Chapter 11 in the last 5 years? Yes No If yes, explain: _____
- Do you ever haul noxious, caustic, toxic, flammable, or explosive commodities? Yes No If yes, explain: _____
- Do you haul any waste? Yes No If yes, explain: _____
- Any interline, intermodal, or interchange arrangements? Yes No If yes, explain: _____

Insurance Program Requested

Coverage	Symbol	Limits	Deductible	Current Carrier	Expiring Premium
Primary Truckers/Automobile Liability	_____	_____	_____	_____	_____
Private Passenger Autos	_____	_____	_____	_____	_____
Personal Injury Protection	_____	_____	_____	_____	_____
Uninsured Motorists	_____	_____	_____	_____	_____
Company Physical Damage (see supplement)	_____	_____	_____	_____	_____
Cargo Legal Liability (see supplement)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
General Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
Excess Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____

Applicant's Statement: Important - Read Before Signing

I, the undersigned (applicant), hereby applies for a policy of insurance as set forth in the application on the basis of information and statements contained in the application, all supporting and supplementary documents, and this application statement. The supporting and supplementary documents and this Applicant's Statement are incorporated into and part of the application. The application, all supporting and supplementary documents, and this Applicant's Statement shall be referred to below as the "Application Materials." If a policy is issued, the Application Materials shall be deemed to be attached to and part of the policy.

Applicant understands and acknowledges the following:

That insurer's receipt and consideration of the Application Materials does not obligate insurer to provide a quotation for insurance to applicant.

That any quotations provided will be issued subject to underwriting approval, and will not constitute an offer by the insurer to insure at the quoted rates or prices unless such approval has been issued.

That if the initial premium is paid with a check, the coverage provided by the policy is conditioned upon the check being honored when presented for payment, and that if the check is not honored, the policy shall be deemed void from inception due to a lack of consideration.

Applicant declares that it has carefully reviewed the information and statements made in the Application Materials and that such information and statements are true and correct. Applicant agrees that any policy of insurance that may be issued now or in the future will be issued in reliance on the information, statements, warranties, and representations contained therein, and that the policy and renewals thereof may be declared null and void by insurer if the Application Materials, or future statements or documents provided by on behalf of Applicant, contain information that is incomplete, false, or misleading.

If Applicant applies for a commercial auto policy that is not rated based on mileage, payroll, or other measure of exposure, Applicant warrants and represents that all vehicles owned by, leased to, or used by the Applicant have been disclosed in the Application Materials or otherwise disclosed in writing to insurer, regardless of whether Applicant intends to schedule such vehicles on the policy issued by insurer. If Applicant applies for a commercial auto policy that is exposure rated, Applicant warrants and represent that all mileage, payroll, or other measure of exposure relating Applicant's operations have been disclosed in the Application Materials or otherwise disclosed in writing to insurer for all applicable periods of time.

Applicant understands that an inquiry may be made that will provide information concerning general reputation, financial stability, and other pertinent financial data, credit history, driving experience, vehicle usage, and other information considered by insurer in deciding to issue a policy, in determining the rates therefore, and in adjusting claims. Applicant authorizes insurer to obtain such reports in connection with this policy and all renewals thereof. Upon written request, Applicant will be informed of the source of any reports considered by the insurer.

Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act which is a crime.

Agency Name: _____

Agent's Signature: _____ Date: _____

Applicant Name: _____ Date: _____

Applicant's Authorized Signature: _____

Filing Information

This Section Must Be Completed To Obtain A Quote.

Number of years operating under own authority: _____

Docket # _____ Special Filings: _____
 ICC # _____ Kentucky KYU # _____ Texas Docket # _____
 DOT # _____ Indiana PSCI # _____ NM Docket # _____

Filings and States Where the Insured has Vehicles Licensed and/or Garaged

Risk has Intrastate (I) or Cargo (C) Filing in the Following States. Vehicles Licensed and/or Garaged (V) (show # of vehicles)

	I	C	V		I	C	V		I	C	V
AL	_____	_____	_____	LA	_____	_____	_____	OH	_____	_____	_____
AZ	_____	_____	_____	MD	_____	_____	_____	OR	_____	_____	_____
AR	_____	_____	_____	MA	_____	_____	_____	PA	_____	_____	_____
CA	_____	_____	_____	MI	_____	_____	_____	RI	_____	_____	_____
CO	_____	_____	_____	MN	_____	_____	_____	SC	_____	_____	_____
CT	_____	_____	_____	MS	_____	_____	_____	SD	_____	_____	_____
DE	_____	_____	_____	MO	_____	_____	_____	TN	_____	_____	_____
DC	_____	_____	_____	MT	_____	_____	_____	TX	_____	_____	_____
FL	_____	_____	_____	NE	_____	_____	_____	UT	_____	_____	_____
GA	_____	_____	_____	NV	_____	_____	_____	VT	_____	_____	_____
ID	_____	_____	_____	NH	_____	_____	_____	VA	_____	_____	_____
IL	_____	_____	_____	NJ	_____	_____	_____	WA	_____	_____	_____
IN	_____	_____	_____	NM	_____	_____	_____	WV	_____	_____	_____
IA	_____	_____	_____	NY	_____	_____	_____	WI	_____	_____	_____
KS	_____	_____	_____	NC	_____	_____	_____	WY	_____	_____	_____
KY	_____	_____	_____	ND	_____	_____	_____				

What state have you chosen as your best state? _____ Are you exempt carrier? ___ Yes ___ No

Canada Filings

	L	C		L	C		L	C
Alberta	_____	_____	British Columbia	_____	_____	Manitoba	_____	_____
New Brunswick	_____	_____	Newfoundland	_____	_____	Northwest Territory	_____	_____
Nova Scotia	_____	_____	Ontario	_____	_____	Prince Edward Island	_____	_____
Quebec	_____	_____						