



TRANSPORTATION / HEAVY HAUL
SUPPLEMENTAL APPLICATION

EFFECTIVE DATE: _____

NAMED INSURED: _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

WEBSITE: _____ PRIMARY CONTACT PERSON: _____

PHONE: _____ FED TAX ID #: _____

AGENCY NAME: _____ REPRESENTATIVE: _____

AGENCY ADDRESS: _____

GENERAL

DESCRIPTION OF OPERATIONS: _____

YEARS IN BUSINESS: _____ DOT #: _____ MC #: _____

ARE YOU A: _____ Sole Proprietor _____ Corporation _____ LLC _____ S-Corp _____ Other: _____

ADDITIONAL NAMED INSURED'S:

<u>COMPANY</u>	<u>OPERATIONS</u>	<u>EXPOSURES INCLUDED</u>	
1. _____		YES	NO
2. _____		YES	NO
3. _____		YES	NO

YEARS OF EXPERIENCE OF PRINCIPALS: _____

COMMODITY	MAXIMUM VALUE	AVERAGE VALUE	% TOTAL REVENUE



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HAVE YOU FILED BANKRUPTCY IN THE LAST 5 YEARS? YES NO

HAS YOUR INSURANCE BEEN CANCELLED FOR NON-PAY IN THE LAST 5 YEARS? YES NO

RADIUS OF OPERATIONS:

<50 Miles _____% 51-200 Miles _____% 201-500 Miles _____% >500 Miles _____

WHAT IS YOUR AVERAGE LENGTH HAUL? _____ Miles

MAXIMUM LENGTH? _____ Miles

ANNUAL MIILEAGE (YEAR OVER YEAR)? _____ Miles

HISTORIC BASE:

	<u>POWER UNITS</u>	<u>TRAILERS</u>	<u>MILEAGE</u>	<u>REVENUE</u>	<u>PREMIUM</u>	<u>CARRIER</u>
CURRENT						
1ST PRIOR						
2ND PRIOR						
3RD PRIOR						
4TH PRIOR						
5TH PRIOR						

DO YOU TRANSPORT OWNED GOODS? YES NO

DO YOU OPERATE AS A BROKER OR FREIGHT FORWARDER? YES NO

DO YOU HAUL HAZARDOUS MATERIALS? YES NO

DO ANY OF YOUR LOADS REQUIRE PLACARDING? YES NO

EXPLANATION: _____

HAVE YOU OPERATED UNDER A DIFFERENT NAME AND/OR DOT # IN THE PAST 5 YEARS? YES NO

EXPLANATION: _____

DRIVERS

MINIMUM NUMBER OF YEARS EXPERIENCE REQUIRED: _____

MINIMUM AGE REQUIRED: _____ NUMBER UNDER 25: _____ NUMBER OVER 65: _____

NUMBER OF SUBHAULERS OR OWNER OPERATOR'S: _____

DRIVER TURNOVER %: _____

IS EACH DRIVER'S PRIOR EMPLOYMENT VERIFIED? YES NO

ARE ALL DRIVERS COVERED BY WORKER'S COMPENSATION? YES NO

ARE DRIVER FILES MAINTAINED ON EACH DRIVER AND REGULARLY REVIEWED? YES NO

DO YOU DO DRIVER TRAINING? YES NO

DOES YOUR DRIVER SELECTION PROCEDURE INCLUDE:

Written Application YES NO

MVR Check YES NO

How Often? _____

Reference Checks YES NO

Road Test YES NO

Written Test YES NO

Drug Test YES NO

Physical Exam YES NO

SAFETY

DO YOU HAVE A FORMAL SAFETY PROGRAM IN PLACE? YES NO

HOW OFTEN ARE SAFETY MEETINGS HELD? _____

ARE ALL EMPLOYEES REQUIRED TO ATTEND? YES NO

IS THERE A DEDICATED SAFETY DIRECTOR? YES NO

NAME/TITLE: _____

YEARS IN SAFETY FIELD: _____ PERCENTAGE OF TIME SPENT ON SAFETY: _____%



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DO ACCIDENTS GET INVESTIGATED WHEN NECESSARY? YES NO

IS THERE A SAFETY AWARD PROGRAM? YES NO

ARE DOT REGULATIONS CLOSELY FOLLOWED? YES NO

DOT SAFETY RATING: _____ AS OF: _____

DO YOU HAVE A POLICY AGAINST CELL PHONE USE WHILE DRIVING? YES NO

SAFETY DEVICES CURRENTLY BEING USED:

Electronic Logging YES NO

Electronic On-Board Recorders YES NO

Accident Event Recorders YES NO

Anti-rollover devices YES NO

Speed governors YES NO

Tracking system YES NO

EQUIPMENT & VEHICLE MAINTENANCE

IS THERE A FORMAL VEHICLE MAINTENANCE PROGRAM IN PLACE? YES NO

DO YOU DO MAINTENANCE ON YOUR OWN VEHICLES? YES NO

ARE MAINTENANCE FILES KEPT ON ALL UNITS? YES NO

ARE DAILY PRE-TRIP INSPECTIONS MADE? YES NO

ARE ALL UNITS OWNED? YES NO

ARE HYDRAULIC TRAILER BEDS USED? YES NO

ARE TILLER AXLES USED? YES NO

ARE ESCORTS USED? YES NO

DO YOU HAUL TANDEM TRAILERS? YES NO

IS THERE ANY SPECIAL EQUIPMENT MOUNTED OR ATTACHED? YES NO

EXPLANATION: _____



MOTOR TRUCK CARGO

DO YOU HAVE ANY WAREHOUSING OPERATIONS? YES NO

IF YES, PUBLIC, PRIVATE, BONDED OR CONTRACT? _____

RECEIPTS: _____

***A copy of the front and back of the warehousing receipt is required.**

ARE YOU STORING ANY COMMODITIES OVER NIGHT? YES NO

IF YES, PLEASE PROVIDE DETAILS ON SECURITY:

WILL A FORM H FILING BE REQUIRED? YES NO

IF FREIGHT FORWARDING, WHAT IS THE REVENUE FROM THIS OPERATION? _____

DESCRIBE METHODS USED TO SECURE CARGO: _____

GENERAL LIABILITY

HAVE ANY OP'S BEEN SOLD, ACQUIRED OR DISCONTINUED IN THE LAST 5 YEARS? YES NO

ARE CERTIFICATES OF INSURANCE OBTAINED? YES NO

DO YOU REQUIRE TO BE NAMED AS AN ADDITIONAL INSURED AS NECESSARY? YES NO

DO YOUR DRIVERS DO LOADING/UNLOADING? YES NO

ARE YOUR PREMISES WELL MAINTAINED AND FREE OF DEBRIS? YES NO

LOSS SUMMARY

AUTO

<u>YEAR</u>	<u>INCURRED</u>	<u>PAID</u>	<u>RESERVES</u>	<u># OF CLAIMS</u>	<u>PREMIUM</u>

GENERAL LIABILITY

<u>YEAR</u>	<u>INCURRED</u>	<u>PAID</u>	<u>RESERVES</u>	<u># OF CLAIMS</u>	<u>PREMIUM</u>

MOTOR TRUCK CARGO

<u>YEAR</u>	<u>INCURRED</u>	<u>PAID</u>	<u>RESERVES</u>	<u># OF CLAIMS</u>	<u>PREMIUM</u>

*****CURRENTLY VALUED, DETAILED LOSS RUNS FOR THE LATEST 5 YEARS ARE ALSO REQUIRED.**

ATTENTION

1. THE APPLICANT WARRANTS THAT THE ABOVE STATEMENTS AND PARTICULARS, TOGETHER WITH ANY ATTACHED OR APPENDED DOCUMENTS OR MATERIALS ("THIS APPLICATION"), ARE TRUE AND COMPLETE AND DO NOT MISREPRESENT, MISSTATE OR OMIT ANY MATERIAL FACTS.
2. THE APPLICANT UNDERSTANDS THAT THE COMPANY RELIED UPON THE INFORMATION CONTAINED WITHIN THIS APPLICATION TO DETERMINE ACCEPTABILITY, RATES AND COVERAGE.
3. THE APPLICANT UNDERSTANDS THAT ANY MISREPRESENTATION OR OMISSION SHALL CONSTITUTE GROUNDS FOR RESCISSION OF COVERAGE AND DENIAL OF CLAIMS, OR, AT THE OPTION OF THE COMPANY, THE ASSESSMENT OF ADDITIONAL PREMIUM CHARGES. THE APPLICANT REPRESENTS AND WARRANTS TO THE COMPANY THAT, IF A POLICY IS ISSUED TO THE APPLICANT, THE APPLICANT WILL COOPERATE WITH THE COMPANY IN CONNECTION WITH ANY INSPECTION, PREMIUM AUDIT AND IN ALL OTHER RESPECTS AS REQUIRED UNDER THE POLICY.
4. THE APPLICANT UNDERSTANDS THE COMPANY IS NOT OBLIGATED NOR UNDER ANY DUTY TO ISSUE A POLICY OF INSURANCE BASED UPON THIS APPLICATION. THE APPLICANT FURTHER UNDERSTANDS THAT, IF A POLICY IS ISSUED, THIS APPLICATION WILL BE INCORPORATED INTO AND FORM A PART OF SUCH POLICY.
5. IF THE APPLICANT BECOMES AWARE THAT ANY RESPONSE ON THIS APPLICATION IS INACCURATE AS A RESULT OF INFORMATION OR CHANGE OF CIRCUMSTANCES BEFORE A POLICY IS ISSUED, THE APPLICANT MUST INFORM THE COMPANY OF SUCH CHANGE, IN WRITING, AND ANY POLICY ISSUED BEFORE SUCH NOTIFICATION IS SUBJECT TO IMMEDIATE CANCELLATION.
6. THE APPLICANT AUTHORIZES THE COMPANY TO MAKE ANY INVESTIGATION AND INQUIRY IN CONNECTION WITH THE APPLICATION AS IT MAY DEEM NECESSARY.

THE UNDERSIGNED, BEING AUTHORIZED BY AND ACTING ON BEHALF OF THE PROSPECTIVE INSUREDS, REPRESENTS THAT THE ANSWERS GIVEN ARE TRUE. FAILURE TO PROVIDE TRUTHFUL ANSWERS AND ALL MATERIAL INFORMATION CAN RESULT IN THE COMPANY ELECTING TO CANCEL, REFORM AND/OR RESCIND THE POLICY.

("APPLICANT", "YOU", "YOUR" AND SIMILAR WORDS REFER TO THE PROSPECTIVE INSURED)

THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN POLICIES ISSUED BY THE COMPANY VARY SIGNIFICANTLY FROM THOSE CONTAINED IN MANY OTHER LIABILITY INSURANCE POLICIES. THE POLICY FORM ISSUED BY THE COMPANY PROVIDES COVERAGE THAT MAY BE MORE LIMITED THAN THAT AVAILABLE UNDER THE "ISO" INSURANCE POLICY OR SIMILAR TYPES OF POLICIES. YOU SHOULD CAREFULLY REVIEW THE ENTIRE POLICY WITH YOUR AGENT, LEGAL COUNSEL OR OTHER INSURANCE PROFESSIONAL TO MAKE SURE THAT YOU UNDERSTAND THE COVERAGE IT PROVIDES, AND YOUR RIGHTS AND OBLIGATIONS UNDER THE POLICY.

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

Signature of Applicant: _____ **Date:** _____

Title (Officer, Manager, Partner, Owner): _____

Signature of Broker: _____ **Date:** _____