

DESIRED POLICY EFFECTIVE DATE:	TIME:	AM
_____ / _____ / _____	_____ : _____	PM



4144 N. Central Expressway
Suite 950
Dallas, TX 75204

SMALL FLEET APPLICATION

GENERAL INFORMATION - Please fill out as completely as possible to assure accurate quoting

Applicant Name:		
Applicant Address: (attached a separate sheet listing any address within the past 5 years)		
Street _____	City _____	State _____ County _____ Zip _____
Principal Garaging Address (If Different)		
Street _____	City _____	State _____ County _____ Zip _____
Type Of Entity:	Applicant Phone	() -
<input type="checkbox"/> Proprietorship, <input type="checkbox"/> Partnership,	MC #	
<input type="checkbox"/> Corporation, <input type="checkbox"/> Individual, <input type="checkbox"/> Other	DOT#	
SS # (owner) or FEIN# (company):		
Name of Person to Contact:	DOB:	#of Years In Business?: _____
Email Address:		

COVERAGE DESIRED

Coverage	Limit	Additional Coverages Desired
Primary Liability	<input type="checkbox"/> 300 <input type="checkbox"/> 500 <input type="checkbox"/> 750 <input type="checkbox"/> 1000	<input type="checkbox"/> GL <input type="checkbox"/> GKLL
Non Trucking Liability	<input type="checkbox"/> 300 <input type="checkbox"/> 500 <input type="checkbox"/> 750 <input type="checkbox"/> 1000	<input type="checkbox"/> Cargo Liability limit
Personal Injury	<input type="checkbox"/> Reject <input type="checkbox"/>	
Uninsured Motorists	<input type="checkbox"/> Reject <input type="checkbox"/>	
Physical Damage Ded.	<input type="checkbox"/> \$1000 <input type="checkbox"/> \$2500	

DRIVER INFORMATION

Driver Name	Date Of Birth	License Number & State	Marital Status	Social Security Number	CDL (Y/N) Exp. (Yrs)
1.					
2.					
3.					
4.					
5.					
6.					

LIST ANY VIOLATIONS and/or ACCIDENTS

Driver Name	Details Of All Violations Or Accidents In The Last 36 Months	Date Of Violation

EQUIPMENT INFORMATION (for accounts with more than 5 units financials will be required)

Unit	Owned? Leased? Owner/Oper	P= Power Unit T= Trailer	Model Year	Make	Type *	Serial Number	Physical Damage Deduct.	Stated Amount N/A if no physdam
1								
2								
3								
4								
5								
6								

*- Tractor Type = Cabover, Conventional, Straight Truck, Service, Other (Describe)

Trailer Type = Van, Reefer, Tank - (Liquid, Dry Bulk, Gas), Flatbed, Lowboy, Gooseneck, Auto hauler (# of cars carried)

LIST OF COMMODITIES HAULED (INCLUDING BACKHAULED COMMODITIES)

Type	Revenue %	Type	Revenue %

LOSS HISTORY (Provide Carrier Supplied Loss runs for the prior 4 years, if applicable. Also provide current years policy number)

Prior Carrier & Policy #	Period	Losses (attach separate sheet if necessary)

EXPOSURE HISTORY & PROJECTION

	Dates From Mo/Yr - Mo/Yr	Revenue	Mileage	Average # of Units
Next 12 Mos				
2007-2008				
2006-2007				
2005-2006				
2004-2005				

QUESTIONS

	Yes	No
1. Does the named applicant operate any other vehicles not listed on this application?		
2. Are placards ever required for any vehicle?		
3. Does the applicant act as a truck broker?		
4. For NTU coverage, is the truck under permanent lease? (Attach copy of lease if yes)		
5. Does applicant haul double trailers and/or triple trailers?		
6. Has the applicant had 2 or more years of primary liability coverage? If No, please explain.		
7. Within the past 4 policy terms, has the applicant suffered any loss over 5,000? If Yes, please explain.		
8. Are all vehicle owned/operated by the insured being scheduled on this policy? If No, please explain.		
9. Has the applicant's insurance been cancelled or non-renewed for any reason in the past 5 years? If Yes explain.		
10. Are team drivers used? If Yes, please explain.		
11. Radius of operations: 0-50 _____ % 50-100 miles _____ % 101-300 miles _____ % 301-500 _____ % over 500 _____ %		
12. Are passengers allowed to accompany the driver? If Yes, please explain.		
13. Is there trailer interchange exposure? If yes, indicate the following: Does the applicant have a written Interchange Agreement? If Yes, indicate: Limit of liability required _____ and Number of annual interchange days _____		
14. Are all power units scheduled on the policy tagged/titled in the garaging state? If No, please give states and number of units in each.		
15. Has any driver been convicted of a felony? If yes please explain?		
16. Does any driver have any medical impairment? If Yes, please explain.		
17. What is the current DOT Rating? (refer to www.saferys.org) Satisfactory _____ Unsatisfactory _____ Conditional _____ Not Rated _____		
18. Are any private passenger autos/service vehicles or straight trucks owned by the insured? If yes, please provide proof of coverage issued by another company if not being scheduled on this policy.		
19. What is your total annual revenue? _____ What is your total sub-haul revenue? _____		

Use this space below to any explanation to the questions above.

In the space below, fill in the actual miles this insured traveled within each state for the prior year.

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

FILINGS

Does the applicant require: ICC Filing PUC Filing Other state filings (Specify state and docket #) _____

Note: 1. We must insure all vehicles owned or operated by the insured to make an ICC or PUC filing. 2. No filings will be made until down payment is received and the risk is accepted.

BROKER INFORMATION

Broker Name and Address: _____	Phone #: _____
_____	Fax #: _____

Agency Contact Person: _____	
Broker Signature: _____	

APPLICANT'S STATEMENT

I hereby apply to CAPSTONE UNDERWRITERS, INC. for a policy of insurance as set forth in this application on the basis of statements contained herein are truthful to the best of my knowledge. I authorize the verification of the information provided on this form. I have received a copy of this application.

Signature of Applicant _____ Date ____ / ____ / ____