

LIST OF COMMODITIES HAULED (INCLUDING BACKHAULED COMMODITIES)

Type	Revenue %	Type	Revenue %

Reefer operations are not eligible for this program

LOSS HISTORY

Prior Carrier	Period	Losses (attach separate sheet if necessary)

QUESTIONS

QUESTIONS	Yes	No
1. Has the applicant had 2 or more years of owner operator experience? Please include a reference letter from the prior company they were employed by.		
2. Within the past 4 years (if applicable), has the applicant suffered any loss over 5,000? If Yes, please explain.		
3. Are all vehicle owned/operated by the insured being scheduled on this policy? If No, please explain.		
4. Has the applicant's insurance been cancelled or non-renewed for any reason in the past 5 years? If Yes explain.		
5. Are team drivers used? If Yes, please explain.		
6. Please specify the % of trips from the garaging location a. 0-100 miles _____ % b. 101-300 miles _____ % c. Over 300 miles _____ %		
7. Are passengers allowed to accompany the driver? If Yes, please explain.		
8. Is there trailer interchange exposure? If yes, indicate the following: Does the applicant have a written Interchange Agreement? ___ Yes ___ No If Yes, indicate: Limit of liability required _____ Number of annual interchange days _____		
9. 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.		
10. Has any driver been convicted of a felony? If yes please explain?		
11. Does any driver have any medical impairment? If Yes, please explain.		
12. What is the current DOT Rating? Satisfactory _____ Unsatisfactory _____ Conditional _____ Not Rated _____ (refer to www.safersys.org)		
13. 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.		
14. What is the projected total annual revenue? _____ What is the projected total sub-haul revenue? _____		

COMMENTS

Explain any yes answers or give details on losses in space following? _____

In the space below fill in the projected miles this insured expects to travel within each state for the coming year.

Please include mileage statements or IFTA's with your submission if available.

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	

Program Not available if risk is domiciled in AK, CA, HI, LA, MA, SFL, TX, NJ & NY

FILINGS

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

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 downpayment is received and the risk is accepted. 3. There is a fully earned filing fee of \$10.00 for filings made as a result of reinstatement.

BROKER INFORMATION

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

 Broker Signature _____

APPLICANT'S STATEMENT

I hereby apply for a policy of insurance as set forth in this application on the basis of statements contained herein.

Signature of Applicant _____ Date ____/____/____

Print Name and Title _____