



Motor Truck Cargo Application

<u>Inception Date</u>

1. First Named Insured:

Physical Address: _____ City, St., Zip: _____
 Phone #: _____ Email Address: _____
 Fax # _____ Docket # MC: _____ DOT #: _____
 Federal ID#: _____ Special Filings: _____
 Federal Filing Limit Required: _____

2. Years in Business: _____ years Partnership Corporation Individual

3. Company Profile

Experience

Equipment

Total

President		
Risk Manager		
Operations		
Finance		
Safety		
Maintenance		

Power Units	Total
Tractors	
Trailers	
Trucks	
Service	
PPA	

4. Key Points about Management Team & Operation; Strategies / Lanes of Operation:

* Basic Type of Operation:	* DOT Safety Rating:		
	5. Safer OOS Violations	as of	National Avg
	Vehicles		20.72%
	Drivers		5.51%
	Haz Mat		4.50%
	FMCSA PIN		

*** Description of Operation/Safety Initiatives:**

7. Historical Utilization Analysis - Calendar Year Unless Noted

Year	Miles	Power Units	Revenue	# of losses	\$ of losses	Premium
2018						
2017						
2016						
2015						
2014						

Safety

14. Driver Hiring Criteria:

- a) Years of recent verifiable driving experience required? _____ year(s)
- b) Minimum age? _____ years
- c) Background checks prior to hiring? Yes No
- d) Order MVR prior to hiring? Yes No
- e) Company policy for hiring criteria? Yes No
 - * Number of permitted incidents in last 36 months? _____
 - * Number of permitted incidents in last 12 months? _____
 - * Zero tolerance policy for major violations? Yes No
- f) Meets all DOT regulations? Yes No
- g) Driver training program? Yes No
 - * Overview: _____

15. Driver Control:

- a) Drivers performance monitored on an annual basis? Yes No
- b) Intervention program for drivers @ hiring criteria? Yes No
- * Overview _____

16. How do Operations and Safety Work Together? _____

17. Drivers Compensation? Hourly % of Load Mileage **Avg Yearly Wage** _____

18. Do You Use Team Drivers? Yes No **If so, how many?** _____

19. How Often Are Drivers Home? _____

20. Describe Corporate Passenger Policy: _____

21. Limits / Deductibles

	<u>Limits</u>	<u>Deductibles</u>	Yes / No
Per Trailer:	_____	_____	_____
Per Terminal:	_____	Reefer Breakdown: _____	_____
Per Disaster:	_____	Wet Steel: _____	_____

22. Increased Limits Yes No

Company Name: _____ Commodity: _____ Limit: _____

23. Highlights of Safety Program: (Safety meetings, accident review board, incentive plans?)

- * # of Safety Meetings Per Year: _____ Mandatory? _____
- * Safety Incentive Bonus Program: _____
- * Other: _____

24. Are Tractors and/or Trailers Equipped with Special Safety Equipment? Yes No

Type	% of Fleet	Type	% of Fleet	Type	% of Fleet
Electronic Logs		Anti-rollover		Telematics	
Collison Avoidance		Lane Departure Warning		Other*	
In Vehicle Camera		GPS			

*Other (describe) _____

Maintenance / Equipment

Full Time	Part Time

25. Number of Maintenance Personnel?

26. Do You Have a Written Maintenance Program?

Yes No

27. Do You Perform Outside Garage Work?

Yes No

28. Highlights of Maintenance Program (Specify how O/O units handled):

a) Annual inspections completed?

Yes No

b) Owner operator maintenance standard?

NA Yes No

* Repair & inspection schedule:

c) Company maintenance standard?

Yes No

* Repair & inspection schedule:

29. Equipment

Power Units

Tractors _____	Co. Units _____	Trailers _____	Pick up/Service _____
	O/O Units _____		Cars/Pvt. Pass. _____
Total <u>0</u>		Total <u>0</u>	Tow Trucks _____
			Yard _____
			Total <u>0</u>

Straight Trucks _____	Co. Units _____	Cargo Vans _____	
	O/O Units _____		
Total <u>0</u>		Total <u>0</u>	

Trailer Type

Dry Vans _____	Flatbed _____	Other: _____
Refrigerated _____	Dump _____	Doubles _____
Dry Tank _____	Liquid Tank _____	Triples _____
Lowboy _____	Storage _____	Extended _____

30. Are any company or owner operator vehicles garaged or registered outside of your home state?

If so, what states? _____

31. Unmanned Aircraft/Drones

Does your company own or operate any unmanned aircraft/drones? Yes No

If yes, please describe: _____

FRAUD WARNINGS

Fraud Warning (Arkansas, Florida, Kentucky, Michigan, Minnesota, New Jersey and New York): Any person who knowingly and with intent to defraud insurance company or another person files an application for insurance containing materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

Colorado Fraud Warning: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agency

Maine Fraud Warning: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, or denial of insurance benefit

New Mexico Fraud Warning: Any person knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalty

New York Automobile Fraud Warning: Any person who knowingly makes or knowingly assists, abets, solicits, or conspires with another to make a false report of the theft, destruction, damage, or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles, or an insurance company, commits a fraudulent insurance act which is a crime, and shall also be subjected to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violator

Ohio Fraud Warning: Any person who, with intent to defraud or knowingly 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

ALL OTHER APPLICANTS: 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

ALL APPLICANTS: By my signature below, I attest that

- 1. I am an authorized representative of the applicant;
2. I have reviewed this form;
3. The information provided is true and accurate;
4. I have not willfully concealed or misrepresented any material fact or circumstance concerning this form; and
5. I have read the applicable items above and agree to all terms or conditions stated therein.
6. In addition, I have read the Insured Agreement below and agree to all terms or conditions stated therein.

INSURED AGREEMENT AND SIGNATURE BLOCK

I authorize HOOPS and the retail agent to obtain copies of motor vehicle reports for underwriting the insurance that I have applied for. I also understand that a routine inspection will be done regarding my operations. I agree to promptly report and furnish the name, driver license number, and date of birth for all drivers I hire and employ after completion of this application. I understand all accidents are to be reported promptly regardless of severity or fault. I also understand that I have no coverage until such time the Company accepts this application or authorized coverage to be bound.

Applicant Signature & Title

DATE

I hereby certify that the signature of the applicant is correct to the best of my knowledge and belief, and further warrant that the answers, statements, and information reflected herein was given by the applicant together with information from my records, if any

LICENSED RETAIL AGENT

DATE