

TRUCK APPLICATION

Proposed Effective Date				
Lines of Business to Quote	TRK AL	TRK APD	GL	WC
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPLICANT INFORMATION

Company Name	
Street Address	
City	
State	
Zip	
Mailing Address	
Web Site	
E-Mail	
Phone	
Fax	
Docket # (MC#)	
DOT #	
Federal ID #	

AGENT INFORMATION

Agency Name	
Wheels Agency Code	
Producer's Name	
Phone	
Fax	
E-Mail	

Business Structure

<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability	<input type="checkbox"/> Partnership	<input type="checkbox"/> Proprietorship
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Type of Carrier

<input type="checkbox"/> Common Carrier	<input type="checkbox"/> Contract Carrier	<input type="checkbox"/> Private Carrier	<input type="checkbox"/> Exempt Carrier
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Principal Officers

President	Safety Director
Operations Manager	Financial Manager

Company has been under current management since	
Years in Business?	
List all subsidiaries and affiliates:	
List all named insureds & state(s) of incorporation	

Description of business operations for each named insured:

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(Truckers Application Continued)

TERMINALS

List city and state of terminal locations (attach list if more than six):

	Street Address	City	State
1.			
2.			
3.			
4.			
5.			
6.			

	YES	NO	QTY.
Do you have fuel storage tanks?	<input type="checkbox"/>	<input type="checkbox"/>	
Above ground tanks	<input type="checkbox"/>	<input type="checkbox"/>	
Below ground tanks	<input type="checkbox"/>	<input type="checkbox"/>	

HAULING DETAILS

RADIUS OF OPERATION

Average Length of Haul	miles	> 50 miles	%
Maximum Length of Haul	miles	50 – 200 miles	%
		200 – 500 miles	%
		> 500 miles	%

Major Traffic Lanes:

FROM	TO	FROM	TO	FROM	TO

(Truckers Application Continued)

EXPOSURE DETAILS

	UPCOMING YEAR	CURRENT YEAR	1 ST YEAR PRIOR	2 ND YEAR PRIOR	3 RD YEAR PRIOR	4 th YEAR PRIOR	5 th YEAR PRIOR
REVENUE							
MILES DRIVEN							
# OF TRACTORS							
# OF TRAILERS							
# OF TRUCKS / SERVICE VEHICLES							
VALUES – COMPANY OWNED VEHICLES							
PAYROLL \$							

EQUIPMENT DETAIL

TRACTORS	Qty.	TRAILERS	Qty.
Company		Dry Van	
Owner/Operator		Tank	
Other		Refrigerated	
Total Tractors		Flatbed	
		Dump	
		Other	
		Total Trailers	

	YES	NO		
Do you use driver teams/slip seating?	<input type="checkbox"/>	<input type="checkbox"/>	% of tractors seated with teams	%
Do you haul doubles?	<input type="checkbox"/>	<input type="checkbox"/>	% of total miles	%
Do you haul triples?	<input type="checkbox"/>	<input type="checkbox"/>	% of total mile	%

(Truckers Application Continued)

Insureds cost for hired autos (not long term lease)?

Projected Year		Current Year		Prior Year	
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BROKERAGE OPERATIONS

	YES	NO
Do you, for compensation, arrange for the transportation of property by other motor carriers?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have brokerage authority?	<input type="checkbox"/>	<input type="checkbox"/>
Name of brokerage entity		
MC # of brokerage entity		
Revenue of brokerage entity		
Are certificates on file and up to date on all brokered loads?		
Whose name is on Bill of Lading?		
Describe control on brokered loads.		

LEASING

Do you enter into trip lease agreements?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	What % of revenue?	%
Do you rent or lease to others?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
With drivers?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Long term?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
To whom do you lease (attach list if necessary)						

EMPLOYEES

Employee Category	Number
Drivers - Total	
Drivers – Company Employees	
Drivers – Owner/Operator	
Warehouse/Terminal	
Mechanics	
Clerical	
All Other	
Total Employees	

(Truckers Application Continued)

COMMODITIES HAULED

List Type of Merchandise Hauled and %		List Major Shippers and %		
1.		%	1.	%
2.		%	2.	%
3.		%	3.	%
4.		%	4.	%
5.		%	5.	%
6.		%	6.	%

	YES	NO	% of Freight	Comments/Details of Hazard Material
Any hazardous commodities hauled?	<input type="checkbox"/>	<input type="checkbox"/>	%	
Explosives?	<input type="checkbox"/>	<input type="checkbox"/>	%	
Corrosives?	<input type="checkbox"/>	<input type="checkbox"/>	%	
Flammable?	<input type="checkbox"/>	<input type="checkbox"/>	%	
LPG or other petroleum?	<input type="checkbox"/>	<input type="checkbox"/>	%	
Acids & chemicals?	<input type="checkbox"/>	<input type="checkbox"/>	%	
Pharmaceuticals?	<input type="checkbox"/>	<input type="checkbox"/>	%	
Liquor or Tobacco	<input type="checkbox"/>	<input type="checkbox"/>	%	
Waste?	<input type="checkbox"/>	<input type="checkbox"/>	%	
Other hazardous or toxic?	<input type="checkbox"/>	<input type="checkbox"/>	%	
Do drivers load/unload?	<input type="checkbox"/>	<input type="checkbox"/>	%	

DRIVER INFORMATION AND HIRING STANDARDS

(Please attach driver schedule)

Wages are based upon:	<input type="checkbox"/>	Hours	<input type="checkbox"/>	Miles	<input type="checkbox"/>	Revenue	<input type="checkbox"/>	Trips	<input type="checkbox"/>	Other	
How often do drivers get home?											
Required amount of over the road experience for new hires?					miles						years
Minimum drive age requirement:											years
Who administers driver hiring process?											
Length of new hire training program?											
Required for owner/operator?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No							

PLEASE CHECK EACH ITEM THAT IS REQUIRED PRIOR TO HIRING

<input type="checkbox"/>	Written Application	<input type="checkbox"/>	Written Test
<input type="checkbox"/>	MVR Check	<input type="checkbox"/>	Physical
<input type="checkbox"/>	Interview	<input type="checkbox"/>	Reference Check
<input type="checkbox"/>	Drug Test	<input type="checkbox"/>	Driving Tests
<input type="checkbox"/>	Fitness Test		

(Truckers Application Continued)

Complete Box Below Only if Owner/Operators are Used:

OWNER/OPERATOR SPECIFICS

PLEASE CHECK ALL THAT APPLY

<input type="checkbox"/>	Permanent/exclusive lease agreement – attach copy
<input type="checkbox"/>	Equipment inspected by insured
<input type="checkbox"/>	Subject to insured's hiring standards
<input type="checkbox"/>	Drivers files maintained by insured
<input type="checkbox"/>	Vehicles maintained by insured

Are all owner/operators that you work with included on the vehicle list attached?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are all owner/operators required to carry their own worker's compensation insurance?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are all owner/operators required to carry at least \$500,000 non-trucking liability (bobtail insurance)?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are certificates on file?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Explain controls on owner/operator non-trucking liability:

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MAINTENANCE

Name of Maintenance Manager:						
Years with firm in this position:	_____ years	Years in field?	_____ years			
Number of full-time maintenance personnel?	_____					
Do you have a written maintenance program?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Maintenance provided for:	<input type="checkbox"/>	Company Vehicles	<input type="checkbox"/>	Owner/Operators	<input type="checkbox"/>	Others
Do you have	<input type="checkbox"/>	Parts Department	<input type="checkbox"/>	Body Shop	<input type="checkbox"/>	Service Bays
Vehicle Maintenance is:	<input type="checkbox"/>	Internal (engine)	<input type="checkbox"/>	External (body)	<input type="checkbox"/>	Both

What is the nature of the work performed?

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Do you have a vehicle replacement policy?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, describe				
Do you use retreads?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

If you do not have your own maintenance repair facility, describe the maintenance program for owned and owner/operator equipment:

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(Truckers Application Continued)

SAFETY

(Please Attach Safety Program)

Safety Director's Name					
Safety Director reports to					
Years with insured		years	Years in Safety?		years
% time devoted to safety		%			

Description of duties:

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Do you have a Safety Award Program?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, describe				
Are driver safety meetings held?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, how often?				
Are safety meetings mandatory?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is there a program in place for dealing with drivers who have accidents?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, explain				

What is your policy regarding guest passengers?

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Are driver files updated annually, including new MVR's	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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How often are files reviewed and by whom?	
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Explain what disciplinary action is taken when drivers develop unacceptable records.

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Do you have any current drivers with citations for DWI, DUI or reckless driving?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Describe specific circumstances for each:

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(Truckers Application Continued)

IF THE ANSWER TO ANY OF THESE QUESTIONS IS "YES" EXPLAIN BELOW

1. Has your insurance been canceled or non-renewed in the last 5 years?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
2. Have you filed for Bankruptcy of Chapter 11 in the last 5 years?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
3. Any hold harmless, interline, intermodal or interchange arrangements? (List & attach agreements)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

INSURANCE PROGRAM REQUESTED

COVERAGE	YES	NO	LIMIT	DEDUCTIBLE
Primary Trucker/Automobile Liability	<input type="checkbox"/>	<input type="checkbox"/>	Per Wheels Template	
Uninsured/Underinsured Motorist	<input type="checkbox"/>	<input type="checkbox"/>	Statutory Minimum	
Personal Injury Protection	<input type="checkbox"/>	<input type="checkbox"/>	Statutory	
Company Physical Damage	<input type="checkbox"/>	<input type="checkbox"/>		
General Liability (Attach Accord Application)	<input type="checkbox"/>	<input type="checkbox"/>	Per Wheels Template	
Workers' Compensation (Attach Accord Application)	<input type="checkbox"/>	<input type="checkbox"/>	Per Wheels Template	
Trailer Interchange	<input type="checkbox"/>	<input type="checkbox"/>	Per Wheels Template	
Average number of days trailers interchanged per month				
Average number of trailers/day				
Average value per trailer				
Maximum value per trailer				

UNDERWRITING INFORMATION REQUIRED FOR SUBMISSION

Attached	
<input type="checkbox"/>	Four prior years company loss runs and current year valued within the last 60 days for all lines, along with circumstances of all claims in excess of \$75,000 and a summary by year of all losses by line of business.
<input type="checkbox"/>	List of all drivers, indicating owner/operators, showing full name, date of birth, driver's license number, state of license and date of hire.
<input type="checkbox"/>	Motor Vehicle Reports for all drivers.
<input type="checkbox"/>	Complete vehicle schedule that includes year, make, model, complete VIN, stated value, gross vehicle weight and ownership for each vehicle.
<input type="checkbox"/>	Copy of permanent lease and trip lease agreements.
<input type="checkbox"/>	Copy of operating authorities and RS1, RS2.
<input type="checkbox"/>	Audited financial statements for the last three years and most current interim statement.
<input type="checkbox"/>	Copy of Driver Hiring Guidelines, Safety Award Program, Driver's Handbook, & Maintenance Program.
<input type="checkbox"/>	Latest Pro Rate (Schedule B) showing states and mileage traveled per state.
<input type="checkbox"/>	UM Selection Form.

(Truckers Application Continued)

IMPORTANT – Read Before Signing:

I, the undersigned, represent that information stated in this application is true and correct and understand that the insured policy will be issued subject to review and to insurability.

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.

Applicant's Signature		Date	
Applicant's Name (printed)			
Agent's Signature		Date	
Agents's Name (printed)			