

COMMODITIES – Please identify the commodities transported and percentages below

Commodity	Average Amount per Load	Maximum Amount per Load	Percentage

A theft Limitation may apply based on the commodities transported**SCHEDULE OF AUTOS and REFRIGERATED TRAILERS**

Year	Make	Type*	VIN Number	GVW/GCW	Stated Value	O/L**

Trailer Types (Check those that are applicable)

Auto Hauler	<input type="checkbox"/>	Dump-Bottom	<input type="checkbox"/>	Pneumatic	<input type="checkbox"/>
Customized	<input type="checkbox"/>	Dump-End	<input type="checkbox"/>	Refrigerated	<input type="checkbox"/>
Dry Bulk	<input type="checkbox"/>	Dump-Side	<input type="checkbox"/>	Tanker	<input type="checkbox"/>
Dry Van	<input type="checkbox"/>	Flatbed	<input type="checkbox"/>	Other: Describe	<input type="checkbox"/>
	<input type="checkbox"/>	Low Boy	<input type="checkbox"/>	Other: Describe	<input type="checkbox"/>

Terminals (List terminal location(s) if coverage is desired

Address	Security	Maximum Values Exposed

DRIVER INFORMATION

Driver Name	Date of Birth	License #	State	Yrs of Class A Experience	Yrs with Company	Type of Employee*
1						<input type="checkbox"/> I <input type="checkbox"/> E <input type="checkbox"/> O
2						<input type="checkbox"/> I <input type="checkbox"/> E <input type="checkbox"/> O
3						<input type="checkbox"/> I <input type="checkbox"/> E <input type="checkbox"/> O
4						<input type="checkbox"/> I <input type="checkbox"/> E <input type="checkbox"/> O
5						<input type="checkbox"/> I <input type="checkbox"/> E <input type="checkbox"/> O

* I: Named Insured / E: Employee / O: Owner

INSURANCE HISTORY & LOSS EXPERIENCE

Company	Policy Term	# of Power Unit	Premium	Incurred Claims	# of Claims

NOTE: Please include if there was any lapse in coverage period.

1. Are vehicles Ever left Loaded and Unattended? Yes NO
2. Does application Ever leave Loaded Trailers Detached? Yes NO
3. What Security is provided for loaded vehicles at locations? (Check all that apply)
 - Fenced Lot Security Cameras Cameras
 - Kingpin Locks Vehicle Theft Alarms In Locked Building
4. What Security is provided for loaded vehicles in transit? (Check all that apply)
 - GPS Device Armed Guard in Vehicle
 - Vehicle Theft Alarm Other _____
5. Do you hire other motor carriers or owner-operators to haul for you? Yes NO
 Are these scheduled? Yes NO
6. Do you pull double trailers? Yes NO
7. Do you pull triple trailers? Yes NO
8. Do you haul oversize or overweight loads? Yes NO
9. Do you haul commodities that are subject to tight delivery time constraints? Yes NO
10. Is the insured involved in any business activity other than trucking? Yes NO
11. Is the insured involved in any business activity other than trucking? Yes NO
12. Do you act as a freight-broker or freight-forwarder or arrange loads for others? Yes NO
13. Have you or any business you owned ever filed for bankruptcy? Yes NO
14. Any policy or coverage declined, cancelled, non-renewed during the prior 3 years? Yes NO
15. Do you lease your vehicles to others? Yes NO
 If yes, who must provide primary cargo coverage? You Lessee
16. Do you have a vehicle maintenance program in place? Yes NO
17. Do you anticipate traveling to Canada during the policy term? Yes NO
18. Do you anticipate traveling to Mexico during the policy term? Yes NO

Please provide loss descriptions and additional explanation for any answers needed.

ALL VEHICLES SCHEDULED ON THE POLICY MUST BE OWNED/REGISTERED TO THE NAMED INSURED OR HAVE A WRITTEN LEASE AGREEMENT BETWEEN THE INSURED AND VEHICLE OWNER.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY 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 [NY: SUBSTANTIAL] CIVIL PENALTIES. (NOT APPLICABLE IN CO, FL, HI, MA, NE, OH, OK, OR, or VT; in DC, LA, ME, TN, VA AND WA, INSURANCE BENEFITS MAY ALSO BE DENIED)

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE. THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

I AUTHORIZE _____ TO OBTAIN A COPY OF MY MOTOR VEHICLE RECORD FOR RATING/UNDERWRITING THE INSURANCE FOR WHICH I HAVE APPLIED. I ALSO UNDERSTAND THAT A ROUTINE INQUIRY MAY BE MADE PROVIDING INFORMATION CONCERNING MY CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS AND MODE OF LIVING, AS WELL AS ANY PERTINENT FINANCIAL DATA DEEMED NECESSARY. UPON WRITTEN REQUEST, INFORMATION AS TO THE NATURE AND SCOPE OF THE REPORT WILL BE PROVIDED TO ME.

Insured Signature: _____

Agent Signature: _____

Date: _____

Date: _____