



Salt Lake City Area Office
 8722 S. Harrison St. Sandy, UT 84070
 P.O. Box 4439 Sandy, UT 84091
 800-257-5590 • Fax 800-478-9880

Chicago Office
 303 W. Madison Street Suite 2075
 Chicago, IL 60606
 800-456-4576 • Fax 888-408-8081

**COMMERCIAL AUTO
 TRUCKING
 APPLICATION**

A. GENERAL INFORMATION

Proposed Effective Date: _____

Business Name: _____ (DBA) _____

Applicant's Name: _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ County: _____

Business Telephone Number: _____ Fax: _____

Applicant is: Individual Corporation Partnership Joint Venture Other: _____

Is this a new business? Yes No If no, how many years have you been in business? _____

Please list any other names the business is or has been known by: _____

Federal ID # _____ **US DOT #** _____

Primary Garaging Physical Address (if different): _____

City: _____ State: _____ Zip: _____

Other Locations Used:

(2) Garaging Physical Address: _____

City: _____ State: _____ Zip: _____

Description of Business Operations: _____

Producer's Name: _____

Producer's E-mail: _____ Producer Phone: _____

B. PRIMARY CONTACTS

Please provide any **Owners, Managers or Risk Managers** that would need to be contacted. Include all employees dealing with loss control, safety inspections or daily business operations.

	Name	Position/Title	Responsibilities	Contact # and Email
1				
2				
3				
4				

C. INSURANCE HISTORY

Who is your current insurance carrier (or your last if no current provider)? _____

Have you ever been cancelled or Non-Renewed from any carrier? Yes No

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$
Limits of Liability	\$	\$	\$

Has the Applicant or any predecessor ever had a claim? Yes No

Have you had any incident, event, occurrence, loss, or Wrongful Act which might give rise to a Claim covered by this Policy, prior to the inception of this Policy? Yes No

If yes, please explain: _____

Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets? Yes No

If the standard markets are declining placement, please explain why: _____

D. DESIRED INSURANCE

	Per Person/Per Act/Property Damage	CSL
<input type="checkbox"/>	\$100,000/\$250,000/\$100,000	<input type="checkbox"/> \$300,000
<input type="checkbox"/>	\$250,000/\$500,000/\$250,000	<input type="checkbox"/> \$500,000
<input type="checkbox"/>	\$500,000/\$1,000,000/\$500,000	<input type="checkbox"/> \$1,000,000
<input type="checkbox"/>	\$ _____ / _____ / _____	<input type="checkbox"/> \$ _____

Self-Insured Retention (SIR): \$1,000 (Minimum) \$2,500 \$5,000 \$10,000 Other: \$ _____

Uninsured/Underinsured Motorists: Yes No Statutory Limits \$ _____

Personal Injury Protection (PIP) – no fault- Yes No Statutory Limits \$ _____

Note: UM/UIM or PIP Coverage is only provided if required by State Law.

Automobile Physical Damage Deductible:

\$1,000 (Minimum) \$2,500 \$5,000 \$10,000 Other: \$ _____

Motor Truck Cargo Coverage

Limit on a per Truck/Tractor basis: _____

Deductible Desired: \$1000 \$2,500 \$5,000 \$10,000 Other: \$ _____

Trailer Interchange

Will you need Trailer Interchange? Yes No What Limit per Non-owned Trailer _____

Trailers			
Non-Owned Trailers			

F. RISK MANAGEMENT

For the following items: Please check off and submit with your application

- 5 year claims history and incident report – include details for all shock losses
- 4 quarters of IFTA reports
- Complete Vehicle schedule including Year, Make, Model, VIN, GVW, Type, and ACV
*provide in EXCEL over 10 vehicles
- Complete Driver schedule *provide in EXCEL over 10 drivers
- Maintenance and Service Guidelines
- Driver Hiring requirements, disciplinary actions, rewards, etc.
- Loss Mitigation techniques
- SAFER Improvements – address all items over SAFER thresholds and Investigations
- Safety standards – include all pre/post driver inspections, employee education meetings, etc.

9. Do all owner/operator autos under your name comply with all local, state and federal safety guidelines? Yes No

10. Do any owner/operators you contract with operate under any other companies DOT filing throughout a valid contract under your authority? Yes No

11. Do you require or have owner/operators that provide their own trucking insurance? Yes No

12. Do you utilize DOT Pre-Employment Screening Program (PSP) for new hires? Yes No

If not, what method of pre-screening do you use? _____

13. Do you have a designated employee or electronic system that notifies you of the status of a driver CDL medical certificate? Yes No

14. Do you have an electronic log book system installed in each vehicle? Yes No

15. Do you have any speed control measures on each vehicle? Yes No If yes, please explain in detail (please provide an additional page if necessary):

16. Commodity hauling of refrigerated items:

a. Do you keep logs for scheduled maintenance on cooling units? Yes No

b. How often are cooling units inspected? _____

OPERATOR SCHEDULE

An electronic list is mandatory for lists that exceed 10 drivers or 10 vehicles.

Applicant's Name: _____

NAME FIRST AND LAST	DATE OF BIRTH	YRS EXP	DRIVER'S LICENSE NUMBER	STATE LIC

If any driver(s) should be specifically excluded from the policy, please attach a separate list.

NAME FIRST AND LAST	DATE OF BIRTH	YRS EXP	DRIVER'S LICENSE NUMBER	STATE LIC

If available, please attach a copy of the MVR and driver's license for each driver.

Note: Drivers are subject to MVR surcharges based on the standing of the Driver.

Vehicle Schedule

Insured/Applicant's Name: _____

Vehicle #: _____

Year		Make		Model	
V.I.N.				Territory	
Type		License State		Radius	
City, State, Zip where Garaged					
Actual Cash Value			GVW/GCW		

Vehicle #: _____

Year		Make		Model	
V.I.N.				Territory	
Type		License State		Radius	
City, State, Zip where Garaged					
Actual Cash Value			GVW/GCW		

Vehicle #: _____

Year		Make		Model	
V.I.N.				Territory	
Type		License State		Radius	
City, State, Zip where Garaged					
Actual Cash Value			GVW/GCW		

Vehicle #: _____

Year		Make		Model	
V.I.N.				Territory	
Type		License State		Radius	
City, State, Zip where Garaged					
Actual Cash Value			GVW/GCW		

REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

Dated: _____ Dated: _____

Applicant: _____ Agent/Broker: _____

Signature Signature

Print Name Print Name