



TRANSPORTATION/HEAVY HAUL | SUPPLEMENTAL APPLICATION

Insured Information

Named Insured:

Effective Date:

Mailing Address:

Physical Address:

Website:

Primary Contact Person:

Phone:

Fed Tax ID:

Lines of Business:

Effective Date:

GL Auto IM XS

Is the Applicant currently insured through the submitting agency? Yes No

If yes, what lines of business? GL Auto IM XS

Agency Information

Agency Name:

Representative:

Agency Address:

Inspection Conducted By:

Cell Phone:

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General

Description of Operations:

Years in Business:

DOT Number:

MC Number:

Type of Business:

Sole Proprietor
 Corporation
 LLC
 S-Corp
 Other _____

Additional Named Insureds:

	Company	Operations	Exposures Included?
1.	<div style="background-color: #f0f0f0; height: 30px;"></div>	<div style="background-color: #f0f0f0; height: 30px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<div style="background-color: #f0f0f0; height: 30px;"></div>	<div style="background-color: #f0f0f0; height: 30px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<div style="background-color: #f0f0f0; height: 30px;"></div>	<div style="background-color: #f0f0f0; height: 30px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Years of Experience of Principals:

Commodity	Maximum Value	Average Value	% Total Revenue
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Have you filed for bankruptcy in the last 5 years? Yes No

Has your insurance been cancelled for non-pay in the last 5 years? Yes No

Radius of Operations:

< 50 Miles % 51-200 Miles % 201-500 Miles % > 500 Miles %

Historic Base:

	Power Units	Trailers	Mileage	Revenue	Premium	Carrier
Current						
1st Prior						
2nd Prior						
3rd Prior						
4th Prior						
5th Prior						

Do you transport owned goods? Yes No

Do you operate as a broker or freight forwarder? Yes No

Do you haul hazardous materials? Yes No

Do you any of your loads require placarding? Yes No

Explanation:

Have you operated under a different name and/or DOT # in the past 5 years? Yes No

Explanation:



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Drivers

Minimum Number of Years Experience Required:

Minimum Age Required:

Number Under 25:

Number Over 65:

Number of Subhauleders or Owner Operator's:

Driver Turnover %:

Is each driver's prior employment verified? Yes No

Are all drivers covered by worker's compensation? Yes No

Are driver files maintained on each driver and regularly reviewed? Yes No

Do you provide driver training? Yes No

Does Your Driver Selection Procedure Include: (Select all that apply)

Written Application

Road Test

Drug Test

Reference Checks

Written Test

Physical Exam

MVR Check (How Often? _____)



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Safety

Do you have a formal safety program in place? Yes No

How often are safety meetings held?

Are all employees required to attend? Yes No

Is there a dedicated Safety Director? Yes No

Name:

Title:

Years in Safety Field:

Percentage of Time Spent on Safety:

Are all accidents investigated? Yes No

Is there a safety award program? Yes No

Are DOT regulations closely followed? Yes No

DOT Safety Rating:

As Of:

Do you have a policy against cell phone use while driving? Yes No

Safety Devices Currently Being Used: (Select all that apply)

- Electronic Logging
- Anti-Rollover Devices
- Electronic On-Board Recorders
- Speed Governors
- Accident Event Recorders
- Tracking System



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Equipment & Vehicle Maintenance

- Is there a formal vehicle maintenance program in place? Yes No
- Do you do maintenance on your own vehicles? Yes No
- Are maintenance files kept on all units? Yes No
- Are daily pre-trip inspections made? Yes No
- Are all units owned? Yes No
- Are hydraulic trailer beds used? Yes No
- Are tiller axles used? Yes No
- Are escorts used? Yes No
- Do you haul tandem trailers? Yes No
- Is there any special equipment mounted or attached? Yes No

Explanation:

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Motor Truck Cargo

Do you have any warehousing operations? Yes No

If yes, what kind: Public Private Bonded Contract

Receipts:

[Empty text box for receipts]

**A copy of the front and back of the warehousing receipt is required.*

Are you storing any commodities over night? Yes No

If yes, please provide details on security:
[Empty text box for security details]

Will a Form H filing be required? Yes No

If freight forwarding, what is the revenue from this operation? [Empty text box]

Describe methods used to secure cargo:

[Empty text box for cargo security methods]

General Liability

- Have any Op's been sold, acquired or discontinued in the last 5 years? Yes No
- Are Certificates of Insurance obtained? Yes No
- Do you require to be named as an additional insured as necessary? Yes No
- Do your drivers do loading/unloading? Yes No
- Are your premises well maintained and free of debris? Yes No



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APPLICANT HISTORICAL RESULTS

Property/Inland Marine

Year	#Claims	Paid Losses	Reserve	Total Incurred	Carrier	Date Valued	Actual/Estimated Annual Premium	Total Values

General Liability

Year	#Claims	Paid Losses	Reserve	Total Incurred	Carrier	Date Valued	Actual/Estimated Annual Premium	Total Values

Automobile

Year	#Claims	Paid Losses	Reserve	Total Incurred	Carrier	Date Valued	Actual/Estimated Annual Premium	Total Values

Workers Compensation

Year	#Claims	Paid Losses	Reserve	Total Incurred	Carrier	Date Valued	Actual/Estimated Annual Premium	Total Values

Note: Provide large loss details for any claims over \$50,000 in table on next page



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Loss Summary

Auto

Year	Incurred	Paid	Reserves	# of Claims	Premium

General Liability

Year	Incurred	Paid	Reserves	# of Claims	Premium

Motor Truck Cargo

Year	Incurred	Paid	Reserves	# of Claims	Premium

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Attention

- 1. THE APPLICANT WARRANTS THAT THE ABOVE STATEMENTS AND PARTICULARS, TOGETHER WITH ANY ATTACHED OR APPENDED DOCUMENTS OR MATERIALS ("THIS APPLICATION"), ARE TRUE AND COMPLETE AND DO NOT MISREPRESENT, MISSTATE OR OMIT ANY MATERIAL FACTS.
- 2. THE APPLICANT UNDERSTANDS THAT THE COMPANY RELIED UPON THE INFORMATION CONTAINED WITHIN THIS APPLICATION TO DETERMINE ACCEPTABILITY, RATES AND COVERAGE.
- 3. THE APPLICANT UNDERSTANDS THAT ANY MISREPRESENTATION OR OMISSION SHALL CONSTITUTE GROUNDS FOR RESCISSION OF COVERAGE AND DENIAL OF CLAIMS, OR, AT THE OPTION OF THE COMPANY, THE ASSESSMENT OF ADDITIONAL PREMIUM CHARGES, THE APPLICANT REPRESENTS AND WARRANTS TO THE COMPANY THAT, IF A POLICY IS ISSUED TO THE APPLICANT, THE APPLICANT WILL COOPERATE WITH THE COMPANY IN CONNECTION WITH ANY INSPECTION, PREMIUM AUDIT AND IN ALL OTHER RESPECTS AS REQUIRED UNDER THE POLICY.
- 4. THE APPLICANT UNDERSTANDS THE COMPANY IS NOT OBLIGATED NOR UNDER ANY DUTY TO ISSUE A POLICY OF INSURANCE BASED UPON THIS APPLICATION. THE APPLICANT FURTHER UNDERSTANDS THAT, IF A POLICY IS ISSUED, THIS APPLICATION WILL BE INCORPORATED INTO AND FORM A PART OF SUCH POLICY.
- 5. IF THE APPLICANT BECOMES AWARE THAT ANY RESPONSE ON THIS APPLICATION IS INACCURATE AS A RESULT OF INFORMATION OR CHANGE OF CIRCUMSTANCES BEFORE A POLICY ISSUED BEFORE SUCH NOTIFICATION IS SUBJECT TO IMMEDIATE CANCELLATION.
- 6. THE APPLICANT AUTHORIZES THE COMPANY TO MAKE ANY INVESTIGATION AND INQUIRY IN CONNECTION WITH THE APPLICATION AS IT MAY DEEM NECESSARY.

THE UNDERSIGNED, BEING AUTHORIZED BY AND ACTING ON BEHALF OF THE PROSPECTIVE INSURED, REPRESENTS THAT THE ANSWERS GIVEN ARE TRUE. FAILURE TO PROVIDE TRUTHFUL ANSWERS AND ALL MATERIAL INFORMATION CAN RESULT IN THE COMPANY ELECTING TO CANCEL, REFORM AND/OR RESCIND THE POLICY.

("APPLICANT", "YOU", "YOUR" AND SIMILAR WORDS REFER TO THE PROSPECTIVE INSURED)

THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN POLICIES ISSUED BY THE COMPANY VARY SIGNIFICANTLY FROM THOSE CONTAINED IN MANY OTHER LIABILITY INSURANCE POLICIES. THE POLICY FORM ISSUED BY THE COMPANY PROVIDES COVERAGE THAT MAY BE MORE LIMITED THAN THAT AVAILABLE UNDER THE "ISO" INSURANCE POLICY OR SIMILAR TYPES OF POLICIES. YOU SHOULD CAREFULLY REVIEW THE ENTIRE POLICY WITH YOUR AGENT, LEGAL COUNSEL OR OTHER INSURANCE PROFESSIONAL TO MAKE SURE THAT YOU UNDERSTAND THE COVERAGE IT PROVIDES, AND YOUR RIGHTS AND OBLIGATIONS UNDER THE POLICY.

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.

Agency Name: _____ **Title:** _____

Producer Signature: _____ **Date:** _____

Applicant (Insured) Signature: _____ **Date:** _____

Print Name/Title: _____

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Submission Requirements

Inland Marine/General Liability	Commercial Auto	Umbrella/Excess
Acord Sections	Acord Sections	Acord Sections
Five Years of Currently Valued Insurance Company Issued Loss Runs	Five Years of Currently Valued Insurance Company Issued Loss Runs	Five Years of Currently Valued Insurance Company Issued Loss Runs
Equipment Schedule	Vehicle Schedule with Stated Amount Values	Employer's Liability Carrier/Limit
Operator Certifications	Driver Schedule	
Equipment Inspections	Motor Vehicle Reports - All Drivers	
Lease/Rental Agreement	Details On Any Filings Required	