



## TRUCKING PROGRAM APPLICATION

Entire application must be completed and signed

### APPLICANT INFORMATION

Proposed Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  New Policy  Renewal of Policy No. : \_\_\_\_\_  
 12:01 A.M at applicant's mailing address

Applicant is:  Individual  Partnership  Corporation  Joint Venture  LLC  Other \_\_\_\_\_

Federal ID# or SSN: \_\_\_\_\_ U.S. DOT#: \_\_\_\_\_ MC#: \_\_\_\_\_

Applicant Legal Name: \_\_\_\_\_  
 (If more than one Named Insured provide explanation for each in Comments, page 5)

Mailing Address: \_\_\_\_\_ County: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_ Fire District: \_\_\_\_\_

Garaging Address (if different): \_\_\_\_\_

Additional Terminals (if applicable): 1. \_\_\_\_\_ 2. \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Website (if applicable): \_\_\_\_\_

Primary Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**FOR VIRGINIA APPLICANTS ONLY: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.**

### COVERAGES

Auto Liability  Non-Trucking Use Liability Leased to: \_\_\_\_\_ DOT#: \_\_\_\_\_

Combined Single Limit (BI/PD) each accident \$ \_\_\_\_\_ CSL **OR**  Split Limits \$ \_\_\_\_\_

Liability Property Damage Deductible \$ \_\_\_\_\_ (Deductible Fund Agreement **may** be required on fleet accounts)

Uninsured Motorists (UM) \$ \_\_\_\_\_  Underinsured Motorists (UIM) \$ \_\_\_\_\_

Personal Injury Protection (PIP – No Fault) \$ \_\_\_\_\_ Are Drivers Covered by Workers Compensation?  Yes  No

Medical Payments \$ \_\_\_\_\_  Property Protection (Michigan Only) \$ \_\_\_\_\_  Property Damage Buyback (Michigan Only)

**Separate Maxum Casualty Insurance Company Uninsured Motorists / Underinsured Motorists / Personal Injury Protection selection form(s) must be completed in full and signed by the applicant when binding coverage (except for Ohio and New Hampshire applicants).**

Physical Damage: **Select**  Comprehensive **OR**  Specified Causes of Loss \$ \_\_\_\_\_ Deductible  Collision \$ \_\_\_\_\_ Deductible

Non-Owned Trailer Physical Damage: Max Value \$ \_\_\_\_\_ Max # of non-owned trailers in possession at any one time: \_\_\_\_\_

Trailer Interchange: Max Trailer Value \$ \_\_\_\_\_ # of Trailer Days per Power Unit: \_\_\_\_\_ # Power Units under Agreement: \_\_\_\_\_

Cargo: Limit \$ \_\_\_\_\_ Deductible \$ \_\_\_\_\_  Decline Combined Deductible (Included Unless Declined)

Named Shipper Endorsement: Limit \$ \_\_\_\_\_ Average Value \$ \_\_\_\_\_ Max Value \$ \_\_\_\_\_

Shipper Name: \_\_\_\_\_ Commodity: \_\_\_\_\_ % of Hauls: \_\_\_\_\_ %

Rental Reimbursement: **Select**  Stated Vehicles **OR**  Broadened (All Units) Amount per Day \$ \_\_\_\_\_  30 days  120 days

Hired Auto Liability: Estimated Cost of Hire \$ \_\_\_\_\_ **OR**  Contract Requirement Only  Non-Owned Liability: # Employees: \_\_\_\_\_

Hired Auto Physical Damage: Max Value \$ \_\_\_\_\_ # of days: \_\_\_\_\_  Hired Auto Cargo

**If Hired and/or Non-Owned Coverage(s) are selected, attach Hired & Non-Owned Supplement (A001) unless contract requirement only with no hired autos in past 12 months and none anticipated for next 12 months.**

**DESCRIPTION OF OPERATIONS**

**Section I – GENERAL**

1. **Type of Carrier:**  Common Carrier  Contract Carrier  Exempt Carrier  Freight Broker  Other \_\_\_\_\_
2. **Operation Classification:**  Trucking For Hire  Trucking Private  Other \_\_\_\_\_
3. **Does applicant haul hazardous commodities regulated by FMCSA?**  Yes  No **If yes,** Liability Limits required by FMCSA: \_\_\_\_\_
4. **Does applicant operate as a freight broker, freight forwarder or arrange loads for others?**  Yes  No **If yes,** provide the following:  
 Brokerage Name: \_\_\_\_\_ DOT #: \_\_\_\_\_ Annual Revenue from these operations: \$ \_\_\_\_\_  
 Name on the Bill of Lading? \_\_\_\_\_ Applicant have Contingent Liability Policy?  Yes  No  
 Does brokerage agreement require the Carrier to provide Liability coverage with Hold Harmless and Certificate to applicant?  Yes  No
5. **Does applicant have a separate freight broker, freight forwarder operation?**  Yes  No **If yes,** provide the following:  
 Brokerage Name / DOT: \_\_\_\_\_ Does broker use trailers owned by applicant?  Yes  No
6. **Has applicant and / or owner filed bankruptcy in the past 5 years?**  Yes  No **If yes,** provide date: \_\_\_\_\_
7. **Has applicant operated under a different name and / or DOT# in the past 5 years?**  Yes  No **If yes,** provide DOT#: \_\_\_\_\_
8. **Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries?**  Yes  No **If yes,** provide details:  
 \_\_\_\_\_
9. **For New York Applicants ONLY: Is applicant covered by a wage continuation plan?**  Yes  No  
**If yes,** provide name of plan and persons covered: \_\_\_\_\_
10. **How many years has the applicant operated under this business name continuously?** \_\_\_\_ **If less than 2 years,** attach supplement A053.

**Section II – COMMODITIES TRANSPORTED**

Commodity	%	Average Value	Max Value	Commodity	%	Average Value	Max Value

11. **Loads are:**  Truckload  Less than Truckload (LTL)
12. **Percent of loads secured through:** Freight Brokers: \_\_\_\_\_% Contracts with Shippers: \_\_\_\_\_%
13. **Percent of loads to regular or fixed destinations:** \_\_\_\_\_%
14. **Do you haul containers?**  Yes  No **If yes,** what percentage: \_\_\_\_\_%

**Section III – MILEAGE AND REVENUE HISTORY– IFTA / Mileage Pro-Rate is required on risks operating interstate**

Year	Policy Term	# Units at Inception	Annual Revenue \$	Annual Mileage
Projected				
Current				
1 <sup>st</sup> Prior				
2 <sup>nd</sup> Prior				

15. **Does applicant own or permanently lease any autos NOT included in the mileage schedule(s)?**  Yes  No **If yes,** indicate below.  
 Owner operators: # \_\_\_\_\_  Autos under 26,000 GVW: # \_\_\_\_\_  Autos operating intrastate only: # \_\_\_\_\_  Other: # \_\_\_\_\_
16. **Average annual miles per unit operated:** Average mileage per Tractor / Truck: \_\_\_\_\_ Service Unit: \_\_\_\_\_
17. **Percent of trips:** 0-100 miles \_\_\_\_\_% 300 miles \_\_\_\_\_% 500 miles \_\_\_\_\_% 1000 miles \_\_\_\_\_% Over 1000 miles \_\_\_\_\_%

**Section IV – RANGE OF TRANSPORT**

Interstate       Intrastate Only

INDICATE ALL PRIMARY (10% +) DESTINATION CITIES (metro and non-metro) and estimate % of hauls originating or delivered into.

Destination City, State	% Loads	Destination City, State	% Loads	Destination City, State	% Loads

**INSURANCE HISTORY AND LOSS EXPERIENCE**

18. In last 3 years, has applicant's Insurance Coverage been canceled or nonrenewed?  Yes  No  N/A for Missouri domiciled applicants

If yes, provide date and reason: \_\_\_\_\_

List all known and / or reported accidents / losses for the current year and prior (3) years or attach detailed loss summary. Please include accident / loss information for Liability, Physical Damage, and Cargo. If additional space is needed attach A003 or summary with required info.

Policy Term		Insurance Company	Coverages Provided	Total # Accidents		Accidents with BI		Driver(s) Attach loss runs if multiple
From	To			#	Amount of Loss	#	Amount of Loss	

**DRIVERS AND SAFETY**

List all individuals that will be allowed to drive vehicles requested to be covered. Report all new drivers immediately to your agent.

Driver's Name	Date of Birth	License Number / Social Security Number	State	Years Driving Similar Equip	Date of Hire	# Convicted Viol / Acc Past 3 Years			# Convicted Violations Past Year
						Minor	Major	Acc	

19. Does applicant have written minimum driver hiring standards?  Yes  No Provide driver hiring standards / criteria below.

- A. Minimum Age / Experience Driving Similar Equipment: \_\_\_\_\_ / \_\_\_\_\_      C. Maximum # of moving violations within last 3 years: \_\_\_\_\_  
 B. Major Violations: \_\_\_\_\_      D. Accidents: \_\_\_\_\_

20. Are all drivers employees of the applicant? If no, explain in Comments, page 5.	<input type="checkbox"/> Yes <input type="checkbox"/> No	25. Are driver trainees used? If yes, company approval is required prior to binding coverage.	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. A. Are passengers ever allowed to ride in vehicles other than company employees? B. Are passengers under 19 years old allowed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	26. Are team, hot seat, slip seating or relay drivers used? If yes, explain in Comments, page 5.	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Is there a written passenger policy in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No	27. Are accidents reviewed with driver with initiation of corrective or disciplinary action plan, if needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Is employee leasing for drivers utilized? If yes, explain in Comments, page 5.	<input type="checkbox"/> Yes <input type="checkbox"/> No	28. Is there a written safety program currently in use? If 26+ units, attach copy.	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Are MVR's ordered and previous employment verified prior to hiring drivers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	29. Are quarterly safety meetings conducted requiring driver attendance at least twice annually? (26+units)	<input type="checkbox"/> Yes <input type="checkbox"/> No

**FILINGS**

Base State: \_\_\_\_\_ Type of Filing Required (FMCSA, FORM E, FORM H, OVERSIZE / OVERWEIGHT, CITY, HAZARDOUS PERMITS)

Filing Required	Motor Carrier or Permit #	Applicant's Name and Address exactly as it appears on each Permit

**VEHICLE INFORMATION**

**Section I – VEHICLE SCHEDULE**

30. Total # of vehicles: Owned: \_\_\_\_\_ Leased without Drivers: \_\_\_\_\_ Owner Operators under Long Term Lease (6 months +) \_\_\_\_\_

ALL AUTOS OWNED OR LEASED BY YOU MUST BE SCHEDULED AND INSURED IF FILINGS ARE TO BE MADE.

Unit No.	Model Year	Trade Name	Serial Number Full Number is Required	Body Type*	GVW or GCW	Stated Value	Owned = O Leased = L

\* POWER UNITS: TT=Tractor, TK=Truck

\* TRAILERS: TLF=Flatbed, TLV=Dry Van, TLT=Tank, TLR=Refrigerated, TLD=Dump Belly, TLDH=Dump Hydraulic, TLL=Log, TLA=Auto, TLLS=Livestock

**Section II – LIENHOLDER (LP) AND ADDITIONAL INSURED (AI) INFORMATION**

Unit No.	Indicate LP / AI	Name	Street Address, City, State, Zip Code

**Section III – VEHICLE USE QUESTIONS**

EXPLAIN ANY "YES" ANSWERS IN COMMENTS SECTION ON PAGE 5.

31. Are any autos used by family members not listed as drivers on this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No	36. Does applicant lend, lease, or rent <b>owned power units</b> to others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
32. Are any autos used for personal use by any officers or employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No	37. Does applicant lend, lease, or rent <b>owned trailers</b> to others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
33. Does applicant pull double or triple trailers? What is % of trips? Doubles: _____ Triples: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	38. Does applicant interchange power units or trailers with other carriers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
34. Does applicant own, lease, rent autos <b>not</b> listed on the vehicle list provided with application?	<input type="checkbox"/> Yes <input type="checkbox"/> No	39. Any autos operating under applicants authority <b>not</b> included on vehicle list provided with this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
35. Do other motor carriers trip lease to applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	40. Is there specialized equipment attached to any unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**COMMENTS**

Question #	Comments

IF ADDITIONAL SPACE IS NEEDED FOR VEHICLES, LIENHOLDER / ADDITIONAL INSURED, DRIVERS, OR COMMENTS ATTACH ADDITIONAL INFORMATION SUPPLEMENT A003 OR A SEPARATE SCHEDULE PROVIDING ALL REQUIRED INFORMATION.

<b>STATE FRAUD WARNINGS</b>
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**NOTICE TO DELAWARE APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURANCE COMPANY FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

**NOTICE TO FLORIDA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURANCE COMPANY FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

**NOTICE TO MAINE, TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:** 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, AND DENIAL OF INSURANCE BENEFITS.

**NOTICE TO NEW MEXICO APPLICANTS:** ANY PERSON WHO 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 PENALTIES.

**NOTICE TO NEW YORK APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO, IN CONNECTION WITH SUCH APPLICATION OR CLAIM, 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 SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION.

**NOTICE TO OKLAHOMA APPLICANTS: WARNING:** I UNDERSTAND ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

**NOTICE TO OREGON APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS MATERIALLY FALSE INFORMATION IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO PENNSYLVANIA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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 SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO ALL OTHER STATES:** ANY PERSON WHO 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 FINES AND CONFINEMENT IN PRISON.

**APPLICANT AGREEMENT AND SIGNATURES**

**THIS APPLICATION MAY NOT BE USED TO BIND COVERAGE.** COMPLETION OF THIS APPLICATION BY A PROSPECTIVE INSURANCE BUYER IS FOR THE PURPOSE OF TRANSMITTING INFORMATION ONLY. **COVERAGE WILL COMMENCE** ONLY UPON THE EFFECTIVE DATE OF A SEPARATE CONTRACT BINDING INSURANCE COVERAGE I.E. POLICY OR OFFICIAL BINDER FORM ISSUED BY AN AGENT AUTHORIZED BY MAXUM CASUALTY INSURANCE COMPANY.

I AUTHORIZE MAXUM CASUALTY INSURANCE COMPANY AND / OR THE PRODUCING AGENT TO OBTAIN A COPY OF MOTOR VEHICLE REPORTS FOR VERIFICATION OF THE INSURANCE FOR WHICH I HAVE APPLIED AND ANY RENEWAL THEREOF. I UNDERSTAND THAT IN OBTAINING A MOTOR VEHICLE REPORT, A CONSUMER REPORTING AGENCY MAY BE USED BY THE INSURER AND I AUTHORIZE SUCH USE. I CERTIFY ALL DRIVERS UNDER THIS POLICY HAVE AUTHORIZED ME TO CONSENT ON THEIR BEHALF FOR THE INSURER TO OBTAIN MOTOR VEHICLE REPORTS FOR UNDERWRITING.

I CERTIFY ALL INFORMATION IN THIS APPLICATION AND ANY ATTACHMENTS THERETO ARE TRUE AND AGREE A MISREPRESENTATION OF ANY OF THE FACTS BY ME WILL CONSTITUTE REASON FOR THE COMPANY TO VOID OR CANCEL ANY POLICY ISSUED ON THE BASIS OF THIS APPLICATION, AND WILL HOLD THE COMPANY HARMLESS FOR THE ACTION TAKEN.

PRINT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF AGENT: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENCY NAME: \_\_\_\_\_ PHONE #: (\_\_\_\_) \_\_\_\_\_