

Trucking Application

Applicant and Operations Information

APPLICANT INFORMATION

Applicant Name:

Fed Emp ID Number:

Business Type:

☐ LLC☐ Corp☐ Partnership☐ Sole

Address:

Named Insured Contact / Title:

Contact Phone - Work:

Contact Phone - Mobile:

Contact Email:

FILINGS

State Filing:

☐ Yes☐ No

Federal Filing:

☐ Yes☐ No

DOT #:

Trucking Application

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DESCRIPTION OF OPERATIONS

1. Describe any operations other than trucking:

☐

2. Specify Type of trucking operation:

☐

For Hire

☐

Private

☐

Other

(explain)

Other - Explanation:

3. Length of Haul (Total must equal 100%):

Mileage Range	Percentage
Under 50 miles	%
50-200 miles	%
201-300 miles	%
Over 301 miles	%

4. Routes:

Dedicated Routes:

☐

Yes

☐

No

Explain routes - (e.g., accepts broker loads, dedicated city-to-city routes, etc.):

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COMMODITIES AND EQUIPMENT

5. Commodities Hauled

Does applicant haul hazardous materials?

☐

Yes

☐

No

If yes, what?

6. Total Number of Power Units (indicate number of each type):

Tractor:

Straight Trucks:

Wreckers:

Additional Notes:

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EQUIPMENT DETAILS - CONTINUED

6. Power Unit Types - Continued

Tractor - Cabover:

Dump Trucks:

Other:

7. TRAILERS / STRAIGHT TRUCK BEDS

Number and type of trailers (or type of bed for Straight Trucks):

Dump Trailer - End:

Flatbeds:

Tankers (bottom load):

Logging:

Open Top Van (chip):

☐ Tankers - no baffles:

Dump Trailer - Bottom:

Lowboys:

Tankers (top load):

Grain:

Pole:

Frameless Dump:

Tankers (with baffles):

Live Bottom:

☐ Other:

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GARAGING AND CONTRACTS

8. Are any units garaged at drivers' residence?

☐

Yes

☐

No

If yes, can drivers be dispatched from residence?

☐

Yes

☐

No

9. Loads hauled under contract: %

Loads via spot hauling: %

For loads under contract, list top five customers and % of each:

Customer	Percentage
Customer 1:	%
Customer 2:	%
Customer 3:	%
Customer 4:	%
Customer 5:	%

Do any contracts require a Waiver of Subrogation?

☐

Yes

☐

No

If yes, how many?

UNDERWRITING ONLY

CAB SCORE:

Claims Summary:

Notes: