



Mt. Hawley – E&S Specialty Auto Application Checklist

Producer Company: _____	Producer Website: _____
Producer Address: _____	
Producer Name: _____	Producer Email: _____
Phone: _____	800: _____
	Fax: _____
Are you the incumbent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If yes, for how long? _____	
Applicant's Expiration Date: _____	Proposed Effective Date: _____
	Quote Date Required: _____

To underwrite this application, the following materials must be provided and attached to this application:

- **Account Narrative, Strategy, and Market Position:** Summarize the risk details, the submission strategy, and market position..
- **Financial Statements:** Balance sheets and income statements on an accrual basis for the last 2 fiscal year ends and a current interim statement are required. Audited or 3rd party reviewed statements are required. Parent company financials, if applicable, should be provided.
- **Loss Runs:** Provide documented loss experience, valued within the past 60 days from proposed inception, for all lines of coverage requested for the current and 4 prior years (5 total years). Provide full claim details (circumstance, extent of injury/damage, etc.) on open losses and losses of \$50K+ incurred.
- **Expiring Rates and Target Premium:** Provide expiring policy rates by line of coverage and target premium.
- **IFTAs:** Provide fuel tax reports, indicating mileage by state and total mileage for all states for the previous 8 calendar quarters. If not all mileage is captured by IFTAs, then internal mileage reports are required.
- **Equipment Schedule:** Attach equipment schedule in excel format including make, model, year, VIN, GVW, license and registration state, and description of use. Notate if the unit is an owner operator.
- **Drivers List:** Attach listing of all drivers operating equipment to be covered by this proposed insurance: company drivers, owner/operators, drivers of service and private passenger units. List should include full name of driver, date of birth, state of license issued, driver's license number, years of commercial driving experience, and date of hire.
- **MVRs:** Comprehensive and current MVRs are required and should be valued no more than 60 days from proposed inception.
- **Agreements:** Provide copies of all applicable agreements used by applicant, including permanent lease, trip lease, hold-harmless, interline, interchange, intermodal, and sub-hauler agreements.
- **Loss Control, Safety, and Compliance Materials:** Provide a summary of all programs and processes in place and attach copies of all policies and programs including but not limited to: driver hiring and MVR guidelines, new driver training, continuous training – defensive and distracted driver training, fatigue driver management, maintenance policy, etc.

E&S SPECIALTY AUTO APPLICATION

Named Insured: _____
(As it appears on all regulatory filings)

Mailing Address: _____

Principal Garage Address: _____

Main Phone: _____ Direct Phone: _____ Cell Phone: _____

Applicant's Website: _____

Safety Survey Contact Name: _____ Phone: _____

Key Contact Person: _____ Title: _____

Key Contact Email: _____ Phone: _____

Named Insured: Corporation Partnership Sole Proprietor

Federal Employee ID #: _____

DOT #: _____ MC: _____

	% of Ownership		% of Ownership
President: _____	_____	Maintenance Manager: _____	_____
VP/Gen'l. Mgr.: _____	_____	Safety/Risk Manager: _____	_____
CFO/Controller: _____	_____	Inspection contact(s): _____	_____
Number of years in operations: _____		Number of years under current management: _____	

List all **subsidiaries** and **affiliated** companies and explain what they do and if they are to be included on the policy.
 (Add attachment, if necessary)

Company Name and DOT # (if applicable)	Type of Business	Included on Policy
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

General:

1. Have you ever been cancelled or non-renewed within the last 5 years? Yes No N/A
2. Have you filed for bankruptcy protection within the last 5 years? Yes No N/A
3. Do you lease property, vehicles, or mobile equipment to others? Yes No N/A
4. Do you perform any rigging? Yes No N/A
5. Do you perform service or repair work on other than company-owned equipment? Yes No N/A
 If yes, describe type of work performed, number of vehicles at any one time, revenue derived, and list any Garage Liability insurance in-force: Insurer, policy # and term, limits: _____

6. Do you have any fuel storage facilities on your premises? Yes No N/A
 If yes, list products stored, capacity, and list any Pollution Liability insurance in-force: Insurer, policy # and term, limits: _____

7. Do you sell any product on a wholesale or retail basis? Yes No N/A

8. Do you derive any revenue from warehousing? Yes No N/A
9. Do you allow passengers to accompany drivers? Yes No N/A
If yes, describe your policy, including authorization and frequency: _____
10. Do you have any surplus equipment not presently being utilized? Yes No N/A
11. Do you utilize any of the following: (satellite/tracking equipment, communication devices, or alarms)? Yes No N/A

Please describe ANY MAJOR CHANGES in the applicant's operations over the last 5 years and planned for the next 2-3 yrs. Include growth/downsizing, commodities, customers, territories, equipment, driver hiring, personnel, financial, etc.:

Operations:

1. Radius of operations (% of miles):
 a. 0 – 50 _____% b. 51 – 200 _____% c. 201 – 500 _____% d. Over 500 _____%
2. Average radius _____ miles Maximum radius _____ miles

City/State	% of Hauls	City/State	% of Hauls

Exposure History & Projections:

Rating Period	Mileage*	Revenue	Company Revenue Units**	O/O Revenue Units**	PP & Service Units**	# of trips, transport, tows, etc.	TIV\$
Next 12 Month (Projected)							
Current Year (Estimated)							
1 st Prior Year (Audited)							
2 nd Prior Year (Audited)							
3 rd Prior Year (Audited)							
4 th Prior Year (Audited)							

* Mileage should include all miles ran under your authority
 ** Units should reflect the annualized average number of active units

Maintenance:

1. Do you have a written maintenance program? Yes No N/A
If yes, attach copy.
2. Do you perform your own repairs? Yes No N/A
3. Number of maintenance personnel: _____
4. Are pre/post trip inspections performed? Yes No N/A
5. Define your inspections and preventive maintenance schedule intervals:
 a. _____
 b. _____
 c. _____

6. Is the equipment for any owner/operator subject to the same maintenance requirements as company equipment? Yes No N/A
7. Describe your plans to replace or upgrade your equipment: _____

Safety & Driver Hiring:

1. Safety Director's tenure with applicant: _____
2. Is Safety Director responsible for hiring? Yes No N/A
3. Years of safety experience: _____
4. Percent of time devoted to safety: _____ %
5. Safety Director reports to:
 Name _____ Title _____
6. Does Safety Director have the ultimate authority to hire and fire drivers? Yes No N/A
7. Current Number of drivers: _____
 a. Employees: _____
 b. Owners/Operators: _____
 c. Sub-haulers (CA only): _____
 d. Total: _____
8. Drivers hired in past 12 months: _____
 a. Drivers replaced: _____
 b. Drivers added: _____
9. Minimum driver age: _____
 a. Maximum driver age: _____
 b. Minimum commercial driving experience: _____
10. Average compensation (per mile or per year):
 a. Company Driver: \$ _____ / \$ _____
 b. Owner/Operator: \$ _____ / \$ _____
11. How often do drivers return home? _____
12. Are drivers unionized? Yes No N/A
13. Do your driver hiring procedures include the following:
 a. Written application? Yes No N/A
 b. Reference checks? Yes No N/A
 c. Road test? Yes No N/A
 d. Prior employer interviews? Yes No N/A
 e. Physical exam? Yes No N/A
 f. Drug testing? Yes No N/A
 g. Owner/Operator equipment inspections? Yes No N/A
 h. Written test? Yes No N/A
 i. MVR review? Yes No N/A
14. Do you hire drivers from training schools? Yes No N/A
 If yes, describe your on-the-job training program for these drivers: _____

15. Does your new driver training include the following:
 a. Equipment familiarization? Yes No N/A
 b. Handling commodities? Yes No N/A
 c. Route familiarization? Yes No N/A
 d. Emergency procedures? Yes No N/A
 e. Accident reporting procedure? Yes No N/A
 f. Training required for owner/operators? Yes No N/A

16. New drivers assigned to a senior driver trainer? Yes No N/A
 If yes, how long will they drive together? _____
17. Length of new driver training program: _____
18. Additional comments on driver recruiting and training: _____

Safety Technology:

Platform	% of Fleet	Date Installed	Person in Charge
Telematics			
Accident Event Recorder (self-managed)			
Accident Event Recorder (3 rd party)			
Electronic Logging Device			
Collision Avoidance			
In Vehicle Camera			
Anti-rollover Device			
Other (Describe): _____			
Other (Describe): _____			

Describe how the data and information is incorporated into driver training and disciplinary program: _____

Expiring & Requested Coverages:

Preferred Rating Basis (Select one): Revenue Mileage

Coverage	Expiring			Proposed		
	Limit	DED/SIR	Carrier	Rate	Limit	DED/SIR
Auto Liability						
* Uninsured Motorists						
* Underinsured Motorists						
Excess Liability						
General Liability						
Physical Damage Owned Equipment						
Stated Values =	ACV				ACV	
\$ _____	ACV				ACV	
Private Passenger Autos & Service: Auto Physical Damage						
Stated Values =	ACV				ACV	
\$ _____	ACV				ACV	

*** Note: In order to bind coverage, applicant will need to sign appropriate UM/UIM rejection/selection forms.**

Filings:

1. Is a federal filing needed? Yes No N/A
2. List the states or Canadian provinces where applicant has Liability or Cargo Filings: _____

Loss Experience:

Auto Liability

Effective Date	Valuation Date	Carrier	# of Losses	Total Incurred

Physical Damage

Effective Date	Valuation Date	Carrier	# of Losses	Total Incurred

NOTE: Before coverage can be bound, copies of all filings to be made must be received.

The Applicant hereby applies to the Company for a policy of insurance as set forth in this application on the basis of statements contained herein. Applicant agrees that such policy shall be null and void if such information is materially false or misleading so that the Company would have rejected the risk prior to inception. Applicant understands that an inquiry may be made which will provide applicable information concerning character, general reputation, financial stability and other pertinent financial data, personal characteristics, mode of living or other background information the company deems necessary in order to determine whether the Company will accept or reject Applicant for coverage. Upon written request, additional information as to the nature and scope of the inquiry, if one is made, will be provided. The Applicant understands this application is a request for quotation and no information provided herein shall be construed by either party as creating a binding contract for insurance.

Signed this _____ day of _____, _____ at _____

By _____ For _____

Name Title
(If Named Insured is other than an individual)

(If a partnership or corporation, signatory must be empowered by articles of Incorporation, et al, to bind insurance agreements.)

ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, LOUISIANA, MARYLAND, RHODE ISLAND, WEST VIRGINIA

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

CALIFORNIA

For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

FLORIDA, OKLAHOMA

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. (Florida only)

KENTUCKY, PENNSYLVANIA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

MAINE, TENNESSEE, VIRGINIA, WASHINGTON

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may (Maine only) include imprisonment, fines or a denial of insurance benefits.

NEW JERSEY, NEW MEXICO

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NEW YORK

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OHIO

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a false claim containing a false or deceptive statement is guilty of insurance fraud.

OREGON

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material facts may be violating state law.

UTAH

Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.