



Pyrotechnic Transporters Application

Insured's Name: _____ Phone: _____

Mailing Address: _____

Email: _____ Fax: _____

Garaging location of all vehicles: _____ DOT # _____ MC# _____

Expiration Date: _____ Proposed Effective Date: _____ Quote Required Date: _____

Years in business (minimum 2 full years required): _____ Contact name(s): _____

Agency: _____ Agency Website: _____

Producer: _____ Phone: _____

Fax: _____ Email: _____

Are you the incumbent broker? _____ If Yes, for how long? _____

1. Items hauled: 1.3G (licensed display use) 1.4G (consumer use) Other
2. If "Other" checked above, please specify items hauled: _____
3. Does the applicant haul items for hire? Yes No
4. Are the Applicant's vehicles used for any other business purposes? Yes No
If yes, please explain: _____
5. Do you haul for others or pick up containers at a UIIA Port? Yes No
If yes, please explain: _____
6. What kind of equipment is rented, leased, or borrowed? _____
7. Do employees use their personal vehicles in the business of the applicant? Yes No
8. Number of full time employees: _____
9. Number of part time/seasonal employees: _____
10. What time of year are seasonal employees typically used? _____
11. How many display shows does the applicant anticipate conducting during the upcoming policy year? _____
12. Are all drivers trained in the safe handling, loading, and unloading of pyrotechnics? Yes No
13. Are all drivers required to have a Hazmat Endorsed license if hauling explosives? Yes No
14. Does the applicant keep fire extinguishers in all vehicles? Yes No
15. Does the applicant comply with all standards of the NFPA 1124 (manufacture, transportation, and storage, and Retail sales of fireworks and pyrotechnic articles)? Yes No

16. Do you require a BMC 91X?

Yes

No

17. List the states in which filings are required: _____

Coverage Requested:

Primary Liability:	Limit: <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$5,000,000	Deductible: <input type="checkbox"/> \$0 <input type="checkbox"/> \$2,500
Personal Injury:	Limit: <input type="checkbox"/> Statutory Min. <input type="checkbox"/> _____ <input type="checkbox"/> Reject	
UM/UIM:	Limit: <input type="checkbox"/> _____ <input type="checkbox"/> Reject	
Physical Damage:	Limit: <input type="checkbox"/> Stated Value	Deductible: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000
Trailer Interchange: <input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly average interchange days: _____ Number trailer interchanged per month: _____ Limit per trailer: _____	Deductible: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000
Hired Auto Liability And Hired Physical Damage	Cost of Hire: _____ Vehicles Per Day: _____ Days Per Year: _____ Vehicles Per Year: _____	Hired PD Limit: _____ Deductible: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000

Equipment Information:

Unit	Model Year	Make	Model	GVW	Type*	Vin #	Stated Amount
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							

Loss History: (attach separate sheet if necessary)

Prior Carrier	Period	Auto liability losses \$ amount	GL losses \$ amount	Comp/Coll. losses \$ amount	Cargo losses \$ amount

Exposure History and Projections:

Total mileage for the current policy year _____ Total mileage for upcoming policy year _____

#Units _____

#Units _____

Mileage by State: Enter **projections** for upcoming policy year or provide IFTA reports for most recent 4 quarters

AL:	ID:	MI:	NY:	TN:
AZ:	IL:	MN:	NC:	TX:
AR:	IN:	MS:	ND:	UT:
CA:	IA:	MO:	OH:	VT:
CO:	KS:	MT:	OK:	VA:
CT:	KY:	NE:	OR:	WA:
DE:	LA:	NV:	PA:	WV:
DC:	ME:	NH:	RI:	WI:
FL:	MD:	NJ:	SC:	WY:
GA:	MA:	NM:	SD:	AK:

Driver List: attach current copy of each driver's MVR

Driver's Name	Date of Birth	License # & State	Years of CDL Experience	Date of Hire	No. of moving violations & accidents in Past 3 years.
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Miscellaneous Questions

- a) Has the applicant's insurance been declined, non-renewed, or cancelled in the past 5 years? Yes No
 If so, provide reasons _____
- b) Has the applicant company ever been penalized, fined, sanctioned, or issued a warning letter from a Federal, State or Local regulatory agency? Yes No
 If yes, please explain: _____
- c) Does the named applicant operate any other vehicles not listed? Yes No
 If yes, please explain: _____

General Fraud Statement
(Not applicable in Colorado, Nebraska, Ohio, Oklahoma, Oregon, Utah and Vermont)

Any person who knowingly and with intent to defraud any insurance company or another 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 and subjects the person to criminal and (NY: substantial) civil penalties. In the District of Columbia, Louisiana, Maine, Tennessee, Virginia and Washington, insurance benefits may also be denied.

The applicant hereby applied 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 _____, 20_____, 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).