



Mt. Hawley – E&S Trucking Application Checklist

Producer Company: _____ **Producer Website:** _____

Producer Address: _____

Producer Name: _____ **Producer Email:** _____

Phone: _____ **800:** _____ **Fax:** _____

Are you the incumbent? Yes No 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 (current terms, target terms, and what other carriers are offering).
- **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 TRUCKING 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: _____	

Insured's Locations <small>(Address)</small>	Location Type	# Units Assigned	Max Value at Location	Controlled Entrance	24 Hr. Guard	Fenced & Lighted	3 rd Party Exposure	Non-Truck Operations
				<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
				<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
				<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
				<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
				<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

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 length of haul _____ miles Maximum length of haul _____ miles % of deadhead miles _____
3. Do you haul doubles? Yes No N/A
 If yes, _____% of total miles.
4. Do you haul triples? Yes No N/A
 If yes, _____% of total miles.
5. Do you use driver teams? Yes No N/A
 If yes, _____% of tractors seated with teams.

Type of Operations	% of Hauls	Type of Operations	% of Hauls
LTL		Tanker (Food Grade/Milk)	
Dry Van		Tanker (Hopper/Dry Bulk)	
Reefer		Tanker (Fuel/Chemicals)	
Flatbed		Auto Hauler	
Specialized Carrier		Dump	
Intermodal		Other (Describe): _____	

(Complete for LTL & Intrastate Operations)

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

Exposure History & Projections:

Rating Period	Mileage*	Trucking Revenue**	Brokerage Revenue	Company Revenue Units	O/O Revenue Units	Sub-Haulers Units	PP & Service Units	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 laden/unladen miles ran by both company owned & owner operator units while operating under your authority(ies).

** Revenue should include trucking receipts only excluding any non-hauling revenue such as fuel surcharges, detention fees, etc.

*** Units should reflect the annualized average number of active units

Equipment Information:

(Owned/Long Term Leased Equipment Only)

Vehicle Type	Next 12 Mo. Stated Values (Projected)	Current Stated Values (Estimated)	1 st Prior Stated Values (Audited)	2 nd Prior Stated Values (Audited)	3 rd Prior Stated Values (Audited)	4 th Prior Stated Values (Audited)
Road Tractors						
Trailer/Chassis						
Straight Trucks						
Yard Trucks						
PP/Service						
Other Vehicle (Describe): _____						
Other Vehicle (Describe): _____						
TOTAL SVs						

Deductible:

Current Year: _____ 1st Prior Year: _____ 2nd Prior Year: _____ 3rd Prior Year: _____ 4th Prior Year: _____

Maintenance:

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

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: _____

Cargo:

Commodities	% of Revenue	Hazardous	Average Value	Maximum Value	% at Max
		<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			
		<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			

Deductible:

Current Year: _____ 1st Prior Year: _____ 2nd Prior Year: _____ 3rd Prior Year: _____ 4th Prior Year: _____

Average values per trailer \$ _____ Maximum values per trailer \$ _____ Maximum terminal exposure \$ _____

- Is cargo ever stored on dock or in terminal yard over 72 hours? Yes No N/A
If yes, _____% of total miles.
- Is cargo ever left unattended on the road? Yes No N/A
If yes, unattended _____% of total miles.
- Is standard bill of lading issued? Yes No N/A
If no, attach copy for form used.
- Do you haul under a full value bill of lading or a released value bill of lading? Yes No N/A
If yes, Full Value Released Value
- List your top 3 shippers and % of total revenue: _____

- Describe any specific cargo, including high hazard (hazardous, radioactive, waste materials) and high value: _____

Agreements:

Are any Permanent Lease, Trip Lease, Hold-Harmless, Interline, Intermodal, Interchange, or sub-hauler agreements in place? Yes No N/A
If yes, attach copies.

Trip Leases:

- Do you trip lease drivers & equipment from others to haul freight under your authority? Yes No N/A
 - If yes, _____% of revenue.
 - Please explain how you locate your trip lessors and how you control the return of your placards: _____

- Do you inspect trip lessors' equipment? Yes No N/A
- Do you trip lease your drivers & equipment to others to haul freight under the other motor carrier's authority? Yes No N/A
If yes, _____% of revenue.

4. Do you require authorization to be granted to a driver before they may enter into a trip lease agreement? Yes No N/A
 If yes, please explain your controls: _____

Brokerage

1. Do you arrange for the transportation of property, by other motor carriers under the other carrier's authority? Yes No N/A
 If yes, identify motor carriers utilized: _____

2. Name of your brokerage entity: _____

3. Annualized revenue: \$ _____

4. Licensed? Yes No N/A

5. MC # _____

6. Are separate accounting records kept? Yes No N/A

7. Do you purchase contingent cargo coverage? Yes No N/A

8. Do you have Brokerage Authority? Yes No N/A

9. Before brokering loads, do you require any of the following:

a. Certificate of insurance? Yes No N/A

b. Limits required \$ _____

c. Are certificates on file and up to date on all brokered loads? Yes No N/A

d. Additional Insured endorsements? Yes No N/A

e. Who is named on the bill of lading? Applicant -OR- Other Motor Carrier

Trailer Interchange:

Is Trailer Interchange Legal Liability coverage requested? Yes No N/A
 If yes, please provide the following:

a. Average number of trailers per day: _____

b. Average number of days trailers are interchanged per month: _____

c. Average number of tractors hauling interchanged trailers per day? _____

d. Average value per trailer: \$ _____

e. Maximum value per trailer: \$ _____

Tanker Operations:

1. Do you operate a tank wash facility? Yes No N/A

2. Is it operated as a separate entity? Yes No N/A
 If yes, please name of entity: _____

3. Is it insurance coverage requested? Yes No N/A

4. Do you wash tanks for others? Yes No N/A
 If yes, please provide annualized revenue: \$ _____

5. Is hazardous waste generated from your tank wash? Yes No N/A
 If yes, please explain disposal methods & carrier(s): _____

6. Who is responsible for loading/unloading of liquid or bulk products? Yes No N/A

7. Do you have any blending or storage operations? Yes No N/A
 If yes, please provide the following:

a. Annualized revenue: \$ _____

b. List products blended or stored: _____

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						
Motor Truck Cargo (per Vehicle/per Occurrence)						
Physical Damage Owned Equipment						
Stated Values =	ACV				ACV	
\$ _____	ACV				ACV	
Private Passenger Autos & Service: Auto Physical Damage						
Stated Values =	ACV				ACV	
\$ _____	ACV				ACV	
Trailer Interchange						
Owner/Operator Programs: Non-Trucking Auto Liability						
Physical Damage Stated Values =	ACV				ACV	
\$ _____	ACV				ACV	

- * (If Applicant rejects coverage where permitted and accepts minimum limits where rejection is not permissible, write REJ/MIN)
- * (If Applicant selects statutory minimum limits, write MIN)
- * (If Applicant selects policy limits or other limits, fill in limit requested)
- * **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

Motor Truck Cargo

Effective Date	Valuation Date	Carrier	# of Losses	Total Incurred

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.