



# Commercial Auto Insurance Application

Proposed Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

New Policy No: \_\_\_\_\_  Renewal Policy No: \_\_\_\_\_ Date Quote is needed: \_\_\_\_\_

## GENERAL INFORMATION

<input type="checkbox"/> Individual		<input type="checkbox"/> LLC		<input type="checkbox"/> Partnership		<input type="checkbox"/> Corporation		Producing Agency: Name _____	
<input type="checkbox"/> Other _____									
Applicant Name				Company Name (DBA) (if any)					
Phone #		Cell Phone #		US DOT #		Federal ID #		Month/Year Current Operations Began	
Location of the Business or Physical Address, if different				City		State		Zip	
Location is:		<input type="checkbox"/> Inside City Limits		<input type="checkbox"/> Outside City Limits		Company Website			
Mailing Address				City		State		Zip	
Safety Director		Safety Director Phone #		Operations Director Name		Operations Director Phone #			
Safety Director Email Address		Years in Current Position		Operations Director Email Address		Years in Current Position			
Safety Director Address				Operations Director Address					

## OWNER / PRINCIPAL / PRESIDENT

Name			Title		
Home Address					Apt #
City	State	Zip	Business Phone		

## DESCRIPTION OF OPERATIONS

Business Class	<input type="checkbox"/> Trucking For Hire – Exempt	<input type="checkbox"/> Trucking for Hire – Nonexempt	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Retailer	<input type="checkbox"/> Agriculture
	<input type="checkbox"/> Mining	<input type="checkbox"/> Wholesale Distributer	<input type="checkbox"/> Service	<input type="checkbox"/> Construction	<input type="checkbox"/> Forestry
Operations	<input type="checkbox"/> Auto – Boat Haulers	<input type="checkbox"/> Commercial Use – Truck	<input type="checkbox"/> Container/Intermodal	<input type="checkbox"/> Contractors	<input type="checkbox"/> Courier/Specialized Del.
	<input type="checkbox"/> Drive-away	<input type="checkbox"/> Dry Bulk/Farm Products	<input type="checkbox"/> Dry Van/Box	<input type="checkbox"/> Dry Van – Doubles	<input type="checkbox"/> Dump
	<input type="checkbox"/> Dump-Coal	<input type="checkbox"/> Flatbed	<input type="checkbox"/> Livestock	<input type="checkbox"/> Log or Pulp	<input type="checkbox"/> Mobile Home
	<input type="checkbox"/> Non-Trucking	<input type="checkbox"/> Refrigerated	<input type="checkbox"/> PPT – Corporate Owned	<input type="checkbox"/> Service Truck	<input type="checkbox"/> Special Type Operations
	<input type="checkbox"/> Tanker-Fuel	<input type="checkbox"/> Tanker – Liquids/Comp. Gases	<input type="checkbox"/> Towing & Recovery	<input type="checkbox"/> Waste/Garbage	<input type="checkbox"/> Other _____

Range of Transport: <input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate	Brokerage: Do you have Brokerage Authority? _____ Under the same name? _____
	Do you broker both exempt & non-exempt loads? ____ If yes, % of brokerage under same name ____%

Percent of Loads: (Local) 0 – 150 Miles \_\_\_\_\_ (Intermediate) 151 – 300 Miles \_\_\_\_\_ (Long Haul) 301 – 500 Miles \_\_\_\_\_ (Long Haul) 501 Miles + \_\_\_\_\_

Longest Trip One Way \_\_\_\_\_ Miles Annual Miles Driven \_\_\_\_\_ Miles

### LIST CITY DESTINATIONS BELOW

1.	2.	3.	4.
OPERATIONS BEYOND 300 MILES RADIUS: Identify Metropolitan Areas Traveled Through Or Into			
<input type="checkbox"/> Atlanta	<input type="checkbox"/> Cleveland	<input type="checkbox"/> Jacksonville	<input type="checkbox"/> Milwaukee
<input type="checkbox"/> Balt-Washington	<input type="checkbox"/> Dallas/Ft Worth	<input type="checkbox"/> Kansas City	<input type="checkbox"/> Mpls./St Paul
<input type="checkbox"/> Boston	<input type="checkbox"/> Denver	<input type="checkbox"/> Little Rock	<input type="checkbox"/> Nashville
<input type="checkbox"/> Buffalo	<input type="checkbox"/> Detroit	<input type="checkbox"/> Los Angeles	<input type="checkbox"/> New Orleans
<input type="checkbox"/> Charlotte	<input type="checkbox"/> Hartford	<input type="checkbox"/> Louisville	<input type="checkbox"/> New York City
<input type="checkbox"/> Chicago	<input type="checkbox"/> Houston	<input type="checkbox"/> Memphis	<input type="checkbox"/> Oklahoma City
<input type="checkbox"/> Cincinnati	<input type="checkbox"/> Indianapolis	<input type="checkbox"/> Miami	<input type="checkbox"/> Omaha
<input type="checkbox"/> Orlando	<input type="checkbox"/> Philadelphia	<input type="checkbox"/> Phoenix	<input type="checkbox"/> Pittsburgh
<input type="checkbox"/> Salt Lake City	<input type="checkbox"/> San Diego	<input type="checkbox"/> San Francisco	<input type="checkbox"/> Seattle
<input type="checkbox"/> Tampa	<input type="checkbox"/> Tulsa	<input type="checkbox"/> Richmond	<input type="checkbox"/> St. Louis
<input type="checkbox"/> Florida, Georgia, North Carolina, South Carolina, Virginia	<input type="checkbox"/> Alabama, Mississippi, Louisiana	<input type="checkbox"/> Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont	<input type="checkbox"/> Delaware, Maryland, New York, New Jersey, Pennsylvania

Cities other than above or regular routes \_\_\_\_\_



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## COMMODITIES TRANSPORTED

Top Customers:

1. \_\_\_\_\_ % Load      2. \_\_\_\_\_ % Load      3. \_\_\_\_\_ % Load

Commodity	% of Loads	Maximum Value	Commodity	% of Loads	Maximum Value

Do you sign contracts with shippers that give the shipper the right to determine cargo salvage values or declare cargos a total loss regardless of actual damage in the event of a loss?  
If yes, attach a copy of the contract.

## SCHEDULE OF EQUIPMENT OPERATED

TYPE	Owned	Leased w/o Drivers	Owner Operators	Local (0-150)	Intermediate (151-300)	Long Haul (301+ miles)	TOTAL UNITS
Auto or Service							
Light Trucks							
Medium Trucks							
Heavy Trucks							
Tractors							
Semi-Trailers							

## HISTORICAL – UNITS, REVENUE OR MILEAGE (Actual and Estimated)

Period	Units	Revenue	Mileage
Projected			
Current			
1 <sup>st</sup> Prior			
2 <sup>nd</sup> Prior			
3 <sup>rd</sup> Prior			
4 <sup>th</sup> Prior			

## FILINGS

Filings Requested	MC # / Cert. #	Applicant's Name and Address Exactly As It Appears On Each Permit
<input type="checkbox"/> Liability BMC 91X		
<input type="checkbox"/> Liability – Form E _____ State		
<input type="checkbox"/> Oversized/Overweight _____ State		
<input type="checkbox"/> Hazardous _____ State		
<input type="checkbox"/> Intermodal		
<input type="checkbox"/> Cargo – Form H _____ State		
<input type="checkbox"/> Other _____		

Please note: The FMCSA and/or state agencies require a minimum 36 day notice of cancellation on all policies that have a MCS-90 or other filings.

## CURRENT CARRIER

Current Carrier Name \_\_\_\_\_ Policy Number \_\_\_\_\_

Policy Limits \_\_\_\_\_ Policy Dates \_\_\_\_\_ TO \_\_\_\_\_

Policy Deductible BI \_\_\_\_\_ PD \_\_\_\_\_

Current Rate / Exposure Basis \_\_\_\_\_

## SUMMARY OF EQUIPMENT VALUES

Total Fleet Value	# of Units	Average Value
Total Tractor Value	# of Units	Average Value
Total Trailer Value	# of Units	Average Value
Highest Tractor Value	Highest Trailer Value	Lowest Tractor Value
		Lowest Trailer Value

## ADDITIONAL UNDERWRITING INFORMATION

In the past five (5) years, have any drivers been convicted of any of the following? Yes No

Leaving the scene of an accident or a hit and run, any felony conviction which involves a motor vehicle, driving while license is suspended or revoked in a commercial vehicle, DUI or DWI.

If yes, please provide driver name, conviction date and details: \_\_\_\_\_

In the past three (3) years, have any drivers been convicted of any of the following? Yes No

Negligent homicide, unlawful use of vehicle, speed contest or racing, reckless driving, or speeding twenty miles or more over the speed limit.

If yes, please provide driver name, conviction date and details: \_\_\_\_\_



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## QUESTIONNAIRE

**YES** **NO**

1. Is all equipment operated under the applicant's authority scheduled on the application? If no, attach explanation.

2. Is all owned equipment scheduled on this application? If no, attach explanation

3. Do you lease your vehicles to others? If yes, who must provide liability coverage?  You  Lessee

4. Do you hire other motor carriers or owner-operators to haul for you?  
**If yes, complete question below, complete Hired Autos Application Supplement and attach copy of lease agreement.** If no, skip to question #5.

	Permanent Basis	Temporary/Trip Basis
A. On what basis are they leased?		
B. Provide annual cost of hire or # of trips		
C. Are vehicles leased with driver?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Are leased vehicles included in this application for insurance?		
(1) If yes, do you require leased vehicle owners to purchase non-trucking liability coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) If no:		
a. Is there a written lease agreement stating the lessor will provide primary auto liability coverage while leased to you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Limit of Liability required	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Do you secure evidence the lessor has primary auto liability coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Does the lease state that the lessor agrees to provide you with 30 days advance notice if their insurance coverage is being cancelled or reduced?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

5. Do you pull doubles?

6. Do you haul intermodal containers?

7. Is any portion of your operation seasonal? If yes, explain. \_\_\_\_\_

8. Do you use any team, hot seat, slip seating or relay driver operations?

9. Do you allow passengers other than company employees? If yes, attach copy of passenger program or explain program (frequency, requirements), etc.

10. Do you operate more than one terminal? If yes, provide the following

LOCATION(S)	# UNITS	ADDRESS, CITY, STATE

11. Do you operate mobile equipment subject to compulsory or financial responsibility law or other motor vehicle insurance law in the state where it is licensed or principally garaged? If yes, and need Liability Coverage, complete Mobile Equipment Supplement.

12. Do you require use of escort vehicles?  
 If yes and escort vehicles are not included in this application for insurance, provide the name of the insurance carrier, policy number and auto liability limits.  
 If yes and escort vehicles are included in this application, drivers of escort vehicles should be listed in the Driver Information Section.

13. Do you haul oversized, overweight or hazardous loads? If yes, attach explanation.

14. Is there GAP coverage for vehicles with Physical Damage?

## TRUCKERS GENERAL LIABILITY COVERAGE

**YES** **NO**

Do you haul bulk fuel?

Do you repair or service vehicles of others?

Do you have dogs at premises?

Do you or anyone else who is an employee carry a firearm to work?

Do you generate income from other activities besides the operation of the trucks?

Do you want to add Contractual Liability

Do you have fuel storage containers on premises?

Please list all mobile equipment owned by the applicant, if any (i.e. forklift, backhoe, mobile crane, etc.)

Please list all premises owned or rented

Street Address

City State Zip County

Description of any other operations being conducted by this applicant?

## ADDITIONAL INSURED FOR AUTO LIABILITY OR TRUCKERS GENERAL LIABILITY

NAME	MAILING ADDRESS	*TYPE OF ADDITIONAL INSURED

\* Please enter each desired additional/designated insured by entering the corresponding number and/or letter:

**Auto Liability Additional Insureds:** 1. Designated Additional Insured, 2. Intermodal, 3. Additional Insured Waiver Rights Recovery.

**General Liability Additional Insureds:** A. Controlling Interest, B. Designated Person or Organization, C. Managers or Lessors of Premises, D. Mortgagee, E. Owners, Lessees or Contractors, F. Co-owner of Insured Premises, G. Vicarious Liability of Owners, Lessees or Contractors.



# Commercial Auto Insurance Application

## DRIVER INFORMATION

Provide a list of drivers that includes the Driver's Name, DOB, License Number, Date of Hire and Years of Driving Experience.

Truck Fleet – No. of drivers: Regularly Employed \_\_\_\_\_ Part Time \_\_\_\_\_ Owner/Operator \_\_\_\_\_  
 Leased \_\_\_\_\_ Casual \_\_\_\_\_ TOTAL \_\_\_\_\_

How are drivers paid?  Hourly  Trip  Mileage  Other: \_\_\_\_\_

Drivers Hired or Leased Last Year **Company Drivers** **Lease/Owner Operators**  
 a. Number Replaced \_\_\_\_\_  
 b. Number Increased \_\_\_\_\_  
 c. Minimum Age \_\_\_\_\_

## DRIVER HIRING, TRAINING AND SAFETY

1. Which of the following is part of your driver screening/hiring process:  
 Employment Background Check  Pre-employment Drug Test  
 Criminal Background Check  Road Test  
 Motor Vehicle Record (MVR) review  Pre-employment Screening Program (PSP) Report for FMCSA  
 Behavioral / Integrity Testing  Physical Abilities Testing

2. Which of the following is part of your driver performance management process:  
 Annual review of driver's driving record (MVR)  Review of electronic engine data  
 Periodic review of driver and vehicle out of service violations. (SafeState/CSA2010 Reports)  Incentives for violation-free and accident-free driving  
 Are Owner Operators subject to Motor Carrier Maintenance Programs, i.e. EOBR/Qualcomm  Formal corrective action procedures. **If so, please attach.**  
 Periodic review of accidents/incidents  Driver safety training? Description of Program \_\_\_\_\_  
 Are units governed? If so, what limit \_\_\_\_\_?  Formal Written Hiring Standard. **If so, please attach.**

3. Do you adhere to a written vehicle inspection and maintenance program?  Yes  No  
 If yes, describe or attach program. \_\_\_\_\_

### 6 cX]ni-b1 fmiUbX'DfcdYfmi8 Ua Uj Y'@gg'9I dYfjYbW

Insurance Company	Policy Number	Evaluation Date	Period From/To	Estimated Annual Premium	Claims Count	Losses Paid	Reserves	Total Incurred

### Auto Physical 8 Ua Uj Y'@gg'9I dYfjYbW

Insurance Company	Policy Number	Evaluation Date	Period From/To	Estimated Annual Premium	Claims Count	Losses Paid	Reserves	Total Incurred

### Cargo Loss Experience

Insurance Company	Policy Number	Evaluation Date	Period From/To	Estimated Annual Premium	Claims Count	Losses Paid	Reserves	Total Incurred



# Commercial Auto Insurance Application

## COVERAGES

### AUTO LIABILITY

LIMITS: \$ \_\_\_\_\_ CSL

### LIABILITY FOR NON-TRUCKING USE

LIMITS: \$ \_\_\_\_\_ CSL

Leased to: \_\_\_\_\_

### HIRED AUTO LIABILITY

Cost of Hire \_\_\_\_\_

### NON-OWNED

Is the account a Service or Charitable Organization?  Yes  No

# of Power units under agreement \_\_\_\_\_

### MEDICAL PAYMENTS

Limits \_\_\_\_\_

## PHYSICAL DAMAGE (Please refer to Vehicle Information Section for Stated Amount values by Vehicle.)

Comprehensive \$ \_\_\_\_\_ Deductible  Collision \$ \_\_\_\_\_ Deductible  Specific Cause of Loss (SCoL) \$ \_\_\_\_\_ Deductible

### TOWING

Amount of Coverage \$ \_\_\_\_\_

### RENTAL REIMBURSEMENT

Amount Per Day \$ \_\_\_\_\_ for 30 days.

### ROADSIDE SERVICE

### TRAILER INTERCHANGE

*Provide a Copy of Agreement*

# of Power units under agreement \_\_\_\_\_

Maximum trailer value \$ \_\_\_\_\_

# trailer days per power unit \_\_\_\_\_

### NON-OWNED TRAILER LIMIT

Limits \_\_\_\_\_ *Provide a Copy of Agreement*

## HIRED AUTO PHYSICAL DAMAGE

### CARGO

Limit \$ \_\_\_\_\_ \$ \_\_\_\_\_ Deductible (Same for all vehicles with Cargo Coverage)

### OPTIONAL CARGO COVERAGES: (Check all that apply)

Refrigeration Breakdown – \$2,500 deductible applies  Earned Freight Increase to \$ \_\_\_\_\_ (\$1,000 included)

Debris Removal Increase to \$ \_\_\_\_\_ (\$25,000 Included)

## UNINSURED/UNDERINSURED MOTORIST AND NO-FAULT OPTIONS

### UNINSURED MOTORISTS BODILY INJURY

Limits: \_\_\_\_\_

### UNDERINSURED MOTORISTS BODILY INJURY

Limits: \_\_\_\_\_

### UNINSURED MOTORISTS PROPERTY DAMAGE

Limits: \_\_\_\_\_

### PERSONAL INJURY PROTECTION

Limits: \_\_\_\_\_

Are drivers covered by Workers Compensation?  Yes  No

Coverage and limit choices in this section are for quoting purposes only. A separate Supplemental Uninsured Motorist/Underinsured Motorist and Personal Injury Protection Form may be required to be completed and signed by the applicant when binding coverage.

### TRUCKERS GENERAL LIABILITY COVERAGE SELECTION This is for businesses solely involved in "For-Hire" transportation of property.

Desired Aggregate Limits – please select one  \$1,000,000  \$2,000,000 Each Occurrence \$1,000,000 (included)



# Commercial Auto Insurance Application

## MVR AND CREDIT REPORT ACKNOWLEDGEMENT

I authorize Blue Ridge Specialty LLC to obtain a copy of any Motor Vehicle Report for rating/underwriting the insurance for which I have applied.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## ACKNOWLEDGEMENT AND SIGNATURE

I hereby certify that the information contained in this application is true and agree that a misrepresentation of any of the facts by me will constitute reason for the Company to cancel any policy issued on the basis of this application, and will hold the Company harmless for the action taken. I also agree that if a policy is issued pursuant to this application, the application and any elections or rejections, which are included with the application and signed by me, may be relied upon by the Company as accurate and shall become a part of the policy

I understand and acknowledge that uninsured, underinsured and no-fault coverage, where applicable and/or required, have been offered to me. I have selected the limit(s) indicated on this application unless other limits are indicated and selected on a supplemental selection/rejection form.

I understand that the coverage selection and limit choices indicated herein will apply to all future policy renewals, continuation and change unless I, or my agent, notify Blue Ridge Specialty LLC otherwise in writing.

Signature of **APPLICANT** \_\_\_\_\_

Type or Print Applicant Name \_\_\_\_\_

Title or Relationship to Applicant \_\_\_\_\_

Date and Time Application Completed \_\_\_\_\_

Requested Effective Date and Time \_\_\_\_\_

Phone # of Applicant \_\_\_\_\_

Fax # of Applicant \_\_\_\_\_

Signature of **AGENT** of the Applicant \_\_\_\_\_

Agency Name \_\_\_\_\_

Address of Agency \_\_\_\_\_

Phone # of Agency \_\_\_\_\_

Fax # of Agency \_\_\_\_\_