



**DEEP
SOUTH**

TRUCKERS APPLICATION

PROPOSAL FORM - PRIMARY COVERAGE/COMMERCIAL TRUCKMEN
REQUIRED FOR 10 OR MORE POWER UNITS THAT ARE ICC REGULATED

****IMPORTANT - PLEASE NOTE****

ALL ITEMS MUST BE COMPLETED IN ORDER FOR US TO PROCESS YOUR APPLICATION.
THE WORDS "SEE ATTACHED" ARE NOT ACCEPTABLE.

1. NAMED INSURED INFORMATION

NAME AND ADDRESS OF PROPOSED INSURED: (Include all subsidiaries and other operating names of entities to be insured. Attach explanation of relationship and operations performed by each.)

DATE COVERAGE DESIRED:

DATE QUOTATION DESIRED:

2. COVERAGE INFORMATION (Specify below the coverage and limits desired.)

COVERAGE	LIMIT	DEDUCTIBLES
<input type="checkbox"/> AUTO LIABILITY		
<input type="checkbox"/> PERSONAL INJURY PROTECTION		
<input type="checkbox"/> ADDED P.I.P.		
<input type="checkbox"/> UNINSURED MOTORISTS		
<input type="checkbox"/> UNDERINSURED MOTORISTS		
<input type="checkbox"/> HIRED AUTO LIABILITY		
<input type="checkbox"/> EMPLOYERS NON-OWNERSHIP		
	DEDUCTIBLES	
	TRACTOR/TRAILER	ALL OTHER
<input type="checkbox"/> COMPREHENSIVE (See equipment list)		
<input type="checkbox"/> SPECIFIED PERILS (See equipment list)		
<input type="checkbox"/> COLLISION (see equipment list)		
<input type="checkbox"/> TRAILER INTERCHANGE		
<input type="checkbox"/>		

3. LIABILITY FILINGS

A. Risk Requires Liability Filings In The Following States:

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

ICC DOCKET # _____

4. AREAS OPERATED

_____ Atlanta	_____ Detroit	_____ Miami	_____ Pittsburgh	_____ Mountain
_____ Baltimore	_____ Hartford	_____ Milwaukee	_____ Portland	_____ Midwest
_____ Boston	_____ Houston	_____ Minneapolis/St. Paul	_____ Richmond	_____ Southwest
_____ Buffalo	_____ Indianapolis	_____ Nashville	_____ St. Louis	_____ North Central
_____ Charlotte	_____ Jacksonville	_____ New Orleans	_____ Salt Lake City	_____ Midwest
_____ E. Chicago, Indiana	_____ Kansas City	_____ New York City	_____ San Francisco	_____ Gulf
_____ Cincinnati	_____ Little Rock	_____ Oklahoma City	_____ Tulsa	_____ Southeast
_____ Cleveland	_____ Los Angeles	_____ Omaha	_____ _____	_____ Eastern
_____ Dallas/Ft. Worth	_____ Louisville	_____ Phoenix	_____ _____	_____ New England
_____ Denver	_____ Memphis	_____ Philadelphia	_____ Pacific Coast	

Trip Frequency

Percentage of Trips within 50 air miles _____% 51 - 200 air miles _____% Over 200 air miles _____%

Terminal, Plant or Warehouse locations: _____

5. COMMODITIES HAULED

LIST SPECIFIC COMMODITIES	FREQUENCY (Percent of Total Hauls)	(X) APPROPRIATE COLUMN		
		Outbound	Backhaul	Hazardous Material

6. OPERATIONAL INFORMATION

- A. List below your estimated mileage, gross receipts, average number of revenue-producing, and non-revenue producing power units for the proposed policy period.
- B. List below your estimated mileage, gross receipts, average number of revenue-producing, and non-revenue producing power units for the current policy period.
- C. List below your actual mileage, gross receipts, average number of revenue-producing, and non-revenue producing power units for the three (3) previous policy periods.

		YEAR	MILEAGE	GROSS RECEIPTS	REVENUE UNITS	NON-REVENUE UNITS
A.	Proposed Policy Period					
B.	Current Policy Period					
C.	Previous Policy Periods	19____				
		19____				
		19____				

7. SCHEDULE OF EQUIPMENT OPERATED

	LONG TERM LEASE			TOTAL UNITS
	OWNED	LEASED W/O DRIVERS	OWNER OPERATORS	
LIGHT TRUCKS	_____	_____	_____	_____
MEDIUM TRUCKS	_____	_____	_____	_____
HEAVY TRUCKS	_____	_____	_____	_____
TRACTORS	_____	_____	_____	_____
SEMITRAILERS	_____	_____	_____	_____
			TOTALS	_____

*Quotations & Coverages do not apply to private passenger autos unless so specified in quote.

8. LEASED OR HIRED (Attach samples of agreements)

- A. Does proposed insured do trip leasing to the extent that it comprises more than 5% of his gross receipts? _____
 If yes, explain operations in detail _____
- B. Does proposed insured conduct a brokerage operation? _____
 If yes, provide separate ICC docket number and explain in detail _____
- C. Is equipment leased or hired? (Attach explanation and examples of agreements.) _____
- | | With Driver | Without Driver | Average Duration of a Trip Lease | Average Number of Trip Leases Per Year | Estimated Trip Lease Payments Per Year | Insurance Lessor | Provided By Lessee | With Hold Harmless Naming Other Party As | |
|-------------|-------------|----------------|----------------------------------|--|--|------------------|--------------------|--|-------|
| | | | | | | | | Yes | No |
| From others | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| To others | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
- D. Under whose Bill of Lading is shipment moved when leased to others? _____ From others? _____
- E. What is the percentage of deadheading? _____ Total miles of deadheading? _____
- F. Do they backhaul? _____ What do they backhaul? _____
- G. What are restrictions on backhauling? _____
- H. Is trailer interchange legal liability required? _____
 If yes, answer the following and provide copy of agreement.
- 1) Number of trailer interchange days _____ Number of units _____
 - 2) Legal Liability:
 - a. Maximum value per trailer (quoted based on maximum) _____
 - b. Average value per trailer _____

9. PRIOR LOSS EXPERIENCE AND COVERAGE INFORMATION

- A. Has proposed insured carried such policy before? _____
 If yes, answer the following:
1. Gross Receipts Rate/Premium of Prior Carrier _____
 2. If specified, car/per unit premium of prior carrier _____
 3. Renewal rate offered _____ Limits _____
 4. Name of Carrier offering _____
 5. Experience information - Furnish currently valued, (must be value dates within the last 3 months) Insurance Company produced, detailed loss and experience auto liability runs for the current policy year; plus, at least the prior four (4) full policy years (must have this in order to quote).
 6. From what source is this loss information delivered? _____

B. Provide the following information for the current and past four (4) policy periods:

	Current Policy Period	Prior Four (4) Policy Periods			
	19____	19____	19____	19____	19____
Insurance Carrier					
Serving Office (City, State)					
Policy Effective Date / Expiration Date	M / D / Y _____ _____	M / D / Y _____ _____	M / D / Y _____ _____	M / D / Y _____ _____	M / D / Y _____ _____
Liability Limits					
Liability Deductible or SIR					
Physical Damage Deductible					
Annual Premium					
(1) Auto Liability					
(2) Physical Damage					
No. of & Total Losses					
(1) Auto Liability					
(2) Physical Damage					
(3) Valuation Date					

- C. Has your insurance ever been obtained through an Assigned Risk Plan? _____
 If yes, please explain: _____
- D. Has any company, during the past four (4) years, canceled or refused to renew your automobile insurance coverage? _____
 If yes, please explain: _____
- E. List all losses in excess of \$25,000 for the past five years: (Attach additional sheet if necessary)

DATE	AMOUNT	OPEN	CLOSED	DESCRIPTION
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

10. ADDITIONAL INSURED AND WAIVER OF SUBROGATION REQUIREMENTS

A. List name, address, and relationship to proposed insured for each additional insured:

ADDITIONAL INSURED	ADDRESS	RELATIONSHIP

B. Is the waiver of subrogation needed? _____
 If yes, explain for whom and why? _____

11. FINANCIAL INFORMATION

- A. Current and prior two years annual financial statements - including profit and loss statements, balance sheets and cash flow statements must be provided.
- B. Name, title and telephone number of person to contact for engineering and audit purposes: _____
- C. How long in business? _____
- D. Is premium going to be financed? _____
 If so, by whom? _____

12. DRIVER, SAFETY AND MAINTENANCE

- A. Are hazardous materials / wastes transported? ___Yes ___No (If yes, attach explanation)
- B. Is this a seasonal operation? ___Yes ___No
- C. Truck Fleet - Number of drivers:
1. Regularly employed _____
 2. Leased _____
 3. Part Time _____
 4. Casual _____
 5. Owner/Operator _____
- Total _____
- D. Drivers hired or leased last year:
- | | | |
|---------------------|-----------------|-----------------------------------|
| | Company Drivers | Owner/Operators
Leased Drivers |
| 1. Number Replaced | _____ | _____ |
| 2. Number Increased | _____ | _____ |

	Company Drivers	Owner/Operators Leased Drivers
E. Age of drivers:		
1. Number of drivers under 25	_____	_____
2. Number of drivers over 65	_____	_____
3. Minimum age of drivers	_____	_____
4. Maximum age of drivers	_____	_____
F. Does driver selection procedure include:		
1. Written application	___Yes ___No	___Yes ___No
2. Reference checks	___Yes ___No	___Yes ___No
3. Road test	___Yes ___No	___Yes ___No
If yes, given and reviewed by & title _____		
4. Road test certification	___Yes ___No	___Yes ___No
5. Written test certification	___Yes ___No	___Yes ___No
G. Driver Records (MVR's) requested:		
1. New Drivers	___Yes ___No	___Yes ___No
2. Periodically	___Yes ___No	___Yes ___No
If so, how often? _____	By whom (title)? _____	
3. Are they reviewed?	___Yes ___No	___Yes ___No
If so, how often? _____	By whom (title)? _____	
4. Are there any current drivers with convictions for DUI, DWI, or reckless driving? _____		
If yes, attach MVR.		
H. Physical Examinations:		
1. Replacement	___Yes ___No	___Yes ___No
2. Periodically	___Yes ___No	___Yes ___No
If so, how often? _____		
3. Are they reviewed?	___Yes ___No	___Yes ___No
If so, how often? _____	By whom (title)? _____	
4. Substance abuse exams?	___Yes ___No	___Yes ___No
I. Are drivers files maintained on location? _____Yes ___No		
If not, where? _____		
1. Are they current and complete?	___Yes ___No	___Yes ___No
2. Are they reviewed?	___Yes ___No	___Yes ___No
If yes, how often? _____	By whom (title)? _____	
J. Does driver indoctrination include:		
1. Familiarization with company rules and policies?	___Yes ___No	___Yes ___No
2. Daily vehicle inspection procedures?	___Yes ___No	___Yes ___No
3. Equipment familiarization including special training for handling certain commodities?	___Yes ___No	___Yes ___No
4. Route familiarization?	___Yes ___No	___Yes ___No
5. Emergency procedures?	___Yes ___No	___Yes ___No
6. Accident reporting procedures?	___Yes ___No	___Yes ___No
K. Is there road supervision? _____Yes ___No		
1. Road patrol by insured?	___Yes ___No	___Yes ___No
2. Mechanical recording devices?	___Yes ___No	___Yes ___No
3. Radio dispatch?	___Yes ___No	___Yes ___No
4. Commercial road supervision?	___Yes ___No	___Yes ___No
L. Is there a formal written safety program? ___Yes ___No		
M. Name, title and phone number of person responsible for safety: (specify other duties) _____		

N. Does the trucking company allow any passengers to ride in the truck-tractors? ___Yes ___No		

Owner/Operators
Leased Drivers

Company Drivers

O. Maximum hours:

- 1. Daily _____
- 2. Weekly _____
- 3. Driver log used? _____ Yes _____ No _____ Yes _____ No

P. What is the longest trip? _____

- 1. Time in hours _____ Distance in miles _____
- 2. One way or turnaround? _____

Q. Pay Scale:

- 1. Union _____ Non-union _____
- 2. If non-union, is pay competitive? _____ Yes _____ No
- 3. How is pay calculated? (Trip, mileage, commission, other - please specify) _____

- R. Are sleeper cabs used? _____ Yes _____ No _____ Yes _____ No
- If yes, one or two persons? _____

S. Long haul operations:

- 1. Is a daily call-in system used? _____ Yes _____ No _____ Yes _____ No
- 2. Are pre-determined truck stops used? _____ Yes _____ No _____ Yes _____ No

T. Preventive Maintenance:

- 1. Is a record kept of each vehicle? _____ Yes _____ No _____ Yes _____ No
- 2. Controlled inspection frequency? _____ Yes _____ No _____ Yes _____ No
- 3. Daily vehicle condition reports? _____ Yes _____ No _____ Yes _____ No
- 4. Are front axle brakes operative on all units? _____ Yes _____ No _____ Yes _____ No

U. Does insured service vehicles? _____ Yes _____ No _____ Yes _____ No

- 1. Number of mechanics _____
- 2. If insured does not service vehicles, who does? _____
- 3. Who services leased vehicles? _____

13. MINIMUM INFORMATION REQUIRED TO FURNISH QUOTE:

- A. Currently valued insurance company loss runs for the present and prior two years.
- B. Complete driver list, both company and owner-operator, showing full name, date of birth, drivers license number, social security number and date of hire.
- C. Complete list of all equipment - including completed serial number and gross vehicle weight, including owned or leased and owner-operated.
- D. Current annual financial statement - including profit and loss statement, balance sheet and cash flow statement.
- E. Pro-rata (Schedule B) Mileage Sheet.
- F. Copy of insured's authority.

14. OBLIGATION

The completion of this application creates no express or implied obligation on the part of the company to offer a quotation or provide insurance as requested in this application.

Applicant's Signature	Title	Date
_____	_____	_____

Producer's Signature	Agency Name	Date
_____	_____	_____