



# DEEP SOUTH OF TENNESSEE

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## TRUCKERS APPLICATION

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

### \*\*IMPORTANT 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
( ) AUTO LIABILITY		
( ) PERSONAL INJURY PROTECTION		
( ) ADDED P.I.P.		
( ) UNINSURED MOTORISTS		
( ) UNDERINSURED MOTORISTS		
( ) HIRED AUTO LIABILITY		
( ) EMPLOYERS NON-OWNERSHIP		
	<b>DEDUCTIBLES</b>	
	<b>TRACTOR/TRAILER</b>	<b>ALL OTHER</b>
( ) COMPREHENSIVE (See equipment list)		
( ) SPECIFIED PERILS (See equipment list)		
( ) COLLISION (see equipment list)		
( ) TRAILER INTERCHANGE		
( )		

### 3. LIABILITY FILINGS

Risk Required Liability Filings  
in the Following States:

_____ AL	_____ GA	_____ MA	_____ NM	_____ SD
_____ AK	_____ 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	_____ NJ	_____ RI	_____ WI
_____ FL	_____ MD	_____ NH	_____ SC	_____ WY

ICC DOCKET # \_\_\_\_\_



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## 4. AREAS OPERATED

<input type="checkbox"/> Atlanta	<input type="checkbox"/> Detroit	<input type="checkbox"/> Miami	<input type="checkbox"/> Pittsburgh	<input type="checkbox"/> Mountain
<input type="checkbox"/> Baltimore	<input type="checkbox"/> Hartford	<input type="checkbox"/> Milwaukee	<input type="checkbox"/> Portland	<input type="checkbox"/> Midwest
<input type="checkbox"/> Boston	<input type="checkbox"/> Houston	<input type="checkbox"/> Minneapolis/St. Paul	<input type="checkbox"/> Richmond	<input type="checkbox"/> Southwest
<input type="checkbox"/> Buffalo	<input type="checkbox"/> Indianapolis	<input type="checkbox"/> Nashville	<input type="checkbox"/> St. Louis	<input type="checkbox"/> North Central
<input type="checkbox"/> Charlotte	<input type="checkbox"/> Jacksonville	<input type="checkbox"/> New Orleans	<input type="checkbox"/> Salt Lake City	<input type="checkbox"/> Midwest
<input type="checkbox"/> E. Chicago, IN	<input type="checkbox"/> Kansas City	<input type="checkbox"/> New York City	<input type="checkbox"/> San Francisco	<input type="checkbox"/> Gulf
<input type="checkbox"/> Cincinnati	<input type="checkbox"/> Little Rock	<input type="checkbox"/> Oklahoma City	<input type="checkbox"/> Tulsa	<input type="checkbox"/> Southeast
<input type="checkbox"/> Cleveland	<input type="checkbox"/> Los Angeles	<input type="checkbox"/> Omaha		<input type="checkbox"/> Eastern
<input type="checkbox"/> Dallas/Ft. Worth	<input type="checkbox"/> Louisville	<input type="checkbox"/> Phoenix		<input type="checkbox"/> New England
<input type="checkbox"/> Denver	<input type="checkbox"/> Memphis	<input type="checkbox"/> Philadelphia		<input type="checkbox"/> 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	20___/___				
B. Current Policy Period	20___/___				
C. Previous Policy Periods	20___/___	-----	-----	-----	-----
	20___/___	-----	-----	-----	-----
	20___/___	-----	-----	-----	-----

## 7. SCHEDULE OF EQUIPMENT OPERATED

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

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

**Totals:** \_\_\_\_\_



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## 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?  Yes  No

If yes, explain operations in detail: \_\_\_\_\_  
 \_\_\_\_\_

B. Does proposed insured conduct a brokerage operation?  Yes  No

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 PAYMENT PER YEAR	INSURANCE LESSOR	PROVIDED BY LEASE	WITH HOLD HARMLESS NAMING OTHER PARTY	
								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?  Yes  No What do they backhaul? \_\_\_\_\_

G. What are restrictions on backhauling? \_\_\_\_\_

H. Is trailer interchange legal liability required?  Yes  No

If yes, answer the following and provide a copy of the 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 & COVERAGE INFORMATION

A. Has proposed insured carried such policy before?  Yes  No

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 quote: \_\_\_\_\_

5. Experience Information – Furnish currently valued, (must be value dates within the last 3 months) Insurance Company produced, detailed Loss and Experience Auto Liability Loss 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? \_\_\_\_\_





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## 10. ADDITIONAL INSURED & 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?  Yes  No

If yes, explain for whom and why? \_\_\_\_\_

## 11. FINANCIAL INFORMATION

A. Current and prior two (2) 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 has proposed insured been in business? \_\_\_\_\_

D. Is premium going to be financed?  Yes  No If so, by whom? \_\_\_\_\_

## 12. DRIVER, SAFETY & MAINTENANCE

A. Are hazardous materials / wastes transported?  Yes  No

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

B. Is this a seasonal operation?  Yes  No

C. Truck Fleet – Number of Drivers:

Regularly Employed	Leased	Part Time	Casual	Owner/Operator	TOTAL

D. Drivers hired or leased last year:

	<u>COMPANY DRIVERS</u>	<u>OWNERS/OPERATORS LEASED DRIVERS</u>
1. Number Replaced: _____	_____	_____
2. Number Increased: _____	_____	_____

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 .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Reference checks .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Road test .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, given and reviewed by and title: \_\_\_\_\_

4. Road test certification .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Written test certification .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No



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## COMPANY DRIVERS

## OWNERS/OPERATORS

## LEASED DRIVERS

### 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 so, attach MVR(s).  Yes  No  Yes  No

### 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  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  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



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	COMPANY DRIVERS	OWNER/OPERATORS LEASED DRIVERS
O. Maximum hours:		
1. Daily: _____		
2. Weekly: _____		
3. Driver log used? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
P. What is the longest trip? _____		
1. Time in hours: _____ Distance in miles: _____ One way or turnaround? _____		
Q. Pay Scale:		
1. Union: _____ Non-union: _____		
2. If non-union, is pay competitive? <input type="checkbox"/> Yes <input type="checkbox"/> No		
3. How is pay calculated? Trip, mileage, commission, other? Please specify: _____		
R. Are sleeper cabs used? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
1. If yes, one or two persons? _____		
S. Long haul operations:		
1. Is a daily call-in system used? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are pre-determined truck stops used? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
T. Preventive Maintenance:		
1. Is a record kept of each vehicle? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Controlled inspection frequency? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Daily vehicle condition reports? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are front axle brakes operative on all units? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
U. Does insured service vehicles? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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 four (4) years.
- B. Complete driver list (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 (owned, leased and owner-operated equipment), including complete serial number and gross vehicle weight.
- 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	Title	Date