

SUBMITTED BY:

SOUTHWEST TRUCK INSURANCE AGENCY
P.O. BOX 168505
IRVING, TEXAS 75016-8505
972-594-0887
972-659-0713

**COMMERCIAL TRUCK
INSURANCE APPLICATION**

No coverage is effective until approved by the General Agent

Effective Date: _____

Quote Needed By: _____

Contact Person: _____

Agency: SOUTHWEST TRUCK INSURANCE AGENCY, INC.

Phone: 972-594-0887

Fax: 972-659-0713

Agent E-mail: _____

General Information

Is this new business to your agency? No Yes

Name of Risk: _____ **Operations began:** _____

Mailing address: _____

Building address: _____

E-mail address: _____ Fax No: _____

Inspection contact: _____ Phone No: _____

FEIN or Social Security # _____ **MC #** _____

Personnel:

Owner/ President: _____

Safety Supervisor: _____

Maintenance Manager: _____

Accounting Manager: _____

Claims Contact: Telephone Number: _____

Description of Operations

Reefer Dry Van

Flatbed LTL

Heavy Hauler

Farm to Market

Other (describe)

Policy Information

Inception Date: _____ Risk is: Individual Partnership Corporation

Any policy cancellations/non-renewals in the last three years? No Yes, If yes why _____

Has the risk filed for bankruptcy in the last five years? No Yes, has it be discharged? No Yes

Current DOT safety rating: SATISFACTORY Please explain "any" rating other than "Satisfactory"

IMPORTANT

COVERAGE LIMITS

Liability \$ _____

UM/UMI \$ REJECT

PIP \$ REJECT

Hired Auto Yes \$"IF ANY" BASIS cost

Unhooked Trailer Coverage Yes

Medical Payments \$ _____

GL Payroll \$ _____

GL Deductibles: Std \$ 250 or \$1,000

GL payroll – all employees except the drivers

GL available only for "Truckers" class/operations

Physical Damage

Deductibles: Collision: _____ Spec Perils: _____

Tractors values: _____ Trailer values: _____

Total Values: _____ Maximum value (one tractor/trailer)

Trailer Interchange

Number of trailers used daily: _____ Limit \$ _____ Or Maximum \$

Number days trailers are used weekly: _____ Deductible _____ Or Std.

Cargo:

Per vehicle: \$ _____ Per Occurrence/Disaster \$ _____

Terminal limit & location: \$ _____ Address: _____

Deductibles: Non-refrigerated operations \$ _____ Refrigerated units \$ Minimum \$

Operations: This section applies for all lines of business					
Authorities held:					
ICC docket #:					
Brokerage Name:				Docket #:	
Annual brokerage mileage:		Certificates of insurance required from other carrier? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Total trip lease revenue:	\$	Percentage under applicant's authority:		%	
Radius of Operation					
Operations from Headquarters	0-100 miles	100-300 miles	300+ miles	Unlimited	
Percentage of total mileage	%	%	%	%	
Principal states of operation					
Major metro areas entered with %:					
Nearest metropolitan city:					
Major Shippers:	S				
Exposure History:					
Year	Revenue	Mileage	Units	Fleet Value	
	\$			\$	
	\$			\$	
	\$			\$	
	\$			\$	
	\$			\$	
Estimate for coming year Revenue:	\$	Mileage:			

Commodities Hauled				
Commodities	% Of Revenue	Average Value	Value	Maximum Value
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$

Equipment Summary	Tractors	Trailers	Service Units	
			GCW ≤ 80,000 lbs	Light/ Priv. Pass.
Owned Tractors				
Owner/Operator Tractors				

Do your owner –operators carry non-trucking liability? No Yes, Please provide copy of your standard lease.

SCHEDULE OF EQUIPMENT (if over four units attach page with this same information)

Year	Make/Model	17 digit Identification Number	Value	State of License

▶ ▶ ▶ ▶ ▶ Remember to attach a list of drivers and include DATE OF HIRE ◀ ◀ ◀ ◀ ◀

DRIVERS: All Drivers must meet the company's guideline, which will be provided with our quote. Attach a list of drivers, which includes their date of hire (DOH) and (if available) each driver's years of experience as a class A CDL driver.

Do you allow non-employees to travel with your drivers? No Yes

EXPERIENCE SUMMARY

Liability:

Coverage Year	Carrier	Loss Reserves	Total Incurred	Deductible	Number of accidents	# Of Insured units	Fre-quency	Valuation date

Physical Damage:

Coverage Year	Carrier	Loss Reserves	Total Incurred (net of deductible)	Deductible	Number of accidents	# Of Insured Units	Fre-quency	Valuation Date

Cargo:

Coverage Year	Carrier	Loss Reserves	Total Incurred (include expense)	Deductible	Number of accidents	# Of Insured Units	Fre-quency	Valuation Date

Comments – Losses over \$50,000 - Provide additional information where necessary.

Date of Loss	Amount: Paid	Reserve	Description

Special Exposures: Do you pull "double" or "triple" trailers? No Yes

Oversize/ Overweight? No Yes if "yes", percentage of revenue: _____ %

"Haz Mat" No Yes if "yes", percentage of revenue: _____ % with placarding _____ %

EPA # _____ Typical "Haz Mat" items are: _____

- Applicant owns or leases **vehicles not specified in this application**? No Yes
- Applicant **hires vehicles** from others? No Yes • Applicant **hauls for other truckers**? No Yes
- Applicant **rents/ leases vehicles** or equipment to others **with or without drivers**? No Yes, _____ % revenue
- **Other truckers operate under the authority of the applicant**? No Yes, _____ % of revenue # units _____

Safety:

Safety meeting held: No Yes How often? _____ *Forward mandatory DOT Driver Signature Attendance List

MONTHLY QUARTERLY

Bonus for safety driving: No Yes If yes, describe: _____

Accidents reviewed for preventability: No Yes By whom: _____

Minimum driver age and experience: From: 23 To: 65 Yrs. Experience: 2 YEARS

Current number of drivers: _____ Hired last twelve months: _____ Terminated: _____

Maintenance:

Written P/M program: No Yes

Service/Repair done: No Yes By whom: _____

Number of mechanics: Fulltime _____ Part time _____ **Work for others performed?** No Yes

Equipment Inspections:

Pre-trip: No Yes Periodic: No Yes, every _____ Miles

Service records maintained: No Yes Where: _____

Filings:

Address (If different than shown) _____ Zip _____

Base State: _____ **If applicable,** _____ Oregon # _____

FRAUD STATEMENT NOTICE

ANY PERSON WHO KNOWINGLY AND WITH THE INTENT TO DEFRAUD ANY INSURANCE COMPANY, OR OTHER PERSON WHO FILES AN APPLICATION FOR INSURANCE, OR MAKES A STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING ANY INFORMATION CONCERNING ANY MATERIAL FACT, THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

THE SCHEDULE OF VEHICLES (TRACTORS, TRUCKS AND TRAILERS) IN THIS APPLICATION INCLUDES ALL VEHICLES REGISTERED IN THE NAME OF THE NAMED INSURED ON THIS APPLICATION INCLUDING ALL VEHICLES LEASED TO OR FROM THIRD PARTIES.

DO NOT SIGN THIS APPLICATION UNTIL YOU COMPLETELY READ AND FULLY UNDERSTAND IT.

X _____ X _____
 Insured's Signature Date Agent's Signature Date