



Applicant Name:

Street Address:

<b>Carrier Type:</b> <b>Enter other:</b>	<b>Years in Business</b>
Under Current Operating Authority	
Managing or Owning a Trucking Business	

<b>Federal ID #</b>	<b>USDOT#</b>	<b>MC#</b>

**Please complete all information below unless submitted in a prior application**

What is the current DOT Rating - Satisfactory Unsatisfactory or Conditional

**Are any of the following telematics in use? Check if applicable.**

All % entries must be entered in decimal format (enter .05 not 5)

Lane Change Technology

Speed Governing

Video Dash Cameras – Front

Video Dash Cameras – Rear-Facing

Driver

Automatic Braking Technology

Sonar Technology (Assists braking & lane change)

Video Cameras Rear-Facing Traffic

What is the brand of camera system currently utilized?

Was the camera system manufactured after Jan. 1, 2019?

What was the date of installation?

**Driver Information**

We require:

Driver’s schedule in EXCEL including full name, DOB, state of licensing, driver license number, date of hire and years of CDL

MVRs for all drivers for fleets up to 50 power units. For larger fleets, a significant sample size is required

Driver Hiring and Safety Manual

**Current Fleet Description**

<b>Power Units:</b>	<b>Pwr Units Count #</b>	<b>Trailers Count #</b>
Company (owned)		
Owner Operator (hired or leased)		
Other		
Total		



If utilizing OO's, we will need a **copy of the contract** and answer to the questions below:

Are owner operators required to meet the same standards as employee drivers?

Are the miles for non-employee drivers (1099) included in your IFTA reports?

What is the percentage of nighttime driving?

**Types of Commodities Hauled:**

All % entries must be entered in decimal format (enter .05 not 5)

Commodity	Max Value	Average Value	% of total	Major Shipper/Customer

**Hazmat:**

Do you haul hazardous materials?

If yes, what are you hauling?

Please list the classification(s):

What % of loads are hazardous material

What is the quantity hauled?

How often is it hauled?

How is it packaged?

**Passengers:**

Does applicant allow passengers to ride along with drivers?

If yes, does applicant allow anyone under the age of 18 to ride along?

If yes, is passenger accident insurance required?

**Please describe insured's accountability program with regard to the following:**

CSA violations	
Moving violations	
At-fault accidents	

**How does the applicant use telematics to improve driver behavior:**





Item	Comments	Y/N
Applicant utilizes the PSP program		
Applicant self-handles claims		
Applicant has a formal and written driver's manual		
Prior employment checks		
Written application		
Reference checks		
Road test		
Written test		
Drug testing		
Policy for poor drivers		
Physical examinations		
Driver DOT files maintained		
Driver DOTs current & updated regularly		
Are all drivers fluent in English?		
Any driver trainees used		
Applicant has a formal and written safety program		
Formal driver orientation		
Emergency procedures		
Mandatory safety meetings held		
Driver safety bonus program in place		
Written vehicle maintenance program in place		
Pre and post trip inspections		
Does the applicant employ full time mechanics?		
How many mechanics are employed?		
Do mechanics perform third party services?		
Has applicant filed bankruptcy in the past 7 years?		
Have any entities or operations been purchased, sold, acquired, merged, consolidated or discontinued?		





# Midsize Fleet Solution Application

**Brokerage Operations:**

Does applicant arrange for the transportation of any property under the other carrier's authority?

If so, what % of revenue does brokerage operations represent? Insured separately under a separate operating authority?

Brokerage DOT #:

**Filing Requests:**

Item/Endorsement	Y/N
MCS-90	
BMC-91x	
Other Filings:	
Oversize/Overweight Filings	

**Form E**

A Form E is required for intra-state operations in certain states. To the extent that you require a Form E in any state, please check the corresponding box below. Please note, Fundamental Underwriters does not have the ability to file a Form E in the following states: AK, CT, FL, HI, IL, KS, KY, ME, MD, MA, MN, NV, NH, NM, NY, NC, RI, SC, VT, WA (unless a filed exemption is used).

**Check all states that are required.**

<input type="checkbox"/>	<b>AL</b>	<input type="checkbox"/>	<b>CO</b>	<input type="checkbox"/>	<b>IN</b>	<input type="checkbox"/>	<b>MS</b>	<input type="checkbox"/>	<b>ND</b>	<input type="checkbox"/>	<b>PA</b>	<input type="checkbox"/>	<b>UT</b>
<input type="checkbox"/>	<b>AZ</b>	<input type="checkbox"/>	<b>DE</b>	<input type="checkbox"/>	<b>IA</b>	<input type="checkbox"/>	<b>MO</b>	<input type="checkbox"/>	<b>OH</b>	<input type="checkbox"/>	<b>SD</b>	<input type="checkbox"/>	<b>VA</b>
<input type="checkbox"/>	<b>AR</b>	<input type="checkbox"/>	<b>GA</b>	<input type="checkbox"/>	<b>LA</b>	<input type="checkbox"/>	<b>MT</b>	<input type="checkbox"/>	<b>OK</b>	<input type="checkbox"/>	<b>TN</b>	<input type="checkbox"/>	<b>WV</b>
<input type="checkbox"/>	<b>CA</b>	<input type="checkbox"/>	<b>ID</b>	<input type="checkbox"/>	<b>MI</b>	<input type="checkbox"/>	<b>NE</b>	<input type="checkbox"/>	<b>OR</b>	<input type="checkbox"/>	<b>TX</b>	<input type="checkbox"/>	<b>WI</b>





# Midsize Fleet Solution Application

## Acknowledgment & Signatures:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 SUBJECTS THE PERSON TO CRIMINAL AND [NY:SUBSTANTIAL] CIVIL PENALTIES (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, VT or WA; in DC, LA, ME, TN and VA, insurance benefits may also be denied).

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES.

IN FLORIDA, 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 IN THE THIRD DEGREE.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN 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 INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

Fundamental Underwriters is a division of AF Group and its subsidiaries. Insurance policies may be issued by any of the following companies within AF Group: Accident Fund Insurance Company of America, Accident Fund National Insurance Company, Accident Fund General Insurance Company, United Wisconsin Insurance Company, Third Coast Insurance Company or CompWest Insurance Company.

WE HAVE RELIED ON INFORMATION YOU HAVE PROVIDED TO US ON THE APPLICATION AND OTHER MATERIALS SUBMITTED TO PROVIDE THIS QUOTE. WILLFUL CONCEALMENT OR MISREPRESENTATION OF A MATERIAL FACT OR CIRCUMSTANCE SHALL BE GROUNDS TO RESCIND THE INSURANCE POLICY.

**Applicant Signature & Title:**

**Date:**

**Agent/Broker Signature:**

**Date:**

