

**General Information:**

Effective Date:

Expiration Date:

Applicant Name:

Street Address:

Mailing Address:

Entity Type:

Carrier Type: Enter other:	Years in Business	Federal ID #	USDOT#	MC#
Under Current Operating Authority				
Managing or Owning a Trucking Business				

Contact Type	Name & Title	Phone #	Email
Contact Name Primary:			
Contact Name Claims:			
Contact Name Safety:			
Contact Name Billing:			

Applicant Web Address:

List all subsidiaries & affiliated entities and explain relationship to applicant:

Entity Name	USDOT#	Operations	Include Y/N:

Does insured have a conditional DOT rating?

If yes explain,

Is there common majority ownership for all entities?

If no explain,

Has applicant ever had insurance using another name?

Previous DOT#

Parent Company Name (if applicable):

Is this applicant one of your current insureds?

Other than a competitive premium, what are your client's key concerns?

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

Deliveries	
% Truckload	
% Less Than Truckload	

Do you have any of these Operations?	Yes/No	% of Operation
Bobtail/NTL Exposure		
Haul doubles or triples		
Use driver teams		
Oversize/Overweight		

Type of Operation	
Type of Vehicles/Trailers Used	
Dry Van	
Refrigerated	
Flatbed	
Dump	
Tank Liquid	
Intermodal	
Dry Bulk	
Waste / Debris / Scrap	
Energy/Oilfield:	
Other:	

Power Units:	Pwr Units Count #	Trailers Count #
Company (Owned)		
Owner Operator (hired or leased)		
Other		
Total		

Vehicle Type (describe if needed):	Enter Count #
Extra Heavy (over 45,000 GVW)	
Heavy (20,001 to 45,000 GVW)	
Medium (10,001 20,000 GVW)	
Light/Service (0-10,000 GVW)	
Private Passenger	
Other:	
Total	

[illegible]



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

Range of Operations & Running Lanes

Do you travel into Canada

What % of miles traveled

Do you travel into Mexico

What % of miles traveled

What is the percentage of night time driving

Running Lanes:

Metro Area:	%	Metro Area:	%	Metro Area:	%	Metro Area:	%	Regions	%
ATL		Detroit		Miami		Pittsburgh		Mountain	
Baltimore		Hartford		Milwaukee		Portland		Midwest	
Boston		Houston		Minn/St. Paul		Richmond		Southwest	
Buffalo		Indianapolis		Nashville		St. Louis		N. Central	
Charlotte		Jacksonville		New Orleans		Salt Lake City		Mid-Atlantic	
Chicago		Kansas City		NY Metro		San Francisco		Southeast	
Cincinnati		Little Rock		OK City		Tulsa		Northeast	
Cleveland		Los Angeles		Omaha				New England	
Dallas/Ft Worth		Louisville		Phoenix				Pacific Coast	
Denver		Memphis		Philadelphia				Northwest	

Running Lanes:

From	To	Shipper	Commodity

Radius of Operations:

Radius	%
0-50 Miles	
51-200 Miles	
201-500 Miles	
501-1,000 Miles	
Over 1,000 Miles	

Average Length of haul:

Maximum Length of haul:



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Exposure Data:

Policy Period:	# Power Units	IFTA Mileage	Revenue	AL Deductible Level	Phyd Deductible Level	TIV (Total Physical Damage Value)
Projected Policy Period						
Most Recent Period						
2 Most Recent Period						
3rd Most Recent Period						
4th Most Recent Period						
5th Most Recent Period						

Trailer Interchange Information: (Specify Limits in the Coverage Section below)

Do you pull non-owned trailers?

Average # of days trailers are interchanged per month:

Average # trailers per day:

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

Do any of the commodities hauled require placards?

Describe and provide % of operations:

Are any of the commodities hauled hazardous?

If yes, please provide details

Are you required by the DOT to provide \$5,000,000 Limits due to hazardous commodities?

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?



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Drivers, Operations, Safety and Maintenance:

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

Type	% of drivers	Driver Age	% of drivers	Driver Experience	% of drivers
Employed		<21		< 2 years	
Owner Operator		21-59		3-5 years	
Leased/Contract Drivers		60-65		6+ years	
Non-CDL Drivers		66+			

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:

Please attach a driver schedule including full name, DOB, state of licensing, driver license #.

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

Driver screening/general safety and operations: (attach driver hiring and applicable safety material)

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		



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Item	Comments	Y/N
Pre and post trip inspections		
Does the applicant employ full time mechanics		
How many mechanics are employed?		
Do mechanics perform 3rd party services?		
Has applicant filed bankruptcy in the past 7 years?		
Have any entities or operations been purchased, sold, acquired, merged, consolidated or discontinued?		

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

Lane Change Technology

Automatic Braking Technology

Video Dash Cameras – Rear Facing Driver

Speed Governing

Sonar Technology (Assists braking & lane change)

Video Dash Cameras – Front

List Camera and Electronic Logging Device (ELD) Systems:

Video Cameras Rear Facing Traffic

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 #:

Non-employee Drivers (1099 Drivers)

Typical Lease Term

Any Trip Lease?

% of Total Drivers on a trip lease?

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

Please provide percentage of owners/operators

Please provide percentage of contract drivers

How many of your drivers have driven for you for more than 3 years?

Are the miles for all Non-employee Drivers (1099) included in your IFTA reports?

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.

	AL		CO		IN		MS		ND		PA		UT
	AZ		DE		IA		MO		OH		SD		VA
	AR		GA		LA		MT		OK		TN		WV
	CA		ID		MI		NE		OR		TX		WI



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Requested Coverages & Limits:

ITEM TWO Schedule of Coverages And Covered Autos

Coverages	Enter your Desired Autos Symbols For Requested Coverages	Enter your Desired Limits
Covered Autos Liability Desired Deductible:		
Personal Injury Protection (Or Equivalent No-fault Coverage)		
Auto Medical Payments		
Uninsured Motorists		

Underinsured Motorists (When Not Included in Uninsured Motorists Coverage)			
Trailer Interchange Comprehensive Coverage			Least of Actual Cash Value, Cost of Repair Or Limit of Insurance
			Deductible for Each Covered Trailer
Trailer Interchange Collision Coverage			Least of Actual Cash Value, Cost of Repair Or Limit of Insurance
			Deductible for Each Covered Trailer
Physical Damage Comprehensive Coverage	72 – Specifically Described Autos	See Stated Amount on Schedule with Company	Least of Actual Cash Value, Cost of Repair Or Limit of Insurance
			Deductible for Each Covered Auto
			Maximum Limit Per Vehicle
			Maximum Limit Per Location
Physical Damage Collision Coverage	72 – Specifically Described Autos	See Stated Amount on Schedule with Company	Least of Actual Cash Value, Cost of Repair Or Limit of Insurance
			Deductible for Each Covered Auto
Supplemental Towing	72 – Specifically Described Autos		Limit of Insurance Physical Damage Deductible Applies



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Please Note Additional Endorsements:

ITEM THREE

Schedule Of Covered Autos You Own, Borrow, Lease or Hire

Please Submit a completed Fundamental Underwriters Vehicle Schedule along with this Application. Please Include the year, make, vehicle type, model, VIN, GVW, Garaging location & Stated Amount of each vehicle. Important Note: Stated Amount excludes Towing Costs. We provide Towing as a Supplemental Coverage & Limit.

ITEM FOUR

Schedule Of Hired Or Borrowed Covered Auto Coverage And Premiums

Covered Autos Liability Coverage	Cost Of Hire Rating Basis For Autos Used In Your Motor Carrier Operations	Cost Of Hire Rating Basis For Autos NOT USED In Your Motor Carrier Operations
Primary Coverage		
Excess Coverage		
If Physical Damage Coverage is required for Hired Auto Enter Limit: Comprehensive & Collision Deductibles will follow those of your owned Autos.		

Additional Required Submission items:

Currently valued loss runs for the previous four years plus the current year. Valuation must be within 90 days of effective date. Financial statements including balance sheet and income statement (interims if available). Audited and reviewed statements are preferred.

IFTA reports for the most current four quarters **MUST** be included if IFTA reports are filed.

Please provide a copy of the lease agreement (if owner/operator or contract drivers are used)

Acknowledgement & 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: