



# Trucking Insurance Application

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## COMMERCIAL TRUCK INSURANCE QUESTIONNAIRE

No coverage is effective until approved by the General Agent

Effective Date: \_\_\_\_\_

Quote Needed By: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Submissions go to: [apps@trminsure.com](mailto:apps@trminsure.com)

**Agency:** \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ **Agent E-mail:** \_\_\_\_\_

### General Information

Is this new business to your agency?  No  Yes

**Name of Risk:** \_\_\_\_\_ **How long has current ownership been in place:** \_\_\_\_\_

Mailing address: \_\_\_\_\_

Garaging / Terminal address: \_\_\_\_\_

**Website address:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_ **Fax #** \_\_\_\_\_

Inspection contact: \_\_\_\_\_ **DOT #** \_\_\_\_\_

**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  Other

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

Are any Additional Insureds and/or Certificates of Insurance required?  Yes  No (If yes, attach list or ACORD 45)

Does the applicant have Workers Compensation Insurance?  Yes, provide carrier name \_\_\_\_\_  No

**Current DOT safety rating:** \_\_\_\_\_ Please explain "any" rating other than "Satisfactory"

IMPORTANT

**COVERAGE LIMITS**

<input type="checkbox"/> Liability	\$ _____	Complete State Specific Selection Form ACORD 137
<input type="checkbox"/> UM/UIM	\$ _____	Complete State Specific Selection Form as applicable
<input type="checkbox"/> PIP	\$ _____	Complete State Specific Selection Form as applicable
<input type="checkbox"/> Medical Payments	\$ _____	
<input type="checkbox"/> Hired Auto Liability	\$ _____ cost	Complete Hired Auto Section
<input type="checkbox"/> Non Owned Auto	# of Employees _____	Complete Non Owned Auto Section

**Physical Damage**

Deductibles:	Collision: \$ _____	<input type="checkbox"/> Comprehensive \$ _____
		<input type="checkbox"/> Spec Perils \$ _____
Tractors values:	\$ _____	Trailer values: \$ _____
Total Values:	\$ _____	Maximum value (one tractor/trailer) \$ _____
<input type="checkbox"/> Hired Auto Physical Damage	\$ _____ Limit	Does Applicant rent or use substitute equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Trailer Interchange** Does applicant have a **written** trailer interchange agreement  Yes  No

Number of trailers used daily: \_\_\_\_\_ Number of days trailers are used weekly: \_\_\_\_\_

Limit \$ \_\_\_\_\_ Maximum Value per Trailer \$ \_\_\_\_\_ Average Value per Trailer: \$ \_\_\_\_\_

Number days trailers are used weekly: \_\_\_\_\_ Deductible \$ \_\_\_\_\_ Or  **Std. \$1,000**

**Cargo**

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

Terminal limit & location: \$ \_\_\_\_\_ Address: \_\_\_\_\_

Deductibles: **Non-refrigerated operations \$ \_\_\_\_\_** **Refrigerated units \$ \_\_\_\_\_**  **Minimum**

**General Liability**

*Complete only if General Liability is requested. GL available only for "Truckers" class/operations.*

GL Payroll \$ \_\_\_\_\_ GL payroll – all employees except the drivers

**GL Deductibles:** Std  \$ 250 or \$ \_\_\_\_\_

1. Do you generate revenue from any sources other than trucking?  Yes  No  
Description of operations: \_\_\_\_\_
2. Does applicant store or warehouse any commodities including but not limited to LPG, flammable liquids, chemicals etc.?  Yes  No  
If yes, describe type, quantity and how stored: \_\_\_\_\_
3. Does applicant have any above-ground or under-ground storage tanks?  Yes  No  
If yes, describe: \_\_\_\_\_

**Hired Auto Liability** *Complete only if Hired Auto is requested.*

1. Does applicant subhaul, lease or hire equipment from others?  Yes  No  
If yes, provide the annual estimated cost of hire: Current year \$ \_\_\_\_\_ 2<sup>nd</sup> prior year \$ \_\_\_\_\_  
1<sup>st</sup> prior year \$ \_\_\_\_\_ 3<sup>rd</sup> prior year \$ \_\_\_\_\_  
If yes, is it:  Permanently Leased  Trip Leased
2. Is applicant named as additional insured?  Yes  No Limits required: \$ \_\_\_\_\_
3. If permanently leased, is it scheduled on this application?  Yes  No
4. If permanently leased, are autos hired with drivers?  Yes  No
5. If permanently leased, do you require non trucking coverage?  Yes  No

**Nonowned Auto**

1. Do you authorize personal auto usage for business purposes?  Yes  No  
If yes, describe: \_\_\_\_\_
2. Do you require proof of insurance?  Yes  No
3. What are the minimum limits required? \_\_\_\_\_

**Broaden Pollution Endorsement**

1. Do you require Broadened Pollution Coverage?  Yes  No

**Combined Deductible**

1. Is the applicant requesting a combined deductible?  Yes  No

**Operations: This section applies for all lines of business**

Nearest metropolitan city:					
Authorities held:					
ICC docket #:					
Brokerage Name:				Docket #:	
Annual brokerage revenue:		\$	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- See IFTA reports**

Operations from Headquarters	MILES					
	0-50	51-100	101-200	201-300	301-500	500+
Percentage of total mileage	%	%	%	%	%	%

<b>Principal states of operation</b>					
<b>Major metro areas entered with %</b>					
Major Shippers:					

**Commodities Hauled**

Commodities	% Of Loads	Average Value	Maximum Value
	%	\$	\$
	%	\$	\$
	%	\$	\$
	%	\$	\$

**Exposure History:**

Year	Gross Receipts	Total Mileage	Units Owned/Owner Operator	Fleet Value
/	\$		/	
/	\$		/	
/	\$		/	
/	\$		/	

Estimate for coming year Gross Receipts: \$ Mileage:

Equipment Summary	Tractors	Trailers	Other Units	
			Straight Trucks	Cargo Vans / P/U's
<b>Owned</b>				
<b>Owner/Operator</b>				

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

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

Year	Make/Model	17 digit Vehicle Identification No.	Value <input type="checkbox"/> OCN <input type="checkbox"/> Stated Amount	Loss Payee (attach list)	Radius	State of License
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		

## EXPERIENCE SUMMARY

### Auto Liability:

Coverage Year	Carrier	Loss Reserves	Total Incurred (include expense)	Deductible	Number of accidents	# Of Insured units	Frequency	Valuation date
/		\$	\$	\$				
/		\$	\$	\$				
/		\$	\$	\$				
/		\$	\$	\$				
/		\$	\$	\$				

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

Date of Loss	Amount: Paid	Reserve	Description
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	

### Physical Damage:

Coverage Year	Carrier	Loss Reserves	Total Incurred (include expense)	Deductible	Number of accidents	# Of Insured Units	Frequency	Valuation Date
/		\$	\$	\$				
/		\$	\$	\$				
/		\$	\$	\$				
/		\$	\$	\$				
/		\$	\$	\$				

### Cargo:

Coverage Year	Carrier	Loss Reserves	Total Incurred (include expense)	Deductible	Number of accidents	# Of Insured Units	Frequency	Valuation Date
/		\$	\$	\$				
/		\$	\$	\$				
/		\$	\$	\$				
/		\$	\$	\$				
/		\$	\$	\$				

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

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

% Loads: Oversize Over length Over width Over height

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

EPA # Class 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 \_\_\_\_\_

**DRIVERS:**

**All Drivers must meet the company's guideline, which will be provided with our quote. List all 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

Minimum driver age and experience: From: \_\_\_\_\_ To: \_\_\_\_\_ Yrs. Experience: yr min. \_\_\_\_\_

Do all drivers have a minimum of 2 years operating like equipment?  Yes  No

Current number of drivers: \_\_\_\_\_ Hired last twelve months: \_\_\_\_\_ Terminated: \_\_\_\_\_

**List of Drivers – If more room is necessary, please attach separate sheet with same info**

Name	License Number	State	DOB	DOH	Years with CDL

**Safety:**

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

Bonus for safety driving:  No  Yes If yes, describe: \_\_\_\_\_

Accidents reviewed for preventability:  No  Yes By whom: \_\_\_\_\_

**Maintenance:**

Written P/M program:  No  Yes Send copy of Preventative Maintenance Checklist

Service/Repair done:  No  Yes By whom: \_\_\_\_\_

Number of mechanics: \_\_\_\_\_ **Work for others performed?**  No  Yes

**Equipment Inspections:**

Pre-trip:  No  Yes Periodic:  No  Yes, every \_\_\_\_\_ day \_\_\_\_\_ Miles

Service records maintained:  No  Yes Where: \_\_\_\_\_ By whom: \_\_\_\_\_

**COVERAGE ELECTIONS – Please Specify:** \_\_\_\_\_

**Filings:**

Federal

State

Other

Address (If different than shown) \_\_\_\_\_

Zip \_\_\_\_\_

Base State: \_\_\_\_\_

**If applicable, Ohio #** \_\_\_\_\_

Oregon # \_\_\_\_\_

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<b>Applicants Signature</b>	<b>Date</b>
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Notes:

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