

TRUCKING INSURANCE APPLICATION

INSTRUCTIONS:

Thank you for allowing us to try and earn your business.

The Allen Insurance Group represents only A-Rated Trucking insurance companies.

Following you will find a very comprehensive application for your trucking insurance. It is quite long because we made a point of giving you enough room in the blanks to fill out the answer, and because we want to only have to ask you one time for a great deal of information.

We have worked with many insurance companies to save you time by putting together one detailed application form. It includes all the information that many different trucking insurance companies want from you. Not all companies will want all of this information. We will take the information from this comprehensive application and transfer only what each respective company wants. You need only complete this one application form.

NOTE: An incomplete application is considered NO application. You must put something in each field. If a field does not apply, put N/A in that field.

The following materials must be provided and attached to this application:

- 1: FINANCIAL STATEMENTS:** Balance sheets and income statements for the last 2 years and a current interim statement (if the most recent year-end statements are more than 6 months old) are required. The insurance companies we represent prefer audited or reviewed statements, if available. Statements should include revenue obtained through trip lease and brokerage operations. Parent company financials, if applicable, should be provided.
- 2: LOSS RUNS:** Provide documented loss experience, valued within the last 90 days, from prior insurers for all lines of coverage requested for the current year, and the prior three years. Provide details on all losses in excess of \$50,000. Provide summary of losses on a separate page.
- 3: MILEAGE:** Provide Fuel Tax Reports, indicating mileage by state and total mileage for all states for the previous 8 calendar quarters. Indicate any mileage that may not be included in fuel tax reports. Record mileage summaries and projections on page 3 of this application.
- 4: REVENUE:** Record revenue history and projections on a summary page on your stationary.
- 5: EQUIPMENT SCHEDULE:** Attach current updated listing of all company owned and owner/operator vehicles, including year, make, model, VIN, current market value, where garaged and licensed. For local/intermediate operations (up to 300 mile radius), include gross vehicle weight for each unit.
- 6: DRIVERS LIST:** Attach listing of all drivers operating equipment to be covered by this proposed insurance: company drivers, owner/operators, drivers of service and private passenger units. List should include full name of driver, date of birth, state of license issued, drivers license number, and date of hire. Copies of the most recent motor vehicle reports (MVRs) on file with the applicant are requested for all drivers.
- 7: AGREEMENTS:** Provide copies of all applicable agreements used by the applicant, including permanent lease, trip lease, hold-harmless, interline, interchange, intermodal, and sub-hauler agreements.
- 8: SAFETY MATERIALS:** Attach a copy of most recent state or federal compliance review and current compliance rating document. Provide copies of pertinent fleet safety and maintenance programs and materials.

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CARGO

<u>Commodities</u>	<u>% of Revenue</u>	<u>Hazardous Y/N</u>	<u>Average Value</u>	<u>Maximum Value</u>	<u>% of Maximum</u>
1: _____	_____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____	_____ %
2: _____	_____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____	_____ %
3: _____	_____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____	_____ %
4: _____	_____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____	_____ %
5: _____	_____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____	_____ %
6: _____	_____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____	_____ %
7: _____	_____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____	_____ %
8: _____	_____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____	_____ %
9: _____	_____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____	_____ %
10: _____	_____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____	_____ %

Average Value per trailer: \$ _____ Maximum Value per trailer: \$ _____ Max Terminal Exposure: \$ _____
 Is cargo ever stored on dock or in terminal yard over 72 hours? Yes No If Yes, _____ % of time
 Is cargo ever let unattended on the road? Yes No If Yes, _____ % of time
 Is standard Bill of Lading issued? Yes No If No, attach copy of form used
 Do you haul under a Full Value Bill of Lading? Full Value Released Value

List Top 3 Shippers & Percent of Total Revenue

_____	_____ %
_____	_____ %
_____	_____ %

Describe any Specialized Cargo, including high hazard (hazardous, radioactive, waste materials) and high value:

Equipment Schedule

(Include values if Physical Damage coverage is to be provided; also attach equipment schedule)

<u>Vehicle Type</u>	<u>Current 12 Months</u>				<u>Next 12 Months</u>			
	<u>Co. Owned & Long-term Leased</u>		<u>Owner Operators</u>		<u>Co. Owned & Long-term Leased</u>		<u>Owner Operators</u>	
	<u>No.</u>	<u>\$ Values</u>	<u>No.</u>	<u>\$ Values</u>	<u>No.</u>	<u>\$ Values</u>	<u>No.</u>	<u>\$ Values</u>
Straight Trucks	_____	_____	_____	_____	_____	_____	_____	_____
Road Tractors	_____	_____	_____	_____	_____	_____	_____	_____
Yard Tractors	_____	_____	_____	_____	_____	_____	_____	_____
Trailers	_____	_____	_____	_____	_____	_____	_____	_____
Container Chassis	_____	_____	_____	_____	_____	_____	_____	_____
Service Units	_____	_____	_____	_____	_____	_____	_____	_____
Private Passenger	_____	_____	_____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	_____	_____	_____	_____
(describe)	_____	_____	_____	_____	_____	_____	_____	_____

Do you have any surplus equipment not presently being utilized? Yes No If Yes, explain: _____

If the insured value for any equipment to be covered for physical damage exceeds \$1,000,000 at any one location, provide:

<u>Location</u>	<u>Avg. Values</u>	<u>Max. Values</u>	<u>% of Maxi</u>
_____	\$ _____	\$ _____	_____ %
_____	\$ _____	\$ _____	_____ %
_____	\$ _____	\$ _____	_____ %
_____	\$ _____	\$ _____	_____ %
_____	\$ _____	\$ _____	_____ %

Percentage of equipment using anti-lock brakes: _____ % Tractors _____ % Trailers

Do you use any of the following: Satellite/Tracking Equipment, Communications devices, or Alarms? Yes No

If Yes, describe: _____

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Terminals

Location (City/State)	# Vehicles Assigned	Controlled Entrance?	24 Hour Guard?	Fenced?	Lighted?
_____	_____	<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
_____	_____	<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
_____	_____	<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
_____	_____	<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
_____	_____	<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
_____	_____	<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
_____	_____	<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
_____	_____	<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
_____	_____	<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
_____	_____	<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

For Local: Intermediate risks (up to 300 mile radius), list the most frequent runs & approximate pct. of total:

From:	To:	%	From:	To:	%
_____	_____	%	_____	_____	%
_____	_____	%	_____	_____	%
_____	_____	%	_____	_____	%
_____	_____	%	_____	_____	%
_____	_____	%	_____	_____	%
_____	_____	%	_____	_____	%
_____	_____	%	_____	_____	%

GENERAL

Please answer the following questions. If you answer Yes to any question, please describe in Explanation section below:

- Have you been cancelled or non-renewed within the last 5 years? Yes No
- Have you filed for bankruptcy protection within the last 5 years? Yes No
- Do you lease property, vehicles, or mobile equipment to others? Yes No
- Do you perform any rigging? Yes No
- Do you perform any service or repair work on other than company-owned equipment? Yes No
(Describe type of work performed, number of vehicles at any one time, revenue derived, and list any Garage Liability Insurance in-force: Insurer, Policy#, Term & Limits)
- Do you have any fuel storage facilities on your premises? Yes No
(List products stored, capacity, and list any Pollution Liability Insurance in-force: Insurer, Policy#, Term & Limits)
- Do you sell any product on wholesale or retail basis? Yes No
- Do you derive any revenue from warehousing? Yes No
- Do you allow passengers to accompany drivers? (If Yes, describe your policy, including authorization & frequency) Yes No

Explanations, if any: _____

Please describe any MAJOR CHANGES in the applicant's operations over the last 5 years and planned for the next 2-3 years. Include growth/downsizing, commodities, customers, territories, equipment, driver hiring, personnel, financial, etc.

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TRIP LEASES

Do you trip lease drivers & equipment from others to haul freight under your authority? Yes No
If Yes, _____% of revenue. Please explain how you locate your trip lessors & how you control the return of your placards:

Do you inspect trip lessor's equipment?: Yes No
Do you trip lease your drivers & equipment to others to haul freight under other motor carrier's authority? Yes No
If Yes, _____% of total revenue
Do you require authorization to be granted to a driver before they may enter into a trip lease agreement? Yes No
Please explain your controls: _____

BROKERAGE

Do you arrange transportation of property, by other motor carriers under the other carrier's authority? Yes No
If Yes, identify motor carriers involved: _____

Name of brokerage entity: _____ Annualized Revenue: \$ _____
Licensed?: Yes No US DOT# _____ Are separate accounting records kept? Yes No
Do you purchase contingent cargo coverage? Yes No
Before brokering loads, do you require any of the following?:
Certificate of Insurance? Yes No Limits Required: \$ _____
Are Certificates on file up to date on all brokered loads? Yes No
Additional Insured Endorsements? Yes No
Who is named on the Bill of Lading? Applicant -- OR -- Other Motor Carrier

AGREEMENTS

Are any Permanent Lease, Trip Lease, Hold-Harmless, Interline, Intermodal, Interchange, or Sub-Hauler agreements in place? Yes No (If Yes, attach copies)

TRAILER INTERCHANGE

Is Trailer Interchange Legal Liability coverage requested? Yes No
If Yes, please provide the following:

Average number of trailers per day: _____ Average number of days trailers are
interchanged per month: _____
Average value per trailer: \$ _____ Maximum value per trailer: \$ _____

TANK OPERATIONS

Do you operate a tank washing facility?..... Yes No Is it operated as a separate entity? Yes No
If yes, Name: _____ Is insurance cover requested? Yes No
Do you wash tanks for others? Yes No If yes, provide annualized revenue: \$ _____
Is hazardous waste generated by your tank wash? Yes No
If Yes, explain disposal methods & carriers: _____

Do you have blending or storage operations? Yes No If Yes, provide annualized revenue: \$ _____
If Yes, list products blended or stored: _____

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SAFETY & DRIVER HIRING

Safety Director's Tenure with applicant: _____ Is Safety Director responsible for hiring? Yes No
 Year's of Safety experience: Percent of Time devoted to Safety: %
 Safety Director reports to: Name: _____ Title: _____
 Does Safety Director have ultimate authority to hire and fire drivers? Yes No
 Current # of Drivers: _____ Employees _____ Owner/Operators _____ Subhaulers _____ Total: _____
 (CA Only)
 Drivers Hired in past 12 months: _____ Drivers replaced: _____ Drivers Added: _____
 Minimum Driver Age: _____ Maximum Driver Age: _____ Minimum Commercial driving experience: _____
 Average Compensation: (circle one) -per mile - per year- Company Driver: \$ _____ Owner/Operator: \$ _____

How often do drivers get home? _____ Are drivers unionized? Yes No

Do your driver hiring procedures include:

Written Application? Yes No Reference Checks? Yes No Road Test? Yes No
 Prior employer interviews? Yes No Physical exam? Yes No Drug Testing? Yes No
 O/O Equipment Inspection? Yes No Written Test? Yes No MVR Review? Yes No
 Do you hire drivers from training schools? Yes No If Yes, describe your on-the-job training program for these drivers:

Does new driver training include:

Equipment familiarization? Yes No Handling commodities? Yes No
 Route familiarization? Yes No Emergency procedures? Yes No
 Accident reporting procedures? Yes No Training required for Owner/Operators? Yes No
 New drivers assigned to a senior driver trainer? Yes No If Yes, how long will their drive together? _____
 Length of new driver training program: _____
 Additional comments on driver recruiting and training: _____

MAINTENANCE

Do you have a written maintenance program? (If Yes, attach a copy) Yes No
 Do you perform your own repairs? Yes No
 Number of maintenance Personnel: _____ Are pre/post trip inspections performed? Yes No
 Define your inspection and preventative maintenance schedule intervals: A: _____ B: _____ C: _____
 Are Owner/Operators' equipment subject to the same maintenance requirements as company gear? Yes No
 Describe your plans to replace/upgrade your equipment: _____

FILINGS

List all states or Canadian provinces where applicant has Liability or Cargo Filings:

NOTE: Before coverage can be bound, copies of all filings to be made must be received.

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LOSS EXPERIENCE SUMMARY

Coverage	Policy Dates	Total \$ Incurred	Total # Incurred	Deductible	Limits	Premiums
Auto Liability	_____ to _____	\$ _____	_____	\$ _____	\$ _____	\$ _____
	_____ to _____	\$ _____	_____	\$ _____	\$ _____	\$ _____
	_____ to _____	\$ _____	_____	\$ _____	\$ _____	\$ _____
	_____ to _____	\$ _____	_____	\$ _____	\$ _____	\$ _____
General Liability	_____ to _____	\$ _____	_____	\$ _____	\$ _____	\$ _____
	_____ to _____	\$ _____	_____	\$ _____	\$ _____	\$ _____
	_____ to _____	\$ _____	_____	\$ _____	\$ _____	\$ _____
	_____ to _____	\$ _____	_____	\$ _____	\$ _____	\$ _____
Cargo	_____ to _____	\$ _____	_____	\$ _____	\$ _____	\$ _____
	_____ to _____	\$ _____	_____	\$ _____	\$ _____	\$ _____
	_____ to _____	\$ _____	_____	\$ _____	\$ _____	\$ _____
	_____ to _____	\$ _____	_____	\$ _____	\$ _____	\$ _____
Owned Equip. Physical Damage	_____ to _____	\$ _____	_____	\$ _____	\$ _____	\$ _____
	_____ to _____	\$ _____	_____	\$ _____	\$ _____	\$ _____
	_____ to _____	\$ _____	_____	\$ _____	\$ _____	\$ _____
	_____ to _____	\$ _____	_____	\$ _____	\$ _____	\$ _____
Non-Trucking Auto Liability	_____ to _____	\$ _____	_____	\$ _____	\$ _____	\$ _____
	_____ to _____	\$ _____	_____	\$ _____	\$ _____	\$ _____
	_____ to _____	\$ _____	_____	\$ _____	\$ _____	\$ _____
	_____ to _____	\$ _____	_____	\$ _____	\$ _____	\$ _____
Owner/Operator Physical Damage	_____ to _____	\$ _____	_____	\$ _____	\$ _____	\$ _____
	_____ to _____	\$ _____	_____	\$ _____	\$ _____	\$ _____
	_____ to _____	\$ _____	_____	\$ _____	\$ _____	\$ _____
	_____ to _____	\$ _____	_____	\$ _____	\$ _____	\$ _____
Other	_____ to _____	\$ _____	_____	\$ _____	\$ _____	\$ _____
	_____ to _____	\$ _____	_____	\$ _____	\$ _____	\$ _____
	_____ to _____	\$ _____	_____	\$ _____	\$ _____	\$ _____
	_____ to _____	\$ _____	_____	\$ _____	\$ _____	\$ _____
	_____ to _____	\$ _____	_____	\$ _____	\$ _____	\$ _____
	_____ to _____	\$ _____	_____	\$ _____	\$ _____	\$ _____

Provide details on all losses in excess of \$50,000 (provide attachment if necessary)

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COVERAGES REQUESTED

Preferred Rating Basis (select one)..... Revenue Mileage
 Preferred Plan (select one) Deductible (DED) Self-Insured Retention (SIR)

Coverage	Option 1		Option 2		Option 3	
	Limit	DED/SIR	Limit	DED/SIR	Limit	DED/SIR
Auto Liability	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Uninsured Motorists (UM)& Underinsured Motorists (UIM)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Excess Liability	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
General Liability	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Cargo (per vehicle/per occurrence)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Physical Damage Owned Equip. Values = \$ _____ Select: <input type="checkbox"/> FTCAC or <input type="checkbox"/> Comp <input type="checkbox"/> Collision	ACV ACV	\$ _____ \$ _____	ACV ACV	\$ _____ \$ _____	ACV ACV	\$ _____ \$ _____
Private Passenger Autos & Service Units: Auto Liability & Phys. Damage Values= \$ _____ Select: <input type="checkbox"/> FTCAC or <input type="checkbox"/> Comp <input type="checkbox"/> Collision	ACV ACV	\$ _____ \$ _____	ACV ACV	\$ _____ \$ _____	ACV ACV	\$ _____ \$ _____
Trailer Interchange	_____	_____	_____	_____	_____	_____
Owner/Operator Program	_____	_____	_____	_____	_____	_____
Non-Trucking Auto Liab. O/O Physical Damage Values= \$ _____ Select: <input type="checkbox"/> FTCAC or <input type="checkbox"/> Comp <input type="checkbox"/> Collision	_____	_____	_____	_____	_____	_____
Garage Liability	_____	_____	_____	_____	_____	_____
Other: _____ _____ _____ _____	_____	_____	_____	_____	_____	_____

*(If Applicant rejects coverage where permitted and accepts minimum limits where rejection is not permissible, write: REJ/MIN)
 *(If Applicant selects statutory minimum limits write: MIN) *(If Applicant selects policy limits or other limits, fill in limit requested)
 NOTE: In order to bind coverage, Applicant will need to sign appropriate UM/UIM rejection/selection forms.

The Applicant hereby applies to the Company for a policy of insurance as set forth in this application on the basis of statements contained herein. Applicant agrees that such policy shall be null and void if such information is materially false or misleading so that the Company would have rejected the risk, prior to inception. Applicant understands that an inquiry may be made which will provide applicable information concerning character, general reputation, financial stability, and other pertinent financial data, personal characteristics, mode of living, or other background information the Company deems necessary in order to determine whether the Company will accept or reject Applicant for coverage. Upon written request, additional information as to the nature and scope of the inquiry, if one is made, will be provided. The Applicant understands this application is a request for quotation and no information provided herein shall be construed by either party as creating a binding contract for insurance.

Signed this _____ day of _____, _____ at _____
 By: _____ For _____
Name Title
 (If Named Insured is other than an individual)

(If a Partnership or Corporation, signatory must be empowered by Articles of Incorporation, et al, to bind insurance agreements)