



TRUCKING PROGRAM APPLICATION

Entire application must be completed and signed

APPLICANT INFORMATION

Proposed Effective Date: _____ Expiration Date: _____ New Policy Renewal of Policy No. : _____
12:01 A.M at applicant's mailing address

Applicant is: Individual Partnership Corporation Joint Venture LLC Other _____

Federal ID# or SSN: _____ U.S. DOT#: _____ MC#: _____

Applicant Legal Name: _____
(If more than one Named Insured provide explanation for each in Comments, page 4)

Mailing Address: _____ County: _____

City, State and Zip Code: _____ Fire District: _____

Garaging Address (if different): _____

Additional Terminals (if applicable): 1. _____ 2. _____

Phone Number: (_____) _____ - _____ Email Address: _____

Fax Number: (_____) _____ - _____ Website (if applicable): _____

Primary Contact Person: _____ Title: _____ Phone Number: _____

Has applicant and / or owner filed bankruptcy in the past 5 years? Yes No If yes, provide date: _____

Has applicant operated under a different name and / or DOT# in the past 5 years? Yes No If yes, provide DOT#: _____

Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries? Yes No If yes, provide details: _____

How many years has the applicant operated under this business name continuously? _____ If less than 2 years, attach supplement A053.

COVERAGES

Auto Liability Non-Trucking Use Liability Leased to: _____ DOT#: _____

Combined Single Limit (BI/PD) each accident \$ _____ CSL OR Split Limits \$ _____

Liability Property Damage Deductible \$ _____ (Deductible Fund Agreement may be required on fleet accounts)

Uninsured Motorists (UM) \$ _____ Underinsured Motorists (UIM) \$ _____

Personal Injury Protection (PIP – No Fault) \$ _____ Are Drivers Covered by Workers Compensation? Yes No

Medical Payments \$ _____ Property Protection (Michigan Only) \$ _____ Property Damage Buyback (Michigan Only)

Separate Maxum Casualty Insurance Company Uninsured Motorists / Underinsured Motorists / Personal Injury Protection selection form(s) must be completed in full and signed by the applicant when binding coverage (except for Ohio applicants).

Physical Damage: Select Comprehensive OR Specified Causes of Loss \$ _____ Deductible Collision \$ _____ Deductible

Non-Owned Trailer Physical Damage: Max Value \$ _____ Max # of non-owned trailers in possession at any one time: _____

Trailer Interchange: Max Trailer Value \$ _____ # of Trailer Days per Power Unit: _____ # Power Units under Agreement: _____

Cargo: Limit \$ _____ Deductible \$ _____ Decline Combined Deductible (Included Unless Declined)

Named Shipper Endorsement: Limit \$ _____ Average Value \$ _____ Max Value \$ _____

Shipper Name: _____ Commodity: _____ % of Hauls: _____ %

Rental Reimbursement: Select Stated Vehicles OR Broadened (All Units) Amount per Day \$ _____ 30 days 120 days

Hired Auto Liability: Estimated Cost of Hire \$ _____ OR Contract Requirement Only Non-Owned Liability: # Employees: _____

Hired Auto Physical Damage: Max Value \$ _____ # of days: _____ Hired Auto Cargo

If Hired and/or Non-Owned Coverage(s) are selected, attach Hired & Non-Owned Supplement (A001) unless contract requirement only with no hired autos in past 12 months and none anticipated for next 12 months.

DESCRIPTION OF OPERATIONS

Section I – GENERAL

1. **Type of Carrier:** Common Carrier Contract Carrier Exempt Carrier Freight Broker Other _____
2. **Operation Classification:** Trucking For Hire Trucking Private Other _____
3. **Does applicant haul hazardous commodities regulated by FMCSA?** Yes No **If yes,** Liability Limits required by FMCSA: _____
4. **Does applicant operate as a freight broker, freight forwarder or arrange loads for others?** Yes No **If yes,** provide the following:
 Brokerage Name: _____ DOT #: _____ Annual Revenue from these operations: \$ _____
 Name on the Bill of Lading? _____ Applicant have Contingent Liability Policy? Yes No
 Does brokerage agreement require the Carrier to provide Liability coverage with Hold Harmless and Certificate to applicant? Yes No
5. **Does applicant have a separate freight broker, freight forwarder operation?** Yes No **If yes,** provide the following:
 Brokerage Name / DOT: _____ Does broker use trailers owned by applicant? Yes No

Section II – COMMODITIES TRANSPORTED

Commodity	%	Average Value	Max Value	Commodity	%	Average Value	Max Value

6. **Loads are:** Truckload Less than Truckload (LTL)
7. **Percent of loads secured through:** Freight Brokers: _____% Contracts with Shippers: _____%
8. **Percent of loads to regular or fixed destinations:** _____%
9. **Do you haul containers?** Yes No **If yes,** what percentage: _____%

Section III – MILEAGE AND REVENUE HISTORY– IFTA / Mileage Pro-Rate is required on risks operating interstate

Year	Policy Term	# Units at Inception	Annual Revenue \$	Annual Mileage
Projected				
Current				
1 st Prior				
2 nd Prior				

10. **Does applicant own or permanently lease any autos NOT included in the mileage schedule(s)?** Yes No **If yes,** indicate below.
 Owner operators: # _____ Autos under 26,000 GVW: # _____ Autos operating intrastate only: # _____ Other: # _____
11. **Average annual miles per unit operated:** Average mileage per Tractor / Truck: _____ Service Unit: _____
12. **Percent of trips:** 0-100 miles _____% 300 miles _____% 500 miles _____% 1000 miles _____% Over 1000 miles _____%

Section IV – RANGE OF TRANSPORT

Interstate Intrastate Only

INDICATE ALL PRIMARY (10% +) DESTINATION CITIES (metro and non-metro) and estimate % of hauls originating or delivered into.

Destination City, State	% Loads	Destination City, State	% Loads	Destination City, State	% Loads

INSURANCE HISTORY AND LOSS EXPERIENCE

13. In last 3 years, has applicant's Insurance Coverage been canceled or nonrenewed? Yes No N/A for Missouri domiciled applicants
 If yes, provide date and reason: _____

List all known and / or reported accidents / losses for the current year and prior (3) years or attach detailed loss summary. Please include accident / loss information for Liability, Physical Damage, and Cargo. If additional space is needed attach A003 or summary with required info.

Policy Term		Insurance Company	Coverages Provided	Total # Accidents		Accidents with BI		Driver(s) Attach loss runs if multiple
From	To			#	Amount of Loss	#	Amount of Loss	

DRIVERS AND SAFETY

List all individuals that will be allowed to drive vehicles requested to be covered. Report all new drivers immediately to your agent.

Driver's Name	Date of Birth	License Number / Social Security Number	State	Years Driving Similar Equip	Date of Hire	# Convicted Viol / Acc Past 3 Years			# Convicted Violations Past Year
						Minor	Major	Acc	

14. Does applicant have written minimum driver hiring standards? Yes No Provide driver hiring standards / criteria below.
 A. Minimum Age / Experience Driving Similar Equipment: _____ / _____ C. Maximum # of moving violations within last 3 years: _____
 B. Major Violations: _____ D. Accidents: _____

15. Are all drivers employees of the applicant? If no , explain in Comments, page 4.	<input type="checkbox"/> Yes <input type="checkbox"/> No	20. Are driver trainees used? If yes , company approval is required prior to binding coverage.	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. A. Are passengers ever allowed to ride in vehicles other than company employees? B. Are passengers under 19 years old allowed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	21. Are team, hot seat, slip seating or relay drivers used? If yes , explain in Comments, page 4.	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Is there a written passenger policy in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No	22. Are accidents reviewed with driver with initiation of corrective or disciplinary action plan, if needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Is employee leasing for drivers utilized? If yes , explain in Comments, page 4.	<input type="checkbox"/> Yes <input type="checkbox"/> No	23. Is there a written safety program currently in use? If 26+ units , attach copy.	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Are MVR's ordered and previous employment verified prior to hiring drivers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	24. Are quarterly safety meetings conducted requiring driver attendance at least twice annually? (26+units)	<input type="checkbox"/> Yes <input type="checkbox"/> No

FILINGS

Base State: _____ Type of Filing Required (FMCSA, FORM E, FORM H, OVERSIZE / OVERWEIGHT, CITY, HAZARDOUS PERMITS)

Filing Required	Motor Carrier or Permit #	Applicant's Name and Address exactly as it appears on each Permit

VEHICLE INFORMATION

Section I – VEHICLE SCHEDULE

25. Total # of vehicles: Owned: _____ Leased without Drivers: _____ Owner Operators under Long Term Lease (6 months +) _____

ALL AUTOS OWNED OR LEASED BY YOU MUST BE SCHEDULED AND INSURED IF FILINGS ARE TO BE MADE.

Unit No.	Model Year	Trade Name	Serial Number Full Number is Required	Body Type*	GVW or GCW	Stated Value	Owned = O Leased = L

* POWER UNITS: TT=Tractor, TK=Truck

* TRAILERS: TLF=Flatbed, TLV=Dry Van, TLT=Tank, TLR=Refrigerated, TLD=Dump Belly, TLDH=Dump Hydraulic, TLL=Log, TLA=Auto, TLLS=Livestock

Section II – LIENHOLDER (LP) AND ADDITIONAL INSURED (AI) INFORMATION

Unit No.	Indicate LP / AI	Name	Street Address, City, State, Zip Code

Section III – VEHICLE USE QUESTIONS

EXPLAIN ANY "YES" ANSWERS IN COMMENT SECTION BELOW.

26. Are any autos used by family members not listed as drivers on this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No	31. Does applicant lend, lease, or rent owned power units to others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Are any autos used for personal use by any officers or employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No	32. Does applicant lend, lease, or rent owned trailers to others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Does applicant pull double or triple trailers? What is % of trips? Doubles: _____ Triples: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	33. Does applicant interchange power units or trailers with other carriers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Does applicant own, lease, rent autos not listed on the vehicle list provided with application?	<input type="checkbox"/> Yes <input type="checkbox"/> No	34. Any autos operating under applicants authority not included on vehicle list provided with this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Do other motor carriers trip lease to applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	35. Is there specialized equipment attached to any unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No

COMMENTS

Question #	Comments

IF ADDITIONAL SPACE IS NEEDED FOR VEHICLES, LIENHOLDER / ADDITIONAL INSUREDS, DRIVERS, OR COMMENTS
ATTACH ADDITIONAL INFORMATION SUPPLEMENT A003 OR A SEPARATE SCHEDULE PROVIDING ALL REQUIRED INFORMATION.

STATE FRAUD WARNINGS

NOTICE TO OKLAHOMA APPLICANTS: WARNING: I UNDERSTAND ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

NOTICE TO OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS MATERIALLY FALSE INFORMATION IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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 SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO TENNESSEE APPLICANTS: 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.

NOTICE TO WASHINGTON APPLICANTS: 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.

NOTICE TO ALL OTHER STATES: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

APPLICANT AGREEMENT AND SIGNATURES

THIS APPLICATION MAY NOT BE USED TO BIND COVERAGE. COMPLETION OF THIS APPLICATION BY A PROSPECTIVE INSURANCE BUYER IS FOR THE PURPOSE OF TRANSMITTING INFORMATION ONLY. **COVERAGE WILL COMMENCE** ONLY UPON THE EFFECTIVE DATE OF A SEPARATE CONTRACT BINDING INSURANCE COVERAGE I.E. POLICY OR OFFICIAL BINDER FORM ISSUED BY AN AGENT AUTHORIZED BY MAXUM CASUALTY INSURANCE COMPANY.

I AUTHORIZE MAXUM CASUALTY INSURANCE COMPANY AND / OR THE PRODUCING AGENT TO OBTAIN A COPY OF MOTOR VEHICLE REPORTS FOR VERIFICATION OF THE INSURANCE FOR WHICH I HAVE APPLIED AND ANY RENEWAL THEREOF. I UNDERSTAND THAT IN OBTAINING A MOTOR VEHICLE REPORT, A CONSUMER REPORTING AGENCY MAY BE USED BY THE INSURER AND I AUTHORIZE SUCH USE. I CERTIFY ALL DRIVERS UNDER THIS POLICY HAVE AUTHORIZED ME TO CONSENT ON THEIR BEHALF FOR THE INSURER TO OBTAIN MOTOR VEHICLE REPORTS FOR UNDERWRITING.

I CERTIFY ALL INFORMATION IN THIS APPLICATION AND ANY ATTACHMENTS THERETO ARE TRUE AND AGREE A MISREPRESENTATION OF ANY OF THE FACTS BY ME WILL CONSTITUTE REASON FOR THE COMPANY TO VOID OR CANCEL ANY POLICY ISSUED ON THE BASIS OF THIS APPLICATION, AND WILL HOLD THE COMPANY HARMLESS FOR THE ACTION TAKEN.

PRINT NAME: _____ TITLE: _____

SIGNATURE OF APPLICANT: _____ DATE: _____

SIGNATURE OF AGENT: _____ DATE: _____

AGENCY NAME: _____ PHONE #: () _____