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**COMMERCIAL AUTO  
 TRUCKING APPLICATION  
 (LONG OR SHORT HAUL)**

**A. GENERAL INFORMATION**

Proposed effective date: \_\_\_\_\_

Business name: \_\_\_\_\_ (DBA) \_\_\_\_\_

Applicant's name: \_\_\_\_\_

Business mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ County: \_\_\_\_\_

Business telephone number: \_\_\_\_\_ Fax: \_\_\_\_\_

Applicant is:  Individual  Corporation  Partnership  Joint Venture  Other: \_\_\_\_\_

Is this a new business?  Yes  No What year was the business established? \_\_\_\_\_

Please list any other names the business is or has been known by: \_\_\_\_\_

Federal ID # \_\_\_\_\_ US DOT # \_\_\_\_\_

Primary garaging physical address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Other locations used:

(2) Garaging physical address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Description of business operations: \_\_\_\_\_

Does the applicant or its owners, officers or employees have any ownership interest in any other business entity that engages in commercial auto operations?  Yes  No

If yes, please provide details: \_\_\_\_\_

**Please provide any related businesses, authorities, this includes common ownership, associated entities, etc.**

Business Name	US DOT #	Details

**B. PRIMARY CONTACTS**

Please provide any **owners, managers or risk managers** that would need to be contacted. Include all employees dealing with loss control, safety inspections or daily business operations.

	Name	Position/Title	Responsibilities	Contact # and Email (Please include cell #)
1.				
2.				
3.				

Please list any trusted advisors of the business, this can include industry advisors or legal advisors: \_\_\_\_\_  
 \_\_\_\_\_

**C. INSURANCE HISTORY**

Who is your current insurance carrier (or your last if no current provider)? \_\_\_\_\_

Have you ever been cancelled or non-renewed from any carrier?  Yes  No

Provide names for all insurance companies that have provided applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$
Limits of Liability	\$	\$	\$

Has the applicant or any predecessor ever had a claim?  Yes  No

Have you had any incident, event, occurrence, loss, or wrongful act which might give rise to a claim covered by this policy, prior to the inception of this policy?  Yes  No

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Has the applicant, or anyone on the applicant's behalf, attempted to place this risk in standard markets?  Yes  No

If the standard markets are declining placement, please explain why: \_\_\_\_\_  
 \_\_\_\_\_

**D. DESIRED INSURANCE**

Per Person/Per Act/Property Damage		CSL	
<input type="checkbox"/>	\$100,000/\$250,000/\$100,000	<input type="checkbox"/>	\$300,000
<input type="checkbox"/>	\$250,000/\$500,000/\$250,000	<input type="checkbox"/>	\$500,000
<input type="checkbox"/>	\$500,000/\$1,000,000/\$500,000	<input type="checkbox"/>	\$1,000,000
<input type="checkbox"/>	\$ _____ / _____ / _____	<input type="checkbox"/>	\$ _____

**Self-Insured Retention (SIR):**  \$1,000 (Minimum)  \$2,500  \$5,000  \$10,000  Other: \$ \_\_\_\_\_

**Uninsured/Underinsured Motorists:**  Yes  No Statutory Limits \$ \_\_\_\_\_

**Personal Injury Protection (PIP) – no fault-**  Yes  No Statutory Limits \$ \_\_\_\_\_

**Physical Damage Coverage:** (please pick one of the two options)

Specified Perils  Comprehensive\*  Collision

*\*Comprehensive may not be available in all markets*

**Trailer Interchange Limit** per non-owned trailer: \_\_\_\_\_

**Physical Damage Deductible:**  \$1,000 (Minimum)  \$2,500  \$5,000  Other: \$ \_\_\_\_\_

**Motor Truck Cargo Coverage Limit** on a per truck/tractor basis: \_\_\_\_\_

**Motor Truck Cargo Deductible:**  \$1000  \$2,500  \$5,000  \$10,000  Other: \$ \_\_\_\_\_

**E. BUSINESS OPERATIONS**

1. Type of operation:  For Hire (common/contract)  Private  Broker

2. Commodity (check and complete all that apply)

Hazardous Materials requiring \$1,000,000 or less

Hazardous Materials requiring Liability limits more than \$1,000,000

Commodity	% of Loads	Max Value

3. Unit Count, Revenue and Mileage

	Units	Total Revenue	Total Mileage
Next 12 months			
Current Year			
1 <sup>st</sup> Prior Year			
2 <sup>nd</sup> Prior Year			
3 <sup>rd</sup> Prior Year			
4 <sup>th</sup> Prior Year			

4. What is the maximum radius of your operation?

0–50 miles: \_\_\_\_\_% 51–100 miles: \_\_\_\_\_% 101–200 miles: \_\_\_\_\_% 201+ miles: \_\_\_\_\_%  
Longest Trip one way: \_\_\_\_\_

5. To what cities do you travel? \_\_\_\_\_  
\_\_\_\_\_

6. Do you operate in more than one state?  Yes  No

If yes, what are the other states? \_\_\_\_\_  
\_\_\_\_\_

7. Are your vehicles registered and plated in the primary location?  Yes  No

if no, please explain \_\_\_\_\_

8. Are your vehicles under the International Registration Plan (IRP)  Yes  No

If yes, what state are your IRP plates issued from? \_\_\_\_\_

9. Do you perform your own auto mechanical repair and maintenance service for all owned autos?

Yes (provide address, phone, fax, e-mail, and name of manager) \_\_\_\_\_

No (provide name of company (or companies) you have contracted to provide repair and maintenance for all owned autos) \_\_\_\_\_

10. Do you operate under anyone else's permit or authority?  Yes  No

If yes, explain: \_\_\_\_\_

#### 11. Equipment Overview

TYPE OF EQUIPMENT	# OWNED	# OWNER/OPERATORS	TOTAL # OF UNITS
Tractors			
Heavy Trucks			
Medium Trucks			
Light Trucks/Vans			
Service Units			
Trailers			
Non-Owned Trailers			

#### State or Federal Filings Needed

Do you have Interstate Commerce Commission (ICC) authority?  Yes  No

If yes, what is the ICC Docket Number? \_\_\_\_\_

MCS 90(liability proof)  BMC – 34 (Cargo proof)  State Form H (Cargo proof)

BMC 91x (federal liability proof)  State Form E (liability proof)

List any that have not been listed above: \_\_\_\_\_

Does the insured have any contract requirements? (If yes, please attach a copy)  Yes  No

Does the insured have any Additional Insureds, Waiver of Subrogation, or Primary Noncontributory requirements? If yes, please provide a schedule outlining what is needed per certificate  Yes  No

**F. RISK MANAGEMENT**

**For the following items: Please check off and submit with your application**

- 5 year claims history and incident report – include details for all shock losses
- 4 quarters of IFTA reports or ELD data; please outline if IFTA miles includes/excludes O/O
- Complete Vehicle schedule including Year, Make, Model, VIN, GVW, Type, and ACV

**\*provide in EXCEL over 5 vehicles**

- Complete Driver schedule **\*provide in EXCEL over 5 drivers**
- Maintenance and Service Guidelines
- Driver Hiring requirements, disciplinary actions, rewards, etc.
- Loss Mitigation techniques

- SAFER Improvements – address all items over SAFER thresholds and Investigations
- Safety standards – include all pre/post driver inspections, employee education meetings, etc.

1. Does your company have a position whose job description provides risk management or loss control, performs safety inspections, or engineering services?  Yes  No

If yes, please provide:

Employee name: \_\_\_\_\_ Years with company: # \_\_\_\_\_

E-mail: \_\_\_\_\_ Business telephone: \_\_\_\_\_

Employee's specific responsibilities: \_\_\_\_\_

2. Do you broker any loads to other carriers or sub-haulers?  Yes  No

If yes, please include these owner/operators or contract operators on your vehicle list.

3. Are there any owner/operators or contract operators leased on with your company?  Yes  No

4. Do any owner/operators you contract with operate under any other companies DOT filing throughout a valid contract under your authority?  Yes  No

5. Do you require or have owner/operators that provide their own trucking insurance?  Yes  No

6. Do owner/operators have their own IRP or do they maintain plates under your company?  Yes  No

7. Who is responsible for reporting IFTA miles?  Carrier  Owner/Operator  Other: \_\_\_\_\_

8. Do you utilize DOT Pre-Employment Screening Program (PSP) for new hires?  Yes  No

If not, what method of pre-screening do you use? \_\_\_\_\_

9. Do you have a designated employee or electronic system that notifies you of the status of a driver CDL medical certificate?  Yes  No

10. Do you have an Electronic Log Book (ELD) system installed in each vehicle?  Yes  No

11. Are your vehicles equipped with any telematics such as GPS, cameras, etc.?  Yes  No

If yes, please provide more details \_\_\_\_\_

12. Do you have any speed control measures on each vehicle?  Yes  No

If yes, please explain in detail (please provide an additional page if necessary):

\_\_\_\_\_  
\_\_\_\_\_

13. Commodity hauling of refrigerated items:

- a. Do you keep logs for scheduled maintenance on cooling units?  Yes  No
- b. How often are cooling units inspected? \_\_\_\_\_

14. Describe your hiring standards for drivers, please include a copy. \_\_\_\_\_

\_\_\_\_\_

15. Are drivers required to complete a signed and dated inspection report form, identifying the condition of the auto at the end of each shift during a 24-hour period?  Yes  No

If yes, please provide a sample of the form used.

If no, would you be willing to affect such a program?  Yes  No

16. Does the company check references on driver applications?  Yes  No

If no, would the company affect such a procedure as a provision to obtain the insurance?  Yes  No

**DRIVER SCHEDULE**

**An electronic list is mandatory for lists that exceed five drivers.** Driver information must be submitted and accepted by insurer and appropriate charge must be paid for coverage to apply.

For each driver, complete the following and attach a copy of the driver's MVR and license.

**Driver #** \_\_\_\_\_ **Driver name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip:** \_\_\_\_\_

**Home phone:** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

SEX (M/F)	DATE OF BIRTH	YRS EXP	DRIVER'S LICENSE NUMBER	STATE LIC	DATE HIRED	CDL (YEARS)

**Violations/accidents/claims:** \_\_\_\_\_

**Driver #** \_\_\_\_\_ **Driver name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip:** \_\_\_\_\_

**Home phone:** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

SEX (M/F)	DATE OF BIRTH	YRS EXP	DRIVER'S LICENSE NUMBER	STATE LIC	DATE HIRED	CDL (YEARS)

**Violations/accidents/claims:** \_\_\_\_\_

**Driver #** \_\_\_\_\_ **Driver name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip:** \_\_\_\_\_

**Home phone:** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

SEX (M/F)	DATE OF BIRTH	YRS EXP	DRIVER'S LICENSE NUMBER	STATE LIC	DATE HIRED	CDL (YEARS)

**Violations/accidents/claims:** \_\_\_\_\_

**Driver #** \_\_\_\_\_ **Driver name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip:** \_\_\_\_\_

**Home phone:** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

SEX (M/F)	DATE OF BIRTH	YRS EXP	DRIVER'S LICENSE NUMBER	STATE LIC	DATE HIRED	CDL (YEARS)

**Violations/accidents/claims:** \_\_\_\_\_

**Driver #** \_\_\_\_\_ **Driver name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip:** \_\_\_\_\_

**Home phone:** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

SEX (M/F)	DATE OF BIRTH	YRS EXP	DRIVER'S LICENSE NUMBER	STATE LIC	DATE HIRED	CDL (YEARS)

**Violations/accidents/claims:** \_\_\_\_\_

**If any driver(s) should be specifically excluded from the policy, please attach a separate list.**

**Vehicle Schedule**

**An electronic list is mandatory for lists that exceed five vehicles.** Vehicle information must be submitted and accepted by insurer and appropriate charge must be paid for coverage to apply.

Vehicle #	VIN					
	Year		Make		Model	
	Type		License state		Radius	
	Actual Cash Value			GVW/GCW		
	On Hook			Cargo		
	Garaging location					

Vehicle #	VIN					
	Year		Make		Model	
	Type		License state		Radius	
	Actual Cash Value			GVW/GCW		
	On Hook			Cargo		
	Garaging location					

Vehicle #	VIN					
	Year		Make		Model	
	Type		License state		Radius	
	Actual Cash Value			GVW/GCW		
	On Hook			Cargo		
	Garaging location					

Vehicle #	VIN					
	Year		Make		Model	
	Type		License state		Radius	
	Actual Cash Value			GVW/GCW		
	On Hook			Cargo		
	Garaging location					

Vehicle #	VIN					
	Year		Make		Model	
	Type		License state		Radius	
	Actual Cash Value			GVW/GCW		
	On Hook			Cargo		
	Garaging location					



**REPRESENTATIONS AND WARRANTIES**

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

Dated: \_\_\_\_\_ Dated: \_\_\_\_\_

Applicant: \_\_\_\_\_ Agent/Broker: \_\_\_\_\_

\_\_\_\_\_  
Signature Signature

\_\_\_\_\_  
Print Name Print Name