

# Insurance Application Trucking Application



## Required Attachments:

### Narrative or description of the insured's operations, history, opportunity and target pricing

- Vehicle Schedule in spreadsheet format including Year, Make, Type, VIN, Garaging Location and Stated Amount
- Driver Schedule in spreadsheet format including Name, Date of Birth, Date of Hire, Years of CDL Experience
- MVRs for all drivers
- Financial Statements for current and 1 year prior (11+ power units)
- IFTAs for prior 4 quarters (interstate risks only)
- 5 years of currently valued loss runs (valued within 60 days)
- Details of accidents paid or reserved over \$50,000

## Agency Information

Agency Name:			
Agency Contact:			
<input type="checkbox"/> New Business		<input type="checkbox"/> Renewal of Policy #:	
<input type="checkbox"/> New Business to the Agent		<input type="checkbox"/> Agency Renewal for: <span style="float: right;">Years</span>	
Proposed Effective Date:		Expiration Date:	

## Applicant Information

Applicant's Legal Name:			
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other			
Mailing Address			
Garaging Address (if different)			
Continuous Years in Business Under This Name with primary liability coverage:			
Years of Industry Experience:		MC #:	
DOT #:		FEIN / SSN:	
Personnel	Name	Years Employed	% Ownership
Owner			
President			
Operations Manager			
Safety Director			
Inspection Contact Person:		Phone Number:	
Title:		Email Address:	

## General Information

Has the applicant or any owner operated under a different name and/or authority in the past five years?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, provide details and DOT or MC Number:			
Does applicant or any owner have current ownership interest in any other trucking operation?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, provide details:			
Has the applicant filed for bankruptcy in the past 5 years?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, provide the date:			
Has there been a change in ownership in the past 5 years?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, provide details:			
Has the applicant's insurance coverage been canceled or non-renewed in the past three years?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide date and reason:			

## Description of Operations

Operation Classification:	<input type="checkbox"/> Trucking for Hire <input type="checkbox"/> Private Carriage <input type="checkbox"/> Both		
Do you haul hazardous commodities regulated by the FMCSA?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do any of your loads require placarding?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Percentage of loads secured through:	Freight Brokers %	Contracts with Shippers %	Arranged by Applicant %
Percentage of dedicated or established routes to the same destinations	%		
Percentage of annual trips:	0-50 mi %	51-200 mi %	201-500 mi %
	501-1000 mi %	Unlimited %	
Average radius of operation:	Maximum radius of operation:		
Do you operate as a broker or freight forwarder?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, under what name:		MC #:	
Are trailers owned by the applicant used in the brokerage operation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are all autos you own, lease, rent or borrow included on the vehicle schedule attached to this application?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If no, please provide an explanation:			
Do you use owner/operators?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If so, on what basis (permanent lease, trip lease):	<input type="checkbox"/> Permanent Lease <input type="checkbox"/> Trip Lease		
Are all owner/operators on the vehicle schedule?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If no, please provide an explanation:			
Are oversize/overweight loads transported?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, percentage:	%		
Do you pull double or triple trailers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you use team drivers or slip-seating?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you allow passengers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you haul under a UIIA Agreement or haul intermodal containers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

## Area of Operation

Describe the primary routes traveled (i.e. Charlotte, NC to York, PA) and provide an estimate of the % of total hauls for each:			
	From	To	Percentage
City, State:			
Largest Cities Entered:			
<input type="checkbox"/> Atlanta <input type="checkbox"/> Baltimore-Wash <input type="checkbox"/> Boston <input type="checkbox"/> Buffalo <input type="checkbox"/> Charlotte <input type="checkbox"/> Chicago <input type="checkbox"/> Cincinnati <input type="checkbox"/> Cleveland	<input type="checkbox"/> Dallas/Ft Worth <input type="checkbox"/> Denver <input type="checkbox"/> Detroit <input type="checkbox"/> Hartford <input type="checkbox"/> Houston <input type="checkbox"/> Indianapolis <input type="checkbox"/> Jacksonville <input type="checkbox"/> Kansas City	<input type="checkbox"/> Little Rock <input type="checkbox"/> Los Angeles <input type="checkbox"/> Louisville <input type="checkbox"/> Memphis <input type="checkbox"/> Miami <input type="checkbox"/> Milwaukee <input type="checkbox"/> Minn/ St. Paul <input type="checkbox"/> Nashville	<input type="checkbox"/> New Orleans <input type="checkbox"/> New York City <input type="checkbox"/> Oklahoma City <input type="checkbox"/> Omaha <input type="checkbox"/> Philadelphia <input type="checkbox"/> Phoenix <input type="checkbox"/> Pittsburgh <input type="checkbox"/> Portland
	<input type="checkbox"/> Richmond <input type="checkbox"/> St. Louis <input type="checkbox"/> Salt Lake City <input type="checkbox"/> San Diego <input type="checkbox"/> San Francisco <input type="checkbox"/> Seattle <input type="checkbox"/> Tulsa <input type="checkbox"/> Other:		

## Property Carried

Commodities Transported	Shipper	Percentage	Average Value	Maximum Value

## Coverages

<b>Separate uninsured motorists / underinsured motorists and personal injury protection selection forms must be completed in full and signed by the applicant when binding coverage</b>				
<input type="checkbox"/> Auto Liability (CSL)	Limit:		Deductible:	
<input type="checkbox"/> Uninsured Motorists (CSL)	Limit:			
<input type="checkbox"/> Underinsured Motorists (If rated separately)	Limit:			
<input type="checkbox"/> Personal Injury Protection (PIP)	Limit:			
<input type="checkbox"/> Medical Payments	Limit Per Person:			
Are drivers covered by Workers Compensation?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, who is the carrier:				
<input type="checkbox"/> Physical Damage	Comprehensive Deductible:		Collision Deductible:	
<input type="checkbox"/> Non-Owned Trailer Physical Damage			Max Value \$	
Maximum number of non-owned trailers in possession at any one time:				
<input type="checkbox"/> Trailer Interchange	Limit:		Comprehensive Deductible:	Collision Deductible:
Maximum value per trailer:			Average number of trailer interchanges per day:	
Number of trailer days per year:				
<input type="checkbox"/> Cargo:		Per Auto Limit:		
<input type="checkbox"/> Refrigeration Breakdown Endorsement		Per Occurrence Limit:		
<input type="checkbox"/> Live Animals Endorsement		Deductible:		
<input type="checkbox"/> Corrosion, Rust & Dampness Endorsement				
<input type="checkbox"/> Hired Auto Liability		Estimated Cost of Hire:		
<input type="checkbox"/> Hired Auto Physical Damage		Maximum Value:		
Number of Days:			Estimated Cost of Hire:	
<input type="checkbox"/> Non-Owned Liability			Number of Employees:	
<input type="checkbox"/> General Liability	Limits:		Rating Info:	
Class Code: <input type="checkbox"/> 99793 - Trucker	Each Occurrence:		Number of Executive Officers:	
<input type="checkbox"/> Other:	General Aggregate:		Total Payroll (excluding officers, drivers & clerical):	

## Equipment

Type	Company Owned/Leased w/o Driver	Owner Operated
Tractors		
Trucks		
Light Service		
Dry Van Trailers		
Refrigerated Trailers		
Flatbed Trailers		
Bottom Dump or Hopper Trailers		
End Dump Trailers		
Liquid Tank Trailers		
Intermodal Chassis		
Pneumatic Tank Trailers		
Other Trailer Type		

## Exposure History

Year	Total Revenue	Total Mileage	Number of Power Units	
Projected				
Expiring				
1st Prior				
2nd Prior				
3rd Prior				
4th Prior				
Average annual miles per revenue unit:				
Average annual gross revenue per revenue unit:				
Are all owner/operator miles included in your IFTA reports?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are all vehicles included in your IFTA reports?			Yes <input type="checkbox"/>	No <input type="checkbox"/>

## Regulatory Filings

All owned leased and operated autos must be insured on this policy in order for Falls Lake to issue or order any regulatory filings or MCS-90 Endorsement.

Federal Authority      MC Number: \_\_\_\_\_

Liability: \_\_\_\_\_

Please indicate the state and form for each requested Form E or other state required filing including oversize/overweight.

State	Required Form or Permit (Include docket or cert number if applicable)	State	Required Form or Permit (Include docket or cert number if applicable)

Cargo: \_\_\_\_\_

Please indicate the state and form for each requested Form H or other state required filing.

State	Required Form or Permit (Include docket or cert number if applicable)	State	Required Form or Permit (Include docket or cert number if applicable)

## Loss Control & Safety Measures

### Driver Hiring Guidelines

Minimum Age:	
Minimum Years of Prior Experience:	
Allowable Violations Prior 3 Years:	
Allowable Accidents Prior 3 Years:	



THE APPLICANT UNDERSTANDS THAT AN INQUIRY MAY BE MADE THAT WILL PROVIDE INFORMATION CONCERNING GENERAL REPUTATION, FINANCIAL STABILITY AND OTHER PERTINENT FINANCIAL DATA, CREDIT HISTORY, DRIVING RECORD AND EXPERIENCE, VEHICLE USAGE, AND OTHER INFORMATION CONSIDERED BY THE INSURER IN DECIDING TO ISSUE A POLICY, IN DETERMINING THE RATES THEREFORE, AND IN ADJUSTING CLAIMS. APPLICANT AUTHORIZES INSURER TO OBTAIN SUCH REPORTS IN CONNECTION WITH THIS POLICY AND ALL RENEWALS THEREOF. UPON WRITTEN REQUEST, APPLICANT WILL BE INFORMED OF THE SOURCE OF ANY REPORTS CONSIDERED BY THE INSURER.

I CERTIFY THAT 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.

**FRAUD WARNINGS**

**FRAUD WARNING:** 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. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT, or WA)

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any in-surer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**NOTICE TO KANSAS APPLICANTS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; 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 LOUISIANA APPLICANTS:** 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.

**NOTICE TO MAINE 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 may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS:** 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 RHODE ISLAND APPLICANTS:** 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.

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND 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.

**NEW YORK AUTOMOBILE FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

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<b>Applicant's Signature</b>		<b>Date</b>	
<b>Applicant's Printed Name &amp; Title</b>			

<b>Producer's Signature</b>		<b>Date</b>	
<b>Producer's Printed Name</b>			