

**TRUCKING INSURANCE  
APPLICATION**

## **INSTRUCTIONS**

- 1. Indicate the coverages for which proposals are being requested on the first page of application questionnaire.**
  
- 2. Complete all sections of application questionnaire.**
  
- 3. Include supplemental information enclosures for each section where indicated.**
  
- 4. Return completed application questionnaire with supplemental information enclosures to:**

**Southern Risk Specialists, Inc.  
Attn: Transportation Division  
8144 Walnut Hill Lane Suite 1600  
Dallas, TX 75231**

**Please note: Incomplete information may result in delays in obtaining quotations.**

# REQUESTED COVERAGES

Effective Date:

Date Quote Needed

Coverages	Current		Desired	
	Limits	Deductible or SIR	Limits	Deductible or SIR
<b>AUTO LIABILITY</b>				
Auto BI/PD				
Personal Injury Protection				
Uninsured Motorists				
Non-Owned and Hired				
Contingent Auto Liability				
Non Truck Use Liability				
<b>GENERAL LIABILITY</b>				
General Aggregate (Other than Products - Completed Operations)				
Products - Completed Operations Aggregate				
Personal & Advertising Injury				
Each Occurrence				
Fire Damage (Any One Fire)				
Medical Expense (Any One Person)				
<b>CARGO</b>				
Terminal				
Per Vehicle				
Catastrophe				
Incl. Reefer Breakdown				
Contingent Cargo				
<b>PHYSICAL DAMAGE - Company and Owner/Operator</b>				
Valuation - ACV or stated amount whichever is less				
Comprehensive				
Collision				
Trailer Interchange				
Hired Auto Physical Damage				

# ORGANIZATION PROFILE

## Applicant Name & Mailing Address

Corporation

Partnership

Sole Proprietor

Other

State Incorporated

Year

ICC#

Employer Federal ID #

Dun & Bradstreet or State Business License #

Type of Carrier:

Common

Contract

Private

TL

LTL

Name of all entities to be insured, year established and detailed description of operations of each:

ENTITY	YEAR ESTABLISHED	DESCRIPTION OF OPERATIONS

Terminal locations - complete addresses (attach list if more than six):

Principal Officers:

Company has been under current management since:

**INSPECTION CONTACT(S)**

NAME	TITLE	PHONE NUMBER

**SUPPLEMENTAL INFORMATION**

1. Last two years audited financial statement and current quarterly statement, include breakdown by year of gross receipts by company driver, owner/operator, trip lease.

# OPERATIONS

## EQUIPMENT

VEHICLE TYPE	COMPANY OWNED	NUMBER OF UNITS	
		LEASED (W/O DRIVER)	OWNER/ OPERATOR
Straight Trucks			
Tractors			
Trailers			
Service Trucks			
Private Pass. Autos			
Yard Trucks			
Forklift			

## COMMODITIES HAULED

<u>List type of commodity and %</u>	<u>List major shippers and %</u>
1	1
2	2
3	3
4	4
5	5

Do you haul target attraction commodities (i.e., electronics, tobacco, alcohol, seafood, etc.)?  Yes  No  
 If so, please list separately.

Are double trailers and/or triples hauled?  Yes  No

If yes, what percent of miles? \_\_\_\_\_%

\* What is % of deadheading? \_\_\_\_\_ Total miles deadheading?

Any backhauling?  Yes  No Commodities backhauled?

Any restrictions on backhauling?  Yes  No If yes, explain  Any trip lease?  Yes  No

Does trip lease comprise more than 5% of gross receipts?  Yes  No

Does Company operate as a truck broker?  Yes  No

## **SUPPLEMENTAL INFORMATION**

1. Complete description of all operations and entities.
2. Equipment list, company owned versus owner/operators including percentage of each. Indicate where equipment is garaged and current value if physical damage required.
3. Equipment leased or hired (attach explanation and samples of agreements)

# **COST OF HIRE**

## **(Not long term leasing)**

Proposed Year  
Current Year  
Prior Year

Do you engage in Transportation Brokerage?  Yes  No

Are certificates of insurance on file and current on all brokered loads?  Yes  No

Describe management controls on brokered loads:

Do you enter into Trip Lease Agreements: What percent of revenue? How many loads per month? What traffic areas?

**Yes      No**

Do you rent or lease to others?  
With drivers?  
Long term?  
By trip?

To whom and under what conditions do you lease to others?

Supplemental Information - Copies and permanent lease or trip lease agreements.

**Major Traffic Lanes and Service Area** (Circle service area; indicate major traffic lanes)

# PERSONNEL

## Driver Information and Hiring Standards.

Attach a driver schedule showing name, drivers license, state of issue, assigned terminal if any, age, and date of hire for company drivers as well as owner/operators.

### Minimum Selection Standards:

Experience  
Traffic tickets  
Accidents  
Age

### Number of Drivers

Employees

Owner/operators

Fleet owners

### Driver Turnover/Tenure

Drivers hired in past 12 months  
Drivers terminated in past 12 months  
New driver positions added in last 12 months  
Percent of drivers in first year  
Percent of drivers in second year  
Percent of drivers in third year  
Over 3 Years

### Wages based on

Hours          Miles          Revenue          Trips

Average driver annual pay  
Available bonuses (specify type, amount, frequency, etc.)

How often do drivers get home?  
How many days will they spend at home before next dispatch?

**Selection Process:**

	Yes	No
Written Application		
MVR Check		
Interview		
Drug/Alcohol Tests		

	Yes	No
Written Text		
Physical Exam		
Reference Check		
Driving Test		

Who administrates driver selection process?

**Driver Orientation Program:** Does program include familiarization with the following:

	Yes	No
Equipment		
Accident Procedures		
DOT Regulations		
Length of training program		

	Yes	No
Company Rules		
Routes/Customers		
Commodity Handling		
Required for owner/operators		

**Driver Trainer:**

	Yes	No
Is there a designated driver trainer?		
Does the driver trainer evaluate all applicants?		
Does the driver trainer participate in new driver orientation?		
Does the driver trainer provide retraining of drivers after accidents?		

What is the driver trainer(s) qualifications:

**Safety Meetings**

	Yes	No
Is there a safety meeting program?		
Is attendance mandatory?		
Must all drivers attend a minimum number of meetings?		
Is there a company newsletter		

What other methods are used to pass the safety message? Describe.:

## Complete for Owner/Operators

	Yes	No
Permanent/Exclusive lease agreements		
Trip Lease agreement?		
Equipment inspected by insured?		
Subject to same selection standards?		
Driver files maintained by insured?		

## Drivers Qualification Files

*Does your driver qualification files include:*

	Yes	No
Application		
Reference checks		
MVR		
Copy of license		
Safety award		
Accident Review		
List of convictions		

	Yes	No
Interview results		
Written test results		
Road Test Results		
Training records		
Disciplinary warnings		
Physical exams		

Are driver qualification files updated annually?  Yes  No Including an annual MVR?  Yes  No

How often are files reviewed and by who?

## Driver Supervision

Explain what disciplinary action is taken when a driver's performance deteriorates below acceptable levels.

Do any drivers have DUI or DWI or Reckless citations within the past five years?  Yes  No

## SUPPLEMENTAL INFORMATION

1. Last DOT, PUC or ICC audit. If none, explain why.
2. Complete drivers list, include name, date of birth, date of hire, years driving experience in assigned vehicle and MVRs attached.

**Safety Program**

Safety Directors Name

Safety Director reports to:

Years with company as safety director

Number of years in safety

Percent of time dedicated to safety

Other duties

Do you have a safety award program? \_\_\_Yes \_\_\_No

Describe:

How often do you hold safety meeting?

Is there an attendance policy? Describe:

Describe procedures used in dealing with drivers involved in accidents:

Do you have a spill response plan? \_\_\_Yes \_\_\_No If written, please include with application. If not, please describe.

When hauling hazardous materials, does driver carry appropriate Material Safety Data Sheet? Yes \_\_\_ No

	Yes	No
Are all owner/operators required to carry bobtail/deadhead insurance?		
Are all owner/operator required to carry physical damage insurance?		
Are current owner/operator certificates of insurance on file		

Explain owner/operator non trucking liability controls?

What is company policy on Authorized Rider program? Describe and attach policy and waiver.

Do you have a speed policy? \_\_\_Yes \_\_\_No Please explain:

## Supplemental Information

1. Copy of safety, award and bonus and maintenance programs.

### Maintenance

Name of maintenance manager

Years with company

Years in maintenance field

Number of mechanics?

Full time

Full time equivalents?

Do you have a formal maintenance program? \_\_\_ Yes \_\_\_ No

### Maintenance programs provided for:

Yes No

Company Vehicles:		
Owner/Operators		
Others		

Trailers Only

### Capacity of program

Yes No

Internal (Engine)		
External (Body)		

Other?

What is the extent of work performed?

### Do you have your own

Yes No

Parts Department		
Body Shop		
Service Bays		
Controlled inspection program		
Are there pre/post trip inspection (safety lane)?		
Are owner/operators subject to same maintenance program as company vehicles?		

What records are kept on each vehicles? What records are kept on owner/operator vehicles?

Do you have a vehicle replacement policy?

Describe:

Do you have a tire replacement policy? Describe:

Do you use retreads? Explain usage.

Do you have a vehicle replacement policy? Describe.



# RATING BASIS

List below your actual mileage, gross receipts, payroll and average number of revenue-producing units for the proposed policy period as well as the current and 4 previous policy periods.

POLICY PERIOD	YEAR	MILEAGE	GROSS RECEIPTS	PAYROLL	REVENUE UNITS
Proposed (Est.)					
Current (Est.)					
Previous					
Previous					
Previous					
Previous					

Radius of operations:	Ø50 miles 50 to 200 200 to 500 500 to 750 > 750	Trailer breakdown (# of units Dry van Flat bed Tank Refrigerated Other
Average length of haul: Maximum length of haul:	miles	

## PROJECTED MILEAGE BY STATE

State

Mileage



## **SUPPLEMENTAL INFORMATION**

1. Last four years of documented loss runs from prior insurance companies for all coverages requested.
2. Detailed description of all losses in excess of \$100,000.
3. Breakdown of losses within SIR/deductible and excess of SIR deductible.

# GENERAL LIABILITY

## Business Locations

Location Information (List all office, terminal, warehouse, or other premises you own or lease.)

Loc. No.	Complete Address	Describe Function of Location
1		
2		
3		
4		

Location No.	Owned Y/N	Leased Y/N	Fenced Y/N	Security Guard Y/N	Public Access Y/N	Lighted Y/N	Total No. Employees
1							
2							
3							
4							

## Supplemental Information:

1. Fully describe all Liability Exposures including other than trucking.
  
2. Does Applicant Lease Property or Mobile Equipment to others?  
     Yes                      No      If yes, explain
  
3. Does Applicant do any Rigging? \_\_\_ Yes \_\_\_ No. If yes, provide Receipts, Type of Equipment and describe Types of Jobs Performed.
  
4. Does Applicant do work on other than Company Owned Equipment?  
     \_\_\_ Yes \_\_\_x\_\_\_ No If yes, provide Revenue, No. of Vehicles at any one time and describe Type of Work Performed.

5. Does Applicant have any Underground or Aboveground Storage Facilities? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, provide Capacity and Type of Products Stored.

Does Applicant have Pollution Liability Insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No

6. Does Applicant Sell any Product either Wholesale or Retail?  
Yes                      No                      If yes, please describe      Fuel, parts & clothing

# CARGO

## Terminal Exposures

Location	24 Hour Guard (Y/N)	Fenced (Y/N)	Average Dock Exposure	Maximum Dock Exposure

TYPE OF MERCHANDISE HAULED: AVOID SUCH TERMS AS "GENERAL MERCHANDISE" STATE APPROXIMATE PERCENTAGE OF AGGREGATE AND MAXIMUM LOAD VALUE. (100% COINSURANCE APPLIES. BE CERTAIN AMOUNT OF INSURANCE EQUALS MAXIMUM LOAD VALUE.) SEE ATTACHED LIST

Commodity	Percentage of (Gross) Receipts	Per Unit Maximum Value	Per Unit Average Value
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IS CARGO CARRYING EQUIPMENT PROVIDED WITH ALARM SYSTEM?  YES  NO

Hazardous Materials Hauled?  YES  NO

If yes, is there a separate storage area?  YES  NO

Hazardous Waste Hauled?  YES  NO

Garbage Hauled?  YES  NO

IS REGULAR I.C. BILL OF LADING USED?  YES  NO

IF NOT, ATTACH A COPY OF FORM USED.

DOES APPLICANT HAUL CONTAINERIZED CARGO?  YES  NO

IF YES % \_\_\_\_\_

# AUTO PHYSICAL DAMAGE

## Equipment

<b>Vehicle Type</b>	<b>No. of Units</b>	<b>Total Value</b>	<b>Maximum Value Per Unit</b>	<b>Minimum Value Per Unit</b>
Private Passenger				
Light Truck				
Medium Truck				
Heavy Truck				
Extra Heavy Truck/Tractor				
Buses				
Trailer				
<b>Total</b>				

## Exposure By Location

	<b>Location</b>	<b>Average Exposure</b>	<b>Maximum Exposure</b>
1.			
2.			
3.			
4.			
5.			