



TRUCKING APPLICATION

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800-926-6771

GENERAL INFORMATION

Proposed Effective Date: _____ Expiration Date: _____

Named Insured: _____ Contact Name: _____ Insured Phone: _____

Insured Mailing Address: _____
Address City State Zip Code

Garaging Address (if different from Mailing): _____
Address City State Zip Code

Applicant is: Individual Partnership Corporation Other: _____ DOT#: _____ MC#: _____ FEIN#: _____

Date Business Established: _____ Years in Trucking industry: _____ Years operating in your name: _____

Any Policy or coverage, cancelled or non-renewed during the prior (3) years? YES NO

If yes, please describe: _____

Other operating entity (ies) Name(s)	US DOT#	MC# or ICC#	FEIN#

Please list any other business location(s):

1. _____

2. _____

COVERAGE

Auto Liability (CSL) \$ _____ Personal Injury Protection \$ _____

Uninsured Motorists \$ _____ Medical Payments \$ _____

Underinsured Motorists \$ _____ Hired Auto (If any basis)

Comprehensive & Collision: Total Insured Values \$ _____ Deductible \$ _____

Trailer Interchange Limit \$ _____ Deductible \$ _____ Days per year _____ # of Trailers _____
(Insured must have a trailer interchange agreement)

General Liability Limits: \$2,000,000 General Aggregate \$2,000,000 Products/Completed Operations Aggregate
(with \$0 deductible) \$1,000,000 Per Occurrence \$1,000,000 Personal & Advertising Injury
\$100,000 Damage Liability \$10,000 Medical Expense

AUTHORITY

Type of authority? Check all that are applicable: Common Carrier Contract Carrier Private Carrier Freight Broker

Do you haul your own goods? YES NO

Do you haul any hazardous materials, extra hazardous substances, or waste commodities? YES NO

If yes, explain: _____

If yes, do you have authority to haul hazardous materials by the Department of transportation? YES NO

If yes, do you have authority to haul hazardous waste commodities by the Environmental Protection Agency? YES NO

VEHICLE SCHEDULE

Please complete the following information below for each Power Unit & Trailer. If there are **more than 10 for each**, please attach a complete list.

of Power Units: _____ # of Trailers: _____ Total Insured Value: \$ _____

TRACTORS

	YEAR	MAKE	Body Style (Truck, Tractor, Trailer, SVC, etc.)	G.V.W.	VIN#	STATED VALUE
1						\$
2						\$
3						\$
4						\$
5						\$
6						\$
7						\$
8						\$
9						\$
10						\$
Total Tractor Value						\$

TRAILERS

11						\$
12						\$
13						\$
14						\$
15						\$
16						\$
17						\$
18						\$
19						\$
20						\$
Total Trailer Value						\$

LOSS PAYEE

VEH #	VEHICLE DESCRIPTION	LOSS PAYEE NAME	LOSS PAYEE ADDRESS, CITY, STATE, ZIP CODE

GENERAL LIABILITY

Only complete this section if electing GL coverage

CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE

- Do you generate income from activities other than your trucking operation? YES NO
- Do you sell or store fuel on your premises? YES NO
- Do you perform any brokerage, freight forwarding or consolidation for others? YES NO
- Do you have any dogs on your premises? YES NO
- Do you or any of your employees carry a firearm to work? YES NO

ADDITIONAL INSURED FOR AUTO LIABILITY OR TRUCKERS GENERAL LIABILITY

NAME	MAILING ADDRESS	TYPE OF A.I.

OPERATION

OPERATION RADIUS (based on mileage) Average Radius: _____ Maximum Radius: _____

Indicate the percentage (%) of your operation (must equal 100%).

RADIUS	0 - 50	51 - 200	201 - 750	Over 750
Percentage (%)	%	%	%	%

Indicate the area of travel by showing the percentage (%) of your operation (must equal 100%).

%	Pacific (CA, OR, WA)	%	North Central (IL, IN, OH, MI)
%	Southwest (AR, OK, TX)	%	Southeast (FL, GA, NC, SC, VA)
%	Gulf (AL, LA, MS)	%	Midwest (KY, TN, WV)
%	New England (CT, ME, MA, RI, VT)	%	Mideast (KY, TN, WV)
%	Mountain (AZ, CO, ID, MT, NV, NM, UT, WY)	%	Eastern (DE, MD, NY, NJ, PA)

Describe the vehicle maintenance program: _____

Do drivers perform condition reports on vehicles? YES NODo you own, operate, or lease any vehicles not listed on the tractor/trailer schedule which will be insured under another policy? YES NO

If yes, please explain: _____

Do you pull baffles trailers? YES NO

If yes, please explain: _____

Do you haul oversized or overweight? YES NO If yes, what percentage of your operation? _____%Do you pull double or triple trailers? YES NO If yes, what percentage of your operation? _____%**SAFETY**Are Telematics in use for all units? YES NO

Check those that apply:

<input type="checkbox"/> Driver Hiring Process	<input type="checkbox"/> Drivers subject to hiring standard	<input type="checkbox"/> Accident Reviews	<input type="checkbox"/> Vehicle Maintenance Program	<input type="checkbox"/> Award/Penalty System
<input type="checkbox"/> Vehicle Condition Reports	<input type="checkbox"/> Update Driver Files Annually	<input type="checkbox"/> Periodic Meetings	<input type="checkbox"/> Distribution of Safety Literature	<input type="checkbox"/> Safety Director

Do you have a distracted driving policy? YES NO

If yes, describe: _____

Are drivers allowed to use cellphones while operating the vehicle? YES NO

If you have a safety director, please provide the following: Name: _____ Phone Number: _____

DRIVER INFORMATION & HIRING STANDARDS

Enter the total number below. If zero, enter 0.

# Employed Drivers	# Owner Operator Drivers	Total # Drivers	Number of Hours Driven Per Driver/ Per Day

Please check those that are applicable to your driver selection procedures:

<input type="checkbox"/> Written Application	<input type="checkbox"/> MVR Check	<input type="checkbox"/> Interview	<input type="checkbox"/> Alcohol/Drug Test
<input type="checkbox"/> Disciplinary Warning	<input type="checkbox"/> Copy of License	<input type="checkbox"/> Proof of Insurance	<input type="checkbox"/> Familiarization with Equipment
<input type="checkbox"/> Training Records	<input type="checkbox"/> Periodic Physical Exam	<input type="checkbox"/> List of Convictions	<input type="checkbox"/> Familiarization of Routes
<input type="checkbox"/> Written Test	<input type="checkbox"/> Pre-Hire Physical Exam	<input type="checkbox"/> Reference Check	<input type="checkbox"/> Familiarization with Company Rules
<input type="checkbox"/> Accident Review	<input type="checkbox"/> Procedures for Accident Reporting	<input type="checkbox"/> Driving Test	<input type="checkbox"/> Training in Handling Commodities

Are the driver files updated annually with MVR's? YES NO

Do all drivers have a minimum of 2 years of CDL experience? YES NO

Do you report all newly hired operators to your agent/insurance carrier? YES NO

Who administers the driver hiring process? (Name/Title): _____

Are all drivers subject to insured's hiring standards? YES NO

Are all driver files maintained by the insured? YES NO

Do you maintain an accident register and conduct periodic accident analysis? YES NO

Are pre-planned schedule routes available for drivers hauling in unfamiliar areas? YES NO

Do you have copies of certificates of insurance from drivers with citations for **DWI, DUI, or reckless operation**? YES NO

If yes, provide the name(s) of the driver(s): _____

ALL MVR'S MUST BE SUBMITTED PRIOR TO BINDING

Please list all drivers that drive company vehicles and employees who drive own vehicles on company business. If there are **more than 10**, please attach a complete list.

DRIVER #	NAME	DATE OF BIRTH	YRS CDL EXP	DRIVERS LICENSE #	STATE LIC	HIRE DATE

COMMODITIES HAULED

List types of commodities hauled. Indicate the percentage (%) of each commodity typed hauled (based on total trucking revenue). Please note, "General Dry Freight" cannot exceed 10%. Total must equal 100%.

COMMODITY	%	COMMODITY	%

FILING INFORMATION

Is an UIIE endorsement required? YES NO

Is a Federal Highway Administration (FHWA) filing required? (BMC91X) YES NO

Are state filings required? YES NO

 If so, list states: _____

Is a MCS 90 endorsement needed? YES NO

Are special filings required? YES NO

 If so, list states: _____

Have you ever changed your operating name or operated under any other name? YES NO

 If yes, name of business: _____

 DOT #: _____

Do you own, operate or manage any other transportation operations that are not included in this application? YES NO

LOSS EXPERIENCE

Current Carrier: AL: _____ PD: _____ MTC: _____ GL: _____

Please provide loss history (please submit loss runs as well)

	CARRIER	LIABILITY	PHYSICAL DAMAGE	GENERAL LIABILITY
CURRENT				
1ST PRIOR				
2ND PRIOR				
3RD PRIOR				

UNITS REVENUE AND MILEAGE

	PERIOD	# UNITS	REVENUE	MILEAGE
CURRENT				
1ST PRIOR				
2ND PRIOR				
3RD PRIOR				
4TH PRIOR				

How many power units are projected by the end of the policy? _____

ALABAMA: 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.

ALASKA and VERMONT: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information may be prosecuted under state law.

DELAWARE: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

ARKANSAS, LOUISIANA, RHODE ISLAND and WEST VIRGINIA: 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.

ARIZONA: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

CALIFORNIA: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO: 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DISTRICT OF COLUMBIA: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FLORIDA: Any person who knowingly, and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

IDAHO: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete or misleading information is guilty of a felony.

INDIANA: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

KANSAS: 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.

KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

MAINE, 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 may include imprisonment, fines, and denial of insurance benefits.

MARYLAND: 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.

NEW HAMPSHIRE: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided in RSA 638:20.

NEW YORK: 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.

NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO: 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 civil fines and criminal penalties.

OHIO: 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.

OKLAHOMA: WARNING: 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.

OREGON: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.

PENNSYLVANIA: 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.

TEXAS: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

UTAH: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed by false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

WEST VIRGINIA: 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.

ALL OTHER STATES: Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and civil penalties.

PLEASE READ THE FOLLOWING CAREFULLY BEFORE YOU SIGN THIS APPLICATION

I hereby certify that the information contained in this application is true and accurate and agree that a misrepresentation of any 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 any action taken. Coverage is not bound until your agent receives a written binder confirmation from First Light Program Managers, Inc.

THIS APPLICATION MUST BE SIGNED AND DATED BY BOTH APPLICANT AND THE PRODUCER. PRODUCER MAY NOT SIGN FOR BOTH.

Producer Signature

Date

Insured Signature

Print Name

Date