

# COMMERCIAL TRUCK INSURANCE APPLICATION

**SUBMITTED BY:**

Texas Partners Insurance Group and Financial Services, L.L.C.  
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No coverage is effective until approved by the General Agent

Effective Date: \_\_\_\_\_  
 Quote Needed By: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
**Agency:** \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ **Agent E-mail:** \_\_\_\_\_

**General Information**

Is this new business to your agency?  No  Yes

**Name of Risk:** \_\_\_\_\_ **Operations began:** \_\_\_\_\_  
 Mailing address: \_\_\_\_\_  
**Building address:** \_\_\_\_\_  
**E-mail address:** \_\_\_\_\_ Fax No: \_\_\_\_\_  
 Inspection contact: \_\_\_\_\_ Phone No: \_\_\_\_\_  
**FEIN or Social Security #** \_\_\_\_\_ **MC #** \_\_\_\_\_

**Personnel:**

Owner/ President: \_\_\_\_\_  
 Safety Supervisor: \_\_\_\_\_  
 Maintenance Manager: \_\_\_\_\_  
 Accounting Manager: \_\_\_\_\_  
 Claims Contact: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_

**Description of Operations**

- Reefer  Dry Van
- Flatbed  LTL
- Heavy Hauler
- Farm to Market
- Other (describe)

**Policy Information**

Inception Date: \_\_\_\_\_ Risk is:  Individual  Partnership  Corporation   
 Any policy cancellations/non-renewals in the last three years?  No  Yes, If yes why \_\_\_\_\_  
 Has the risk filed for bankruptcy in the last five years?  No  Yes, has it be discharged?  No  Yes

**Current DOT safety rating:** \_\_\_\_\_ Please explain "any" rating other than "Satisfactory"  
 IMPORTANT

**COVERAGE LIMITS**

<b>Liability</b> _____	Medical Payments _____ \$
UM/UIM _____	<b>GL Payroll</b> _____ \$
PIP \$ _____	GL Deductibles: _____ \$
Hired Auto <input type="checkbox"/> Yes \$ _____ cost	<b>GL payroll – all employees except the drivers</b>
Unhooked Trailer Coverage <input type="checkbox"/> Yes	GL available only for "Truckers" class/operations

**Physical Damage**  
 Deductibles: \_\_\_\_\_ Collision: \_\_\_\_\_ Spec Perils: \_\_\_\_\_  
 Tractors values: \_\_\_\_\_ Trailer values: \_\_\_\_\_  
 Total Values: \_\_\_\_\_ Maximum value (one tractor/trailer)

**Trailer Interchange**

Number of trailers used daily: \_\_\_\_\_ Limit \$ \_\_\_\_\_ Or  **Maximum \$**  
 Number days trailers are used weekly: \_\_\_\_\_ Deductible \_\_\_\_\_ Or  **Std.**

**Cargo:**  
 Per vehicle: \$ \_\_\_\_\_ Per Occurrence/Disaster \$ \_\_\_\_\_  
 Terminal limit & location: \$ \_\_\_\_\_ Address: \_\_\_\_\_

Deductibles: Non-refrigerated operations \$

Refrigerated units \$

Minimum

**Operations: This section applies for all lines of business**

Nearest metropolitan city:

Authorities held:  CONTRACT /  COMMON

ICC docket #:

Brokerage Name: \_\_\_\_\_ Docket #: \_\_\_\_\_

Annual brokerage revenue: \$ \_\_\_\_\_ Certificates of insurance required from other carrier?  No  Yes

Total trip lease revenue: \$ \_\_\_\_\_ Percentage under applicant's authority: \_\_\_\_\_ 0%

**Radius of Operation**

Operations from Headquarters	0-50 miles	51-200 miles	201-500 miles	Unlimited
Percentage of total mileage	_____ %	_____ %	_____ %	_____ %

**Principal states of operation**

**Major metro areas entered with %:**

Major Shippers:

**Commodities Hauled**

Commodities	% Of Revenue	Average Value	Maximum Value
	_____ %	\$ _____	\$ _____
	_____ %	\$ _____	\$ _____

**Exposure History:**

Year	Revenue	Mileage	Units	Fleet Value
	\$ _____			
	\$ _____			
	\$ _____			
	\$ _____			

Estimate for coming year Revenue: \$ \_\_\_\_\_ Mileage: \_\_\_\_\_

Equipment Summary	Tractors	Trailers	Straight Trucks
<b>Owned Units</b>			
<b>Owner / Operator Units</b>			

Do your owner –operators carry non-trucking liability?  No  Yes, Please provide copy of your standard lease.

**SCHEDULE OF EQUIPMENT (if over four units attach page with this same information)**

Year	Make/Model	17 digit Identification Number	Value	GVW

▶ ▶ ▶ ▶ ▶ Remember to attach a list of drivers and include DATE OF HIRE ◀ ◀ ◀ ◀ ◀ ◀

Do you allow non-employees to travel with your drivers?  No  Yes

## EXPERIENCE SUMMARY

### Liability:

Coverage Year	Carrier	Loss Reserves	Total Incurred (include expense)	Deductible	Number of accidents	# Of Insured units	Fre-quency	Valuation date
		\$	\$	\$				
		\$	\$	\$				
		\$	\$	\$				
		\$	\$	\$				
		\$	\$	\$				

Comments – Losses over \$50,000 - Provide additional information where necessary.

Date of Loss	Amount: Paid	Reserve	Description
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	

### Physical Damage:

Coverage Year	Carrier	Loss Reserves	Total Incurred (include expense)	Deductible	Number of accidents	# Of Insured Units	Fre-quency	Valuation Date
		\$	\$	\$				
		\$	\$	\$				
		\$	\$	\$				
		\$	\$	\$				
		\$	\$	\$				
		\$	\$	\$				

### Cargo:

Coverage Year	Carrier	Loss Reserves	Total Incurred (include expense)	Deductible	Number of accidents	# Of Insured Units	Fre-quency	Valuation Date
		\$	\$	\$				
		\$	\$	\$				
		\$	\$	\$				
		\$	\$	\$				

**Special Exposures:** Do you pull "double" or "triple" trailers?  No  Yes

Oversize/ Overweight?  No  Yes if "yes", percentage of revenue: \_\_\_\_\_ %

"Haz Mat"  No  Yes if "yes", percentage of revenue: \_\_\_\_\_ % with placarding \_\_\_\_\_ %

EPA # \_\_\_\_\_ Typical "Haz Mat" items are: \_\_\_\_\_

- Applicant owns or leases **vehicles not specified in this application**?  No  Yes
- Applicant **hires vehicles** from others?  No  Yes    ▪ Applicant **hauls for other truckers**?  No  Yes
- Applicant **rents/ leases vehicles** or equipment to others **with or without drivers**?  No  Yes, \_\_\_\_\_ % revenue
- **Other truckers operate under the authority of the applicant**?  No  Yes, \_\_\_\_\_ % of revenue # units \_\_\_\_\_

**DRIVERS:** All Drivers must meet the company's guideline, which will be provided with our quote. Attach a list of drivers, which includes their date of hire (DOH) and (if available) each driver's years of experience as a class A CDL driver.

**Safety:**

Safety meeting held:  No  Yes How often? \_\_\_\_\_ \*Forward mandatory DOT Driver Signature Attendance List

Bonus for safety driving:  No  Yes \_\_\_\_\_

Accidents reviewed for preventability:  No  Yes \_\_\_\_\_

Minimum driver age and experience: \_\_\_\_\_

Current number of drivers: \_\_\_\_\_ Hired last twelve months: \_\_\_\_\_ Terminated: \_\_\_\_\_

**Maintenance:**

Written P/M program:  No  Yes Send copy of Preventative Maintenance Checklist

Service/Repair done:  No  Yes By whom: \_\_\_\_\_

Number of mechanics: Fulltime \_\_\_\_\_ Part time \_\_\_\_\_ **Work for others performed?**  No  Yes

**Equipment Inspections:**

Pre-trip:  No  Yes Periodic:  No  Yes, every \_\_\_\_\_ Miles

Service records maintained:  No  Yes Where: \_\_\_\_\_ By whom: \_\_\_\_\_

**COVERAGE ELECTIONS – Go to for Uninsured Motorists and/or No Fault (PIP) attach ACORD election form(s)**

**Filings:**

Address (If different than shown) \_\_\_\_\_

Zip \_\_\_\_\_

Base State: \_\_\_\_\_ **If applicable, Ohio #** \_\_\_\_\_ **Oregon #** \_\_\_\_\_

**FRAUD STATEMENT NOTICE**

ANY PERSON WHO KNOWINGLY AND WITH THE INTENT TO DEFRAUD ANY INSURANCE COMPANY, OR OTHER PERSON WHO FILES AN APPLICATION FOR INSURANCE, OR MAKES A STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING ANY INFORMATION CONCERNING ANY MATERIAL FACT, THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

THE SCHEDULE OF VEHICLES (TRACTORS, TRUCKS AND TRAILERS) IN THIS APPLICATION INCLUDES ALL VEHICLES REGISTERED IN THE NAME OF THE NAMED INSUREDS ON THIS APPLICATION INCLUDING ALL VEHICLES LEASED TO OR FROM THIRD PARTIES.

**DO NOT SIGN THIS APPLICATION UNTIL YOU COMPLETELY READ AND FULLY UNDERSTAND IT.**

X \_\_\_\_\_  
Insured's Signature

\_\_\_\_\_  
Date

X \_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Date