



Broker: _____

Producer Name: _____ Phone Number: _____ Email: _____

Marketing Rep Name: _____ Phone Number: _____ Email: _____

Inspection Contact: _____ Phone Number: _____ Email: _____

- New Business Current/Controlled Business
 Commission Fee Based

Applicant

Current Expiration		Proposed Effective		Date Quote Requested	
Applicant Name					
Street Address					
City		State		Zip	
Phone		Toll Free:		Fax:	
Parent Company:					
MC #:		DOT #:		FEIN#:	
Website					

Corporate Personnel

Title	Name	Title	Name
CEO		Chairman	
VP/Gen Manager		Safety/Risk Manager	
CFO/Controller			

Subsidiaries

List all Subsidiaries and Affiliated companies and Explain what they do if they are to be included on the contract. Add Attachments if necessary.

First Name Insured/Additional Named Insured	MC # / DOT#	Type of Business

Has Applicant acquired any motor carriers in past 3 years? Yes No

Explain: _____

Do any entities derive revenue from sources other than "for hire" trucking? Yes No

Explain: _____

Coverage Desired

Coverages	Retention Option 1	Retention Option 2	Retention Option 3
Personal Injury Liability			
Property Damage Liability			
Uninsured/Underinsured			
Personal Injury Protection			
Cargo Legal Liability			
Physical Damage (Comp)			
Physical Damage (Coll)			
Employers Liability			

Limits Requested: _____

Cargo: Separate Sublimit? Yes No Limit _____

Physical Damage (Comp): Separate Sublimit? Yes No Limit _____

Physical Damage (Coll): Separate Sublimit? Yes No Limit _____

Additional coverages (ie Trailer Interchange, NTL/PhysDam, Unladen) Yes No

Please specify: _____

Exposures outside of trucking operations _____

Does Applicant have other underlying insurance (ie Business Auto)? Yes No

If yes: Carrier _____

Coverage _____

Limits _____

Equipment and Exposure Basis

List below your estimated mileage, gross receipts and average number of power units for the proposed policy period as well as the actual figures for the current and 4 previous policy periods. Reported gross receipts are net of surcharge and brokerage revenue.

Calendar Year Policy Period

Period	From Mo/Year to Mo/Yr	Gross Receipts	All Miles	# Company Owned Power Units	# Owner Operator Power Units
Next 12 Mos					
Current Period					
1 Year Prior					
2 Year Prior					
3 Year Prior					
4 year Prior					

Operations

<u>Types of Operation</u>	<u>Radius of Operation</u>	<u>Length of Haul</u>	<u>Type of Operation</u>	<u>Segment %</u>
% Truckload _____	1-50 _____%	Avg Length _____	Dry Van	_____%
% Less Than Truckload _____	51-200 _____%	Max Length _____	Flat Bed	_____%
	201-499 _____%	%Deadhead _____	Refrigerated	_____%
	500 + _____%		Intermodal	_____%
			Tanker	_____%
			Other	_____%

Mexican or Canadian Exposures? Yes No
 Canadian Filing Required? Yes No

General

	Yes	No	Explain
Has Applicant been canceled or non-renewed in the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Does Applicant derive any revenue from warehousing?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Does Applicant sell any products on a wholesale or retail basis?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Does Applicant have any fuel storage facilities on premises?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Does Applicant provide service or repair work on other than company-owned equipment?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Does Applicant perform any rigging?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Does Applicant lease property, vehicles, or mobile equipment to others?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Has Applicant filed for bankruptcy protection within the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Does Applicant own or operate equipment not listed?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Does Applicant interchange equipment with other carriers?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Does Applicant Trip Lease?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Does Applicant rent or lease vehicles or equipment to other with or without operators?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Does Applicant have any other terminals/locations?	<input type="checkbox"/>	<input type="checkbox"/>	_____

Explain any major changes in Applicant's operation over the last 5 years and/or planned for the next 2-3 years. Include growth/downsizing, commodities, customers, territories, equipment, driver hiring, personnel, etc.

Brokerage

Does Applicant operate as freight broker? Yes No

If yes, specify the amount of revenue projected (Gross): \$ _____ Previous Year (Gross): \$ _____

Are separate accounting records kept? Yes No

Name of Applicant's brokerage entity: _____

Licensed? Yes No US DOT # _____

Equipment Information

(Include Values if physical damage coverage is to be provided; also attach equipment schedule)

*Indicate number of vehicles and trailer by type

*Vehicle Type	Company Owned	Total Company Insured Value	Owner/Operators	Owner/Operators Insured Value
Tractors				
Straight Trucks				
Yard Vehicles				
PPV/Service				
Trailer				

Commodities Hauled

Does Applicant haul any hazardous waste or materials? Yes No

Commodity	%	Average Values	Maximum Values

Max Terminal Exposure: _____

Is Cargo ever stored on Dock or in terminal yard over 72 hours? Yes No If yes, % of time _____

List top five shippers and % of total transported

	Shipper Name	% of Total
1		
2		
3		
4		
5		

Personnel and Safety

Who is responsible for hiring and safety? _____

If drivers are company employees, on what basis and how much are they paid? _____

Does Applicant hire student drivers? Yes No Formal training program? Yes No

Driver selection, minimum age required? _____ Minimum experience? _____

Is formal Application required? Yes No Is DOT Physical Required? Yes No

Are prior employers contacted? Yes No Is road test given? Yes No

Years of Employment verified? Yes No How many Road Tests? _____

Are MVR's checked? Yes No Annual Driver Turnover % _____

Prior Insurance

	Current	1 st Prior	2 nd Prior	3 rd Prior	4 th Prior
Liability Carrier					
Limits					
Deductible					

Cargo Carrier					
Limits					
Deductible					

Phys Dam Carrier					
Deductible					

Gen. Liab. Carrier					
Limits					

Excess Liab. Carrier					
Limits					

Claims Handling

Does Applicant handle own claims? Yes No

Does one location have copies of all claims files? Yes No

Filing Requirements

Do you require Federal Filing over \$750,000? Yes No

Hazardous Substances requiring \$1,000,000 liability limits or less Yes No

Hazardous Substances requiring in excess of \$1,000,000 (Explanation) Yes No

FRAUD WARNINGS

FRAUD WARNING: (Alabama, Alaska, Arizona, California, Connecticut, Delaware, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, North Carolina, North Dakota, Oregon, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, Wisconsin, and Wyoming) NOTICE: In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states. **Rhode Island -Mandatory Disclosure - Criminal penalty for failure to disclose a conviction of arson.*

(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." **(Arkansas, Louisiana 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." **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 claiming 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." **Hawaii** "For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both." **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** "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 denial of insurance benefits." **Maryland** "Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit, or who knowingly and 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 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/she 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." **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." **New York** "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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation."

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage. Applicants acceptance of the Company's quotation is required prior to binding coverage and contract issuance.

All written statements and materials furnished to the Company in conjunction with this application are hereby incorporated by reference into this application and made part hereof.

Applicant _____ Title _____

Applicant Signature _____ Date _____

Hudson Agent _____

Please attach the following:

1. Two (2) years audited/reviewed financial statements
2. Owner/Operator Agreement
3. Driver Safety/Training Manual
4. Copy of Vehicle Maintenance Program
5. Five (5) years company loss runs (valued within 90 days of policy expiration)
6. Drivers List: Full name, License #, DOB, Date of Hire, License state
7. Two (2) years IFTA reports for ALL operating entities

This application cannot be processed unless signed by the Hudson Agent and an Authorized Officer of the applicant organization.