



Transportation 5-10 Unit Submission Check List



Insured: _____

In order to secure markets, the items below MUST be submitted:

Fully COMPLETED 5-10 Unit Application.

IMPORTANT: The section on Historical # of units for 3 prior years, current & projected MUST BE COMPLETED.

Complete Drivers' List INCLUDING:

- Name & DOB
- CDL Experience
- Date of Hire
- Licensed State

Completed Vehicle List INCLUDING:

- Year & Model
- Complete VIN
- ACV

Loss Runs for each line of coverage:

- Current year PLUS 4 Previous Year
- Valued within 90 days.

Current MVRs

4 Current quarters of IFTAS

Send Completed Apps to: truckquotes@lsrinc.org

Underwriters:

Collette Maes: cmaes@lsrinc.org
Shane Smith: ssmith@lsrinc.org

Assistant:

Terri at terri@lsrinc.org

T: 800-592-1027 F: 915-532-9973

1. Name: _____
 Mailing Address: _____ Phone Number: _____
 Garaging Location _____ Date Business Started: _____
 Contact Name: _____ OWNER'S NAME _____
 Applicant is an Individual Partnership Corporation Joint Venture LLC Other: _____
 Safety Director Name: _____ Years with Company _____ Phone # _____

2. Type of Motor Carrier: Common Contract Broker DOT No. : _____ Exempt Private
 3. Date Coverage Desired: From _____ To _____ New Renewal Rewrite

4.

COMMODITIES	PERCENTAGE	MAXIMUM VALUE	AVERAGE VALUE

5. Radius of Operations: 0 to 50 miles _____% 51 to 200 miles _____% 201 to 500 miles _____% Over 500 miles _____%

6. Is there a formal safety program in operation? Yes No DETAILS: _____

7. Do you adhere to a written vehicle maintenance program in operation? Yes No
 Details: _____ Does insured employ a mechanic (s) Yes No

8. Does the applicant ever allow any passengers other than company employees? Yes No If Yes, Explain:

9. Does the applicant own or operate any equipment over 10,000 GVW other than that listed in this application or attachments?
 Yes No If Yes, Explain: _____

10. Do you pull double or twin trailers? Yes No If Yes, percentage of loads: _____
 Do you pull triple trailers? Yes No

11. Is any equipment: a. leased, rented or loaned **to** others? Yes No Explain all Yes answers: _____
 b. leased, rented or borrowed **from** others? Yes No _____
 c. interchanged with other carriers? Yes No _____

12. Do you operate as a broker or freight forwarder? Yes No If yes, under what name and MC# _____
 What percentage of total revenue is generated by Brokerage operation? _____% Freight Forwarder? Yes No

13. In the last three years has any insurance carrier canceled or refused to renew any coverages for which application is being made?
 Yes No Please explain _____

14. DRIVER HIRING, TRAINING AND SAFETY

1. Which of the following is part of your driver screening/hiring process:

- EMPLOYMENT BACKGROUND CHECK ROAD TEST PRE-EMPLOYMENT DRUG TEST
 CRIMINAL BACKGROUND CHECK MOTOR VEHICLE RECORD REVIEW
 PRE-EMPLOYMENT SCREENING PROGRAM (PSP)

2. Minimum Age _____ Number of years Experience _____

Maximum number of violations in 12 months _____ Maximum no. of violations in 3 years _____

Maximum number of: Accidents _____ Major Violations: _____

15. NUMBER OF OWNER OPERATORS: _____

DOES INSURED REPORT OWNER OPERATOR MILEAGE? YES NO

16. **COVERAGES:**

AUTO LIABILITY LIMIT \$ _____

UM/UIM LIMIT \$ _____ PIP LIMIT \$ _____

HIRED AUTO COST OF HIRE \$ _____

EMPLOYERS NONOWNERSHIP LIABILITY \$ _____

PHYSICAL DAMAGE

COMP DEDUCTIBLE \$ _____

COLLISION DEDUCTIBLE \$ _____

MONTHLY REPORTING OF VALUES YES NO

TRAILER INTERCHANGE LIMIT \$ _____ TRAILER DAYS _____ (Please attach trailer interchange agreement)

NON-OWNED TRAILER PHYSICAL DAMAGE LIMIT \$ _____

TEMPORARY REPLACEMENT VEHICLE ENDORSEMENT (APPLIES ONLY TO LLOYDS PROGRAM)

CARGO LIMIT \$ _____ DEDUCTIBLE \$ _____

GENERAL LIABILITY

GENERAL AGGREGATE \$ _____ EACH OCC \$ _____

PRODUCTS/COMPLETED OPERATIONS AGG \$ _____

PERSONAL & ADVERTISING INJURY ** \$ _____

DAMAGE TO PREMISES RENTED TO YOU \$ _____

MEDICAL EXPENSE (any one person) \$ _____

PAYROLL INFORMATION: (do not include drivers)

Executive Officers/Individual Insured and Co Partners: _____

Mechanics, yard employees, terminal employees' dispatcher: _____

Other: (Clerical, Warehouse employees) _____

Do you conduct any other operation(s) other than Trucking? YES NO If yes, please explain

Do you use mobile equipment on or off premises such as forklifts, hand trucks? YES NO

17. Prior carrier and Loss Experience for at least the last FOUR years. (4 YEAR CURRENTLY DATED LOSS RUNS)

INSURANCE CARRIER	FROM	TO	NO. OF UNITS	LOSSES						
				LIABILITY		PHYS. DAM.		CARGO		
				No.	Amount	No.	Amount	No.	Amount	

If loss runs are provided in lieu of the above information all losses not yet recorded on loss runs but of which the insured has knowledge are to be listed above.

18.

SCHEDULE OF VEHICLES – use supplement application if more space is required								
POWER UNITS - TT = TRACTOR ST = STRAIGHT TRUCK HT = HOT SHOT TW -= TOW TRUCK SV = SERVICE VEHICLE								
UNIT	YEAR	MANUFACTURER	TYPE	GVW/CCW	VIN NUMBER	STATED AMOUNT	OTC. DED	COLL. DED

PLEASE ATTACH A SEPARATE VEHICLE LIST IF NEEDED

19.

TRAILERS - BODY TYPES VN = VAN RF = REEFER LV = LIVESTOCK TK = TANKER PN = PNEUMATIC CR = AUTO FB = FLATBED								
UNIT	YEAR	MANUFACTURER	BODY TYPE	VIN NUMBER	STATED AMOUNT	OTC. DED	COLL. DED	

- a. Are all trailers/bodies locked at all times while loaded? Yes No b. Is each unit equipped with a fire extinguisher? Yes No
- c. Are loaded vehicles ever left unattended? Yes No d. Are vehicles equipped with alarms? Yes No
- e. Is a standard bill of lading used? Yes No

20. HISTORICAL INFORMATION

POLICY PERIOD	#OF UNITS	MILEAGE	REVENUE	TOTAL.VALUE HISTORY	HISTORICAL DED
Projected Year					
Current Year					
1 Year Prior					
2 Years Prior					
3 Years Prior					
4 Years Prior					

21. DRIVER INFORMATION - PLEASE ATTACH A SEPARATE DRIVERS LIST IF NEEDED

DRIVER'S FULL NAME	STATE	LICENSE NUMBER	DATE OF BIRTH	YRS EXP	DATE OF HIRE

OPERATION NARRATIVE (INCLUDE REGULAR CONTRACTS)

Driver Incentives?

Driver Disciplinary Action?

Vehicles have any special equipment? (Electronic log devices, speed governors, GPS)

