



## 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](mailto:truckquotes@lsrinc.org)

**Underwriters:**

Collette Maes: [cmaes@lsrinc.org](mailto:cmaes@lsrinc.org)

**Assistant:**

Terri at [terri@lsrinc.org](mailto:terri@lsrinc.org)

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

## TRUCK FLEET APPLICATION

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)

**INSURED AGREEMENTS**

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.

This applicant agrees to furnish promptly driver data for every driver engaged during the policy period. Applicant, Agent or Broker understand and agree that no flat cancellation will be allowed and either or both guarantee payment of earned premium to final termination date of policy or of any filing made by the company on behalf of the Applicant.

In consideration of the premium charged for the policy for which this application is made, and the Company attaching to said policy, either the endorsements required by any State Commission or United States Department of Transportation, or both, it is agreed as between the Company and the undersigned that all of the provisions and agreements of the policy shall be in full force and effect in the same manner as if the said endorsement had not been attached. The Named Insured further agrees that the said policy shall not and does not protect the Name Insured against claims for injury, damage or loss sustained by any person when not caused by a motor vehicle specified on said policy, and if the Company shall be obliged to pay any claim it would not be obliged to pay if said endorsements had not been attached, the insured agrees to reimburse the Company in the amount paid and all sums including costs and expenses which shall have been paid in connection with such claims.

I, the Applicant, understand the Insurance Producer assisting me with the placement of this Insurance coverage does **not have** authority to bind coverage. Coverage will be effective only when bound by the Program Manager by telephone, in person, or facsimile.

I hereby declare the foregoing statements to be true to the best of my knowledge and belief. In compliance with Public Law 91-508, this is to inform you that in connection with your recent application for insurance, policy renewal (1) an "investigative consumer report" may be made as to your insurability including, depending on the type of insurance involved, information as to character, general reputation, personal characteristics, mode of living, financial conditions, (2) that such information will be obtained through (but not limited to) personal interviews with friends, neighbors and associates and (3) upon written request a complete and accurate disclosure of the nature and scope of the "investigative consumer report" will be provided.

\_\_\_\_\_ **X** \_\_\_\_\_  
 Date Signed Signature of Applicant Title

\_\_\_\_\_ **X** \_\_\_\_\_  
 Date Signed Signature of Producing Agent Signed at

Agency Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ FAX Number: \_\_\_\_\_