95231

**GENERAL INFORMATION**

Name: **HS Trans Inc**

MC Number: **1711710** U.S. DOT Number: **4370522** CA Number:

Telephone Number: **(661) 432-5229** Contact Name: **Surinder Kaur**

☐Individual ☒Corporation ☐Partnership ☐Limited Liability Corporation ☐Other:

Effective Date:  **03/14/2025** Expiration date:  **03/14/2026** Years in Business: **New Venture**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Mailing | **3223 Olive St** | **Racine** | **WI** | **53405** |
| Garaging | **3039 W 6 1/2 Mile Rd #101** | **Caledonia** | **WI** | **53108** |

**COMMODITIES**

List shipper requirements, if any:

☐ Refuse/Waste/Garbage ☐ Hazardous Substances requiring $1,000,000 liability limits or less

☐ Property (non-hazardous) ☐ Hazardous Substances requiring Liability limits in excess of $1,000,000 (please explain)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Commodity** | **% of Loads:** | **Value:** | **Commodity** | **% of Loads:** | **Value:** |
| **Canned Goods** | **25%** | **$25,000.00** | **Water & Beverages** | **25%** | **$25,000.00** |
| **Refrigerated Food** | **25%** | **$25,000.00** | **Fresh Produce** | **20%** | **$20,000.00** |
| **Meat**  | **5%** | **$5,000.00** |  |  |  |

Do you ever haul any of the following commodities? (All commodities require a response)

|  |  |  |  |
| --- | --- | --- | --- |
| Steel Materials ☐ Yes ☒ No  | Garbage/Refuse/Waste ☐ Yes ☒ No  | Livestock/Animals ☐ Yes ☒ No  | Cement Mixers ☐ Yes ☒ No  |
| Scrap Metal ☐ Yes ☒ No  | Automobiles ☐ Yes ☒ No  | Tankers ☐ Yes ☒ No  | Boat(s) ☐ Yes ☒ No  |

Please indicate any other (or additional) commodities hauled:

840659

|  |  |
| --- | --- |
| Radius | Percentage |
| 0-100 | 10 |
| 101-300 | 25 |
| 301-500 | 35 |
| 500+ | 30 |

**RADIUS**

Range of Transport: ☒ Interstate or ☐ Intrastate

**Underwriting Questions**

 **Yes-No**

 ☐-☒ Are filings required? Docket #: **1711710** MCP #:  **4370522** Other:

 ☐-☒ Do you act as a freight-broker or freight-forwarder or arrange loads for others?

If yes, provide brokerage name:

Annual Brokerage Revenue:

 ☒-☐ Is all equipment operated under the applicant's authority scheduled on the application? If no, attach explanation

 ☒-☐ Is all owned equipment scheduled on this application?

If no, attach explanation.

 ☒-☐ Is all scheduled equipment owned by you? If no, attach explanation

 ☐-☒ Do you sub-haul, lease or hire equipment from others? If yes, is it:

 a. If permanently leased, is it scheduled on this application?

b. If permanently leased, are autos hired with drivers?

c. If trip leased, provide the annual estimated Cost of hire:  Current Year: Prior Year:

 ☐-☒ Do you lease to others? If yes, who must provide primary insurance? If you provide insurance, is coverage desired for:

If Named Lessee(s), attach a list of Name and Addresses for each lessee.

 ☐-☒ Do you pull doubles?

1. Do you pull triples?

 ☐-☒ Do you haul containers or containerized freight? 10 Do you haul oversize/overweight loads?

 ☐-☒ Do you haul any hazardous material or commodities that require a HAZMAT placard?

 ☐-☒ Do you do any refuse/waste hauling involving residential exposure?

 ☐-☒ Do you haul electronics? If yes, list the shipper & the percentage of the load:

**EQUIPMENT LIST**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sr. # | Year | Make | Type | Value | Vin Number |
| **1** | **2019** | **Freightliner** | **TKTR** | **$0.00** | **3AKJGLDR2KDKG6290** |
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 **COVERAGE SECTION**

☐ Coverage Liability\* Combined Single Limit: ☒ Motor Truck Cargo Limit Per Conveyance: **$100,000**

☐ Physical damage Total Insured Values: ☐ General Liability Per Occurrence/Aggregate:

\*Deductible

☒ $1,000 Deductibles for Motor truck cargo

☐ $2,500 Deductibles for Physical damage

**UNIT REVENUE AND MILEAGE** Actual & Estimated

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Year | #of Units | Revenue | Mileage |
| Projected |  | **1** | **$120,000.00**  | **90,000**  |
| Current |  |  |  |  |

**DRIVER SECTION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sr. No. | Driver’s Name | License Number | State | Years of Exp.  |
| **1** | **Vikram Singh** | **9370714987** | **IN** | **5** |
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I**NSURANCE HISTORY & LOSS EXPERIENCE**

HAS ANY INSURANCE CARRIER CANCELLED OR NONRENEWED YOUR POLICY IN THE LAST THREE YEARS?

If yes, please provide an explanation:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Policy Term | Insurance Company | Policy Number | # of Units | Any Claims? | If yes, Provide Details |
|  |  |  |  |  |  |
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**SCHEDULE OF ADDITIONAL INSUREDS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sr.# | Name | Address | City | State | Zip Code |
|  |  |  |  |  |  |
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**SIGNATURES**

This application does not bind you or us to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a

policy be issued.

Attention all applicants in the states of AL, AR, AZ, CA CO, DE, FL, IN, KY, MN, NH, NJ, NY, OH, PA, TN, UT - For your protection the preceding states' laws require

the following to appear on this form: 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, incomplete, or misleading information, or conceals information concerning any material fact thereto, commits

a fraudulent insurance act, which is a crime punishable by incarceration and shall also be subject to civil penalties

For risks located in New York, Pennsylvania and California: Any person who knowingly makes or assists, abets, solicits or conspires with another to make a false or

misleading report of theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, a state department of motor vehicles, or an insurance

company commits perjury or a fraudulent insurance act, which are crimes punishable by incarceration, and shall also be subject to a civil penalty.

I authorize, NTA General Insurance Agency to obtain a copy of my Motor Vehicle Report for rating/underwriting the insurance for which I have applied. I also understand

that a routine inquiry may be made providing information concerning my character, general reputation, personal characteristics and mode of living, as well as any

pertinent financial data deemed necessary. Upon written request, information as to the nature and scope of the report will be provided to me.

I hereby certify that the foregoing statements and answers a just, full and true exposition of all the facts and circumstances with regard to the risk to be insured, insofar

as the same are known to be, and the same are hereby made as the basis and condition of the insurance.

Any person who, with intent to defraud or knowing that he or 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. By signing below, I affirm full knowledge of the and adherence to current D.O.T. Safety Regulations, and hereby

apply for insurance with respect to the coverage stated herein.

It is through the inducement of the provided information that New York Marine and General Insurance Company shall issue a policy. It is a stipulation of the policy that

the policy shall become null and void, and no benefit or effect whatsoever as to any claim arising, in the event that any of the accurate admittance of the application

are found false of fraudulent in

The vehicles to be insured are owned or leased by the Applicant/Name Insured and the drivers on record with New York Marine and General Insurance Company will

be the only drivers of the insured vehicles during the policy period and all subsequent renewals unless additional drivers are reported to and approved by New York

Marine And General Insurance Company prior to the operation or use of any vehicle shown in the policy.

 Insured’s Signature Producer’s Name

 Date Producer’s Signature

 Date