

Submission Requirements:

1. ACORD 137
2. ACORD UM state specific
3. Currently Valued Loss Runs
4. IFTA reports if Long Haul (4 Quarters)
5. Program Excel Vehicle list
6. Program Driver list
7. MVR's for all drivers

Agency Information

Amerigo Insurance Agency

530-290-1633

gill@aiazone.net

Agency Name

Agency Phone

Agency Email

Applicant Information

High Ground Shipping Inc

Insured Name

Website Address

1417 Lecourbe Ct

Modesto

CA

95356

Mailing Address

City

State

Zip Code

(209) 568-8443

HIGHGROUND SHIPPING@GMAIL.COM

Phone Number

Email

638 River Rd

Modesto

CA

95351

Garaging Address

City

State

Zip Code

Contact Information for Inspection:

ASAP

2029720

874425272

Effective Date

DOT #

FEIN #

How many years' experience in a similar industry that you are applying coverage for? 14 Years

(*If in business less than 3 years please attach your work history)

What filings do you need?

- | | | | | | | | | | |
|---|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> Federal | <input type="checkbox"/> CA | <input type="checkbox"/> GA | <input type="checkbox"/> KS | <input type="checkbox"/> MA | <input type="checkbox"/> MT | <input type="checkbox"/> NM | <input type="checkbox"/> OK | <input type="checkbox"/> SD | <input type="checkbox"/> VA |
| <input type="checkbox"/> AL | <input type="checkbox"/> CO | <input type="checkbox"/> HI | <input type="checkbox"/> KY | <input type="checkbox"/> MI | <input type="checkbox"/> NE | <input type="checkbox"/> NY | <input type="checkbox"/> OR | <input type="checkbox"/> TN | <input type="checkbox"/> WA |
| <input type="checkbox"/> AK | <input type="checkbox"/> CT | <input type="checkbox"/> ID | <input type="checkbox"/> LA | <input type="checkbox"/> MN | <input type="checkbox"/> NV | <input type="checkbox"/> NC | <input type="checkbox"/> PA | <input type="checkbox"/> TX | <input type="checkbox"/> WI |
| <input type="checkbox"/> AZ | <input type="checkbox"/> DE | <input type="checkbox"/> IN | <input type="checkbox"/> ME | <input type="checkbox"/> MS | <input type="checkbox"/> NH | <input type="checkbox"/> ND | <input type="checkbox"/> RI | <input type="checkbox"/> UT | <input type="checkbox"/> WY |
| <input type="checkbox"/> AR | <input type="checkbox"/> DC | <input type="checkbox"/> IA | <input type="checkbox"/> MD | <input type="checkbox"/> MO | <input type="checkbox"/> NJ | <input type="checkbox"/> OH | <input type="checkbox"/> SC | <input type="checkbox"/> VY | |

Limit of Insurance Requested:

- ☐ Auto Liability: \$1,000,000
☐ Cargo: _____
 ☐ General Liability: _____

Deductibles:

- ☐ Auto Liability: 0
☐ Cargo: _____
 ☐ General Liability: _____

Operational Information

- Type of Operation: ☐ Courier ☐ Expeditor ☐ Freight Broker ☐ Last Mile ☐ Intermodal ☐ Local Trucking
- ☐ Intermediate Trucking ☒ Long Haul Trucking*
- ☒ Common Carrier ☐ Contract Carrier ☐ Private Hauler

Historical Information

Power Units:	o Current Year: _____	o 1 st Prior Year: _____
	o 2 nd Prior Year: _____	o 3 rd Prior Year: _____
Gross Receipts:	o Estimated Next Year: _____	o Current Year: _____
	o 1 st Prior Year: _____	o 2 nd Prior Year: _____
Gross Mileage:	o Estimated Next Year: _____	o Current Year: _____
	o 1 st Prior Year: _____	o 2 nd Prior Year: _____

Have you had any insurance cancelled, declined or non-renewed in the last 3 years? ☐ Yes* ☒ No

o If yes, please explain: _____

Do you utilize Owner/Operators? ☐ Yes* ☒ No

o If Yes, has usage increased, decreased or been stable? ☐ Increased ☐ Decreased ☐ Remained Stable

o If yes, are Owner/Operators permanently leased? ☐ Yes* ☒ No

- If so, are those units included on the schedule? ☐ Yes* ☒ No

- Please provide a copy of the Owner Operator Contract with the "lease back wording".

o If not covered under this policy is proof of insurance required? ☐ Yes ☐ No

o Are liability limits at least equal to the limits of this policy? ☐ Yes ☐ No

o Is proof of non-trucking liability or Trucking liability policy required? ☐ Yes ☐ No

o Is Truckers Liability required or only Bob Tail? _____

Are Trip lease operators used? ☐ Yes* ☒ No

o If Yes, how many trip lease operators are used? _____

o If trip leased, please provide Estimated Annual Cost of Hire: \$ _____

o Indicate % of loads trip leased: _____ %

o How many trip lease operators were used one year ago? _____

- Two (2) Years ago? _____

Do you have Brokerage Authority? ☐ Yes* ☒ No

o If Yes, is this conducted under a different MC Number? ☐ Yes* ☒ No

o If Yes, enter the Motor Carrier # and name of legal entity here: _____

Do you allow Team Driving? ☐ Yes* ☒ No

o Are passengers allowed in vehicles? ☐ Yes ☐ No

o Do you haul oversize loads requiring special permits? ☐ Yes ☐ No

o Any dead Heading 9 (Tractor with empty trailer)? ☐ Yes ☐ No

o Any Bobtail (Tractor without Trailer)? ☐ Yes* ☒ No

- If Yes, identify commodities backhauled: _____

Do you rent or lease your trucks to others? ☐ Yes* ☒ No

◦ If yes, please describe and enter estimated annual receipts: _____

Do you rent trucks/tractors (without operators) on a short term basis for your use? ☐ Yes* ☒ No

◦ If Yes, please enter your estimated cost of hire for the upcoming policy year: _____

◦ Number of Units by gross vehicle weight:

Under 10,000 GVW: _____	Total Annual Number: _____	# of Days: _____
10,001 – 25,999 GVW: _____	Total Annual Number: _____	# of Days: _____
26,000 – 44,999 GVW: _____	Total Annual Number: _____	# of Days: _____
45,000 GVW or Up: _____	Total Annual Number: _____	# of Days: _____
Trailers: _____	Total Annual Number: _____	# of Days: _____

What major cities will you pass through on Intermediate/Long Haul Trips?

◦ 1. _____ ◦ 2. _____ ◦ 3. _____
 ◦ 4. _____ ◦ 5. _____ ◦ 6. _____

Do you operate/travel into Canada or Mexico? ☐ Yes* ☒ No

◦ If yes, please explain: _____

Answer the following:

1. Are time guarantees provided on your deliveries? ☐ Yes ☒ No
2. Do you pull double or triple trailers? ☐ Yes ☒ No
3. Do you ever do any oversize/overweight loads? ☐ Yes ☒ No
4. Do you have a safety program in place? ☒ Yes* ☐ No *(*If so, please attach a copy)*
5. Do you cross the border into Mexico or Canada? ☐ Yes* ☒ No
 ◦ If yes, which country? _____
6. Does applicant allow others to operate under their authority? ☐ Yes ☒ No
7. Do you have a written maintenance program in place? ☒ Yes ☐ No
8. Are any of your vehicles used for personal use? ☐ Yes ☒ No
9. Are all vehicles registered and licensed to the applicant? ☒ Yes ☐ No
10. Do you ever hire or use others vehicles and utilize their drivers? ☐ Yes ☒ No
11. Do you have a driver selection program in place? ☒ Yes* ☐ No *(*If so, please attach a copy)*
12. Do you have a driver monitoring program? ☒ Yes ☐ No
13. Do you monitor motor vehicle reports for all drivers? ☒ Yes* ☐ No
 ◦ If yes, how often? ☒ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually
14. Do you have any Bi National Drivers? ☐ Yes ☒ No
15. Are drivers penalized for late deliveries? ☐ Yes ☒ No
16. Are all drivers properly licensed and DOT compliant? ☒ Yes ☐ No

Drivers Information

Answer the following for the driver count in the last year:

- Total # of drivers: 24
- # of drivers above 70 years old: _____ ◦ # of drivers under 25 years old: _____
- # of drivers Hired: _____ ◦ # of drivers Terminated: _____

	Driving	On Duty
Drivers Maximum Hours Per Day Driving:		
Drivers Maximum Hours Per Week:		

Percentage of On Demand: _____ % Percentage of Route Delivery: _____ %

What is the average years of driver experience? _____

Percentage of trips: ◦ 0 – 50 Miles 15 % ◦ 51 – 350 Miles 30 % ◦ 351 – 500 Miles 35 % ◦ 501 + Miles 20 %

Are drivers paid by: ☐ Hours Worked ☒ Mileage ☐ Trip ☐ Other: _____

Do driver hiring practices include the following (check all that apply):

- ☒ Written application ☒ MVR Interview ☒ Drug Testing ☒ Written Test
- ☒ Pre-Hire Physical ☒ Reference Checks ☒ Driving Tests ☒ Written MVR Criteria

Do newly hired drivers receive training from experienced drivers with regard to (check all that apply):

- ☒ Route Familiarity ☒ Equipment ☒ Load Handling ☒ Company Rules ☒ Accident Reporting Procedures

MVR Frequency after Hire: ☐ Annual ☐ Semi-Annual ☒ Quarterly ☐ Other: _____

Are owner operators subject to the same hiring practices? ☐ Yes ☒ No

Does insured keep driver files on all owner operators? ☐ Yes ☒ No

General Information

Types of commodities delivered:

- Dry Goods _____ % ◦ Aggregate Haulers _____ % ◦ Seafood _____ % ◦ Auto-Boat Haulers _____ %
- Flatbed Goods _____ % ◦ Cattle Livestock _____ % ◦ Cosmetics _____ % ◦ Home Good Mover _____ %
- Refrigerated Goods 100 % ◦ Mobile Home _____ % ◦ Consumer Electronics _____ %
- Hots Shots _____ % ◦ Liquor (*not beer & wine) _____ % ◦ Wearing Apparel _____ %

Answer the following:

- Maximum Value: \$90,000 ◦ Average Value: \$50,000 ◦ Trailer Type: Reefer

Do you transport any hazardous material? ☐ Yes* ☒ No

◦ If yes, please identify: _____

◦ If yes, are the liability limits needed greater than \$1,000,000 CSL Required? ☐ Yes ☒ No

Any transportation of refuse/waste/garbage/debris or scrap material? ☐ Yes ☒ No

Any transport of logs and/or timber? ☐ Yes ☒ No

Any sand & gravel hauling? ☐ Yes ☒ No

Any residential moving & storage operations? ☐ Yes ☒ No

Are refrigerated units used in your operation? ☒ Yes* ☐ No

◦ If Yes, how often is preventative maintenance performed on the units? Monthly

-Is maintenance outsourced? ☒ Yes* ☐ No

- If yes, who performs the maintenance? Certified Technician

Are tanker units used in your operation? ☐ Yes* ☒ No

◦ If food products are hauled, is a dedicated food grade tanker used? ☐ Yes ☒ No

◦ Are all tankers equipped with proper baffling? ☐ Yes ☒ No

Do any vehicles have specialized equipment or are they modified with cherry pickers, cranes or buckets? ☐ Yes* ☒ No

◦ If Yes, please describe: _____

Do you haul any of the following?

- | | | | |
|---|-------------------------------------|--|--|
| <input type="checkbox"/> Autos/Boats | <input type="checkbox"/> Coal | <input type="checkbox"/> Gasoline | <input type="checkbox"/> Household Goods |
| <input type="checkbox"/> Animals Arms & Munitions | <input type="checkbox"/> Chlorine | <input type="checkbox"/> Hanging Meat | <input type="checkbox"/> Propane |
| <input type="checkbox"/> Butane | <input type="checkbox"/> Explosives | <input type="checkbox"/> Hazardous Waste | |

Are loaded trailers ever left unattended ☐ Yes* ☒ No

◦ If yes, please explain: _____

Is there a written vehicle maintenance program in effect? ☐ Yes* ☐ No

Are records kept for each vehicle? ☒ Yes* ☐ No

Are pre/post trip inspections made regularly? ☒ Yes* ☐ No

Do you service your own units? ☐ Yes* ☒ No*

◦ If Yes, indicate which of the following you have: ☐ Service Bay ☐ Body Shop ☐ Parts Department

◦ If No, who services your vehicles? _____

Describe your tire replacement policy:

Discuss when and if retreads are used:

Do you use any of the following Safety Devices:

Safety Device Category	Currently in Place?	Unit Description (i.e. Manufacturer/Device Name)	If Yes, # of years in place?	% of Fleet	If no, will you be installing during the upcoming policy period?
Cameras	Select			%	
Accident Event Recorders (AER's)	Select			%	
Location Tracking Device	Select			%	
Geographic Driving History Data	Select			%	
Mileage Tracking Device	Select			%	
Brake Warning System	Select			%	
Distracted Driving Warning System	Select			%	
Speed Warning System	Select			%	
Any Active Accident Avoidance Technology	Select			%	
Any Passive Accident Avoidance Technology	Select			%	
Reflective Tape	Select			%	
Step Stools	Select			%	
1-800-HOWSMYDRIVING Program	Select			%	
No Texting/Cell Phone/Handheld Device Usage While Driving	Select			%	
No Texting/Cell Phone/Handheld Device Usage While Driving	Select			%	

Applicant's Representation and Signature

- A. The Applicant represents to the best of its knowledge and belief that the statements set forth herein are true and complete.
- B. The Applicant further represents that if the information supplied on this application changes between the date of the Application and the inception date of the policy period, the Applicant will immediately notify the Insurer of such change, and the Insurer may modify or withdraw any outstanding quotation.
- C. Signing of this Application does not bind the Insurer to offer nor the Applicant to accept insurance, but it is agreed that this Application shall be the basis of the insurance and will be attached to and made part of the policy should a policy be issued.

Authorized Signature
(Must be signed by a Principal, Partner, or Officer)

Date

Printed Name

Title

Producer Signature

Date

Printed Name

Title