

**COMMERCIAL FLEET  
UNDERWRITING CHECKLIST**

This application cannot be processed unless signed by  
The Broker and an Authorized Officer of the Applicant Organization

**To process this application, the following documents must be provided and attached:**

- 1. **LOSS RUNS:** Last (5) years of documented loss runs from prior insurance companies for all coverages requested. Losses to be valued within the last 90 days. Details required on all losses in excess of \$50,000
- 2. **FINANCIAL STATEMENTS:** Last (2) years independently prepared financial statements and current interim statement, preferably audited or reviewed statements. Include revenue through trip lease and/or brokerage operations, if any. If the most recent year-end statement is more than 6 months old, an interim statement must be provided. Parent company financials, if applicable, should also be provided
- 3. **EXPOSURE DATA:** Last (5) years of total gross receipts, total mileage and average power unit counts for each year.
- 4. **MILEAGE BY STATE:** Provide copies of International Fuel Tax Administration Schedule B reports or similar data indicating mileage by state and total mileage for the last (4) quarters.
- 5. **SAFETY:** Provide copy of most recent state or federal compliance review report and current safety rating notice (both sides of document). Also, provide copies of fleet safety and maintenance programs.
- 6. **DRIVERS LIST: Provide listing of all drivers:** company, owner/operators, service and private passenger units, showing full name, date of birth, state of license, driver's license number, seniority/date of hire and most recent motor vehicle reports (MVRs).
- 7. **EQUIPMENT LIST:** Provide list identifying company-owned vehicles and owner/operator vehicles. Include year, make, model, VIN (last 5 digits), current market value and garage location. For local and intermediate units (up to 300 mi. radius), please provide Gross Vehicle Weight.
- 8. **AGREEMENTS:** Provide copies of permanent lease and trip lease agreements. Also, provide copies of hold-harmless, interline, interchange, intermodal and sub-hauler agreements, if any.
- 9. **OPERATING AUTHORITY:** Provide copies of all operating authorities.

**COMMERCIAL FLEET APPLICATION**

**GENERAL INFORMATION**

Broker Name \_\_\_\_\_ Producer(s) \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Are you the incumbent broker?  Yes  No If Yes, for how many years? \_\_\_\_\_  
**Applicant Name** \_\_\_\_\_  
Current Expiration \_\_\_\_\_ Proposed Effective Date \_\_\_\_\_ Date Quote Required \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Authority Name \_\_\_\_\_ US DOT # \_\_\_\_\_  
 Sole Proprietor  Partnership  Corporation Corporation \_\_\_\_\_

Identify all other **named insureds** to be included on policy. Add attachment, if necessary

1. Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Authority Name \_\_\_\_\_ US DOT #/CVOR # \_\_\_\_\_  
Relationship to Insured \_\_\_\_\_  
Description of Business \_\_\_\_\_  
2. Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Authority Name \_\_\_\_\_ US DOT #/CVOR # \_\_\_\_\_  
Relationship to Insured \_\_\_\_\_  
Description of Business \_\_\_\_\_  
3. Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Authority Name \_\_\_\_\_ US DOT #/CVOR # \_\_\_\_\_  
Relationship to Insured \_\_\_\_\_  
Description of Business \_\_\_\_\_

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

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PRIMARY CONTACTS**

**E-MAIL ADDRESS**

President \_\_\_\_\_

VP /Gen. Mgr. /Operations \_\_\_\_\_

Finance/Accounting \_\_\_\_\_

Safety Risk Manager \_\_\_\_\_

Maintenance \_\_\_\_\_

Other \_\_\_\_\_

Inspection Contact(s) \_\_\_\_\_

Company has been in trucking business since: \_\_\_\_\_ (mo/yr)

Company has been under current ownership/management since: \_\_\_\_\_ (mo/yr)

Has insurance been canceled or non-renewed within the last 5 years?  Yes  No If yes, explain: \_\_\_\_\_

Has insurance been canceled or non-renewed within the last 5 years?  Yes  No If yes, explain: \_\_\_\_\_

Are there any operations subject to seasonality?  Yes  No If yes, explain: \_\_\_\_\_

Do you lease property or mobile equipment to others?  Yes  No If yes, explain: \_\_\_\_\_

Do you have tenants?  Yes  No If yes, explain: \_\_\_\_\_

Do you have any fuel storage facilities?  Yes  No If yes, provide capacity: \_\_\_\_\_

Type of products stored and indicate if you have Pollution Liability Insurance (include Company, Policy #, Limits and \_\_\_\_\_)

Do you sell any product on a wholesale or retail basis?  Yes  No If yes, describe: \_\_\_\_\_

Do you derive any revenue from warehousing operations?  Yes  No If yes, explain: \_\_\_\_\_

Please describe operations, including any major changes over the last 5 years or for the upcoming policy period (e.g., territory served, commodities hauled, major customers, mergers/acquisitions, etc.). Attach separate narrative, if necessary

\_\_\_\_\_

\_\_\_\_\_

**OPERATIONS**

TYPE OF CARRIER: % of miles	
% Truckload	% Less than Truckload
Type	Use %
Dry Van	_____
Refrigerated	_____
Flatbed	_____
Liquid Tank	_____
Dry Bulk	_____
Containerized	_____
Other	_____
<b>Total</b>	<b>100%</b>

LENGTH OF HAUL (% of miles)			
0-50	51-200	201-500	501+
<b>For local-Intermediate Operations (0-200 mi.), Please list top 10 runs:</b>			
FROM	TO	FROM	TO
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**EQUIPMENT INFORMATION** ♦ Indicate number of vehicles by vehicle type

VEHICLE TYPE:	Company-Owned or Long Term Lease w/o Driver	Total Company Insured Values	Owner/Operator Equipment	Owner/Operator Insured Values
Straight Trucks	_____	_____	_____	_____
Road Tractors	_____	_____	_____	_____
Yard Tractors	_____	_____	_____	_____
Trailers	_____	_____	_____	_____
a. Dry Van	_____	_____	_____	_____
b. Refrigerated	_____	_____	_____	_____
c. Flatbed	_____	_____	_____	_____
d. Liquid Tank	_____	_____	_____	_____
e. Dry Bulk	_____	_____	_____	_____
f. Container Chassis	_____	_____	_____	_____
g. Other	_____	_____	_____	_____
Service Trucks	_____	_____	_____	_____
Private Pass. Autos	_____	_____	_____	_____

Has insurance been canceled or non-renewed within the last 5 years?  Yes  No If yes, explain: \_\_\_\_\_



Will the maximum values of equipment to be insured exceed \$1,000,000 at any one location?  Yes  No If yes,

provide average values and maximum values by location: \_\_\_\_\_

Do you use doubles or triples?  Yes  No If yes, \_\_\_\_\_ % of total miles.

Are driver teams utilized?  Yes  No If yes, \_\_\_\_\_ % of units seated with teams.

Are passengers ever allowed to accompany driver?  Yes  No If yes, describe your authorized passenger policy: \_\_\_\_\_

Do your units have: Satellite/Tracking, Communication or Alarm Devices?  Yes  No If yes, describe: \_\_\_\_\_

**WASTE / HAZARDOUS MATERIAL**

Do you haul any: Hazardous, Medical or Municipal waste?  Yes  No Radioactive material?  Yes  No  
Explosives?  Yes  No Acids?  Yes  No Flammables?  Yes  No If yes, % of revenue: \_\_\_\_\_

**BACKHAUL / TRIP LEASE**(Please provide copy of trip-lease agreement)

What is percentage of deadheading? \_\_\_\_\_ %

Do you backhaul?  Yes  No Any restrictions on backhauling? \_\_\_\_\_

What percentage of gross revenue is obtained from trip leasing your freight to other carriers under your authority? \_\_\_\_\_ %

How do you locate your trip lessors? \_\_\_\_\_

Do you physically inspect the trip lessor's equipment?  Yes  No

What percentage of revenue is obtained from accepting loads trip leased under another carrier's authority? \_\_\_\_\_ %

Do you require specific authorization before a driver may enter into a trip lease agreement?  Yes  No

**BROKERAGE**

Do you arrange for the transportation of property, by other motor carriers, on the other motor carrier's authority?

Yes  No If yes, identify motor carriers utilized: \_\_\_\_\_

Does the shipper know you are brokering the load at the time you accept the cargo?  Yes  No

Brokerage is done under what name? \_\_\_\_\_

Licensed?  Yes  No US DOT # \_\_\_\_\_ Are separate accounting records kept?  Yes  No

What percentage of revenue is obtained from brokerage operations? \_\_\_\_\_ %

Do you purchase contingent cargo coverage?  Yes  No

Do you require the following items before brokering loads:

- a) Certificate of Insurance?  Yes  No Limits required? \_\_\_\_\_
- b) Additional Insured Endorsements?  Yes  No
- c) Who is named on Bill of Lading? \_\_\_\_\_

Are certificates on file and up-to-date on all brokered loads? \_\_\_\_\_

**HOLD HARMLESS, INTERMODAL**

Are any hold harmless, interline, intermodal or interchange agreements in place?  Yes  No If yes, attach copy.

**TRAILER INTERCHANGE**(A copy of the trailer interchange agreement must be included with application.)

Is Trailer Interchange Legal Liability requested?  Yes  NO If yes, please answer the following:

Average number of trailer interchange days per month: \_\_\_\_\_ Average number of units per day: \_\_\_\_\_

Average value per trailer: \$ \_\_\_\_\_ Maximum value per trailer: \$ \_\_\_\_\_

**FOR OPERATIONS INVOLVING TANKERS:**

Do you operate a tank wash facility?  Yes  NO Is it operated as a separate entity?  Yes  NO

If yes, name of entity: \_\_\_\_\_ Insurance coverage desired:  Yes  NO

Do you wash tanks for other entities?  Yes  NO If yes, what percentage of total revenue does this present? \_\_\_\_\_ %

Is hazardous waste generated from your tank cleaning operation?  Yes  NO If yes, explain disposal of hazardous waste \_\_\_\_\_

Do you have any blending or storage operations?  Yes  NO

If yes, what percentage of total revenue does this represent? \_\_\_\_\_ %

