



## DB INSURANCE - TRUCKING APPLICATION

Effective Date:	/	/	Years in Trucking Industry:	Years in Business:
Name:				
DBA:				
Does named insured include DBA? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other:				
FEIN or SS #		US DOT #		ICC # MC # or MX #
State Filings required? <input type="checkbox"/> Yes <input type="checkbox"/> No		State		Permit #
Mailing Address		City		State      Zip
Garaging Address		City		State      Zip
Is the garaging location Residential?   If so, please describe where vehicle is parked and security measures.				
Contact Person Name			E-mail address	
Business Phone			Mobile Phone	

<b>Liability</b>	Limit:		
Hired Auto	<input type="checkbox"/> Yes    Cost of Hire: _____ If Any		
Non-Owend Auto	<input type="checkbox"/> Yes    Number of Employees: _____		
UM	Limit:	UIM	Limit:
Medical Payment	Limit:	PIP	Limit:
<b>Physical Damage</b>	Comprehensive and Collision Deductible:		
Trailer Interchange	Limit:	Number of Trailers:	
Non Owned Trailer Physical Damage	Limit:	Number of Trailers:	

Type of Operation	<input type="checkbox"/> For Hire <input type="checkbox"/> Private <input type="checkbox"/> Non-Trucking <input type="checkbox"/> Other:		
Range of Transport	<input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate		
<b>Radius</b>	<b>Percent of Loads</b>	<b>Radius</b>	<b>Percent of Loads</b>
0 – 100 mi		501 – 750 mi	
100 – 300 mi		750+ mi	
301 – 500 mi		Average Radius:	

State	Percentage	State	Percentage	State	Percentage

<b>COMMODITIES</b> – Please identify the commodities transported and percentages below					
Commodity	Percentage	Commodity	Percentage	Commodity	Percentage

<b>SCHEDULE OF AUTOS</b>						
Year	Make	Type*	VIN Number	GVW/GCW	Stated Value	O/L**

<b>Trailer Types (Check those that are applicable)</b>				
Auto Hauler		Dump-Bottom		Pneumatic
Customized		Dump-End		Refrigerated
Dry Bulk		Dump-Side		Tanker
Dry Van		Flatbed		Other: Describe
		Low Boy		Other: Describe

<b>DRIVER INFORMATION</b>							
Driver Name		Date of Birth	License #	State	Yrs of Class A Experience	Yrs with Company	Type of Employee*
1							<input type="checkbox"/> I <input type="checkbox"/> E <input type="checkbox"/> O
2							<input type="checkbox"/> I <input type="checkbox"/> E <input type="checkbox"/> O
3							<input type="checkbox"/> I <input type="checkbox"/> E <input type="checkbox"/> O
4							<input type="checkbox"/> I <input type="checkbox"/> E <input type="checkbox"/> O
5							<input type="checkbox"/> I <input type="checkbox"/> E <input type="checkbox"/> O

\* I: Named Insured / E: Employee / O: Owner Operator

<b>INSURANCE HISTORY &amp; LOSS EXPERIENCE</b>							
Company	Policy Term	# of Power Unit	# of Trailer	Premium	Incurred Claims Liability	Incurred Claims Phys Dmg	# of Claims

**NOTE:** Please include if there was any lapse in coverage period.

**Loss Descriptions:**

	<b>YES</b>	<b>NO</b>
1. Do you anticipate adding units during the policy term?	<input type="checkbox"/>	<input type="checkbox"/>
a. If yes, how may units will be added?		
b. How many units will be owned (registered) by named insured?		
c. How many units will be owner-operators working for you?		
2. Do you hire other motor carriers or owner-operators to haul for you?	<input type="checkbox"/>	<input type="checkbox"/>
a. Are these scheduled?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you haul any hazardous material, extra hazardous substances, or waste commodities?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are any units equipped with GPS location services?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please describe the type of device and how insured keeps the records in below.		
5. Do you pull double trailers? If yes, please describe customary and usual routes in below.	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you pull triple trailers?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you haul oversize or overweight loads?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you haul commodities that are subject to tight delivery time constraints?	<input type="checkbox"/>	<input type="checkbox"/>
9. Is all the equipment operation under your authority scheduled on this application?	<input type="checkbox"/>	<input type="checkbox"/>
10. Is the insured involved in any business activity other than trucking?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you act as a freight-broker or freight-forwarder or arrange loads for others?	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you or any business you owned ever filed for bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>
13. Any policy or coverage declined, cancelled, non-renewed during the prior 3 years?	<input type="checkbox"/>	<input type="checkbox"/>
14. Is a Truckers Uniform Intermodal Interchange endorsement required?	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you carry Worker's Compensation?	<input type="checkbox"/>	<input type="checkbox"/>
16. Is any portion of your operation seasonal? If yes, explain below.	<input type="checkbox"/>	<input type="checkbox"/>
17. Do you lease your vehicles to others?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, who must provide primary liability coverage?	<input type="checkbox"/> You	<input type="checkbox"/> Lessee
18. Do you have a formal safety program in place?	<input type="checkbox"/>	<input type="checkbox"/>
19. Do you have a vehicle maintenance program in place?	<input type="checkbox"/>	<input type="checkbox"/>
20. Is there personal use of vehicles?	<input type="checkbox"/>	<input type="checkbox"/>
21. Is all the equipment operating under your authority scheduled on this application?	<input type="checkbox"/>	<input type="checkbox"/>
22. Do you anticipate traveling to outside of the U.S. (Canada or Mexico) during the policy term?	<input type="checkbox"/>	<input type="checkbox"/>

Please provide additional explanation for any answers needed.

ALL VEHICLES SCHEDULED ON THE POLICY MUST BE OWNED/REGISTERED TO THE NAMED INSURED OR HAVE A WRITTEN LEASE AGREEMENT BETWEEN THE INSURED AND VEHICLE OWNER.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANYFACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVILPENALTIES. (NOT APPLICABLE IN CO, FL, HI, MA, NE, OH, OK, OR, or VT; in DC, LA, ME, TN, VA AND WA, INSURANCE BENEFITS MAY ALSO BE DENIED)

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR ANAPPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE. THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAINTHE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OFHIS/HER KNOWLEDGE.

I AUTHORIZE \_\_\_\_\_ TO OBTAIN A COPY OF MY MOTOR VEHICLE RECORD 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.

Insured Signature: \_\_\_\_\_
Date: \_\_\_\_\_

Agent Signature: \_\_\_\_\_
Date: \_\_\_\_\_