

## Proposal For Insurance For Members Of Southern Kentucky Trucking Association

**Effective Date:**

**Company Name:**

**Address:**

**Cell Phone Number:**

**Cargo / Commodities Hauled:**

**Number of Years in Business:**

**Radius of Operation:**

	<b>Owner's Name (first, last)</b>
	<b>Email Address:</b>
	<b>MC Number:</b> _____
	<b>DOT Number:</b> _____

**ALL FIELDS MUST BE COMPLETE IN ORDER TO BIND.**

**Equipment List:**

<b>Item #</b>	<b>Year</b>	<b>Make</b>	<b>Type (truck/trailer)</b>	<b>VIN #</b>	<b>Stated Value (USD)</b>
1)					
2)					
3)					
4)					
5)					
6)					
7)					
8)					
9)					
10)					

**Driver Information:**

<b>Name</b>	<b>D.O.B.</b>	<b># of Years CDL Held</b>	<b>Major Violations</b>	<b>Drivers License #</b>	<b># of Points in last 3 years***</b>
1)					
2)					
3)					
4)					
5)					
6)					
7)					
8)					
9)					
10)					

**Provide details on your driver hiring/contracting process:**

--	--

**Driver turnover year over year:**

**Minimum Age of Drivers:** \_\_\_\_\_ **Maximum Age of Drivers:** \_\_\_\_\_

%

**Drivers:**

**MVRs ordered?**

**Yes**

**No**

\* Please provide full details of all Major violations within the last 5 years

\*\* If Total points during the last 12 months exceed 3 then please provide copy of MVR at time of quoting.

**NON TRUCKING LIABILITY****Is Non Trucking Liability coverage required?****YES****NO****Limit: \$1,000,000****MOTOR CARRIER LEASED TO:** \_\_\_\_\_**DOT NUMBER:** \_\_\_\_\_

No Long Term LEASE AGREEMENT No Coverage. ONLY POWER UNITS SPECIFICALLY SCHEDULED FOR WHICH A PREMIUM IS PAID THAT ARE EITHER OWNED OR ON A SPECIFICALLY WRITTEN LONG TERM LEASE (EXCESS OF 30 DAYS) WITH A MOTOR CARRIER THAT HAS AN ACTIVE MOTOR CARRIER (MC#) ON FILE WITH THE FEDERAL SAFETY ADMINISTRATION WITH A CURRENT ACTIVE MCS 90 ON FILE ARE ELIGIBLE FOR COVERAGE. NO EXCEPTIONS. LEASE AGREEMENTS FOR TERMS OF 29 DAYS OR LESS, WHICH INCLUDES "TRIP LEASING" ARE SPECIFICALLY EXCLUDED FROM ANY AND ALL COVERAGE.

**AUTO PHYSICAL DAMAGE****Is Physical Damage coverage required?****YES****NO****TOWING & CLEANUP LIMIT****\$5,000****\$10,000****\$20,000****\$25,000****Deductible Required****\$1,000****\$2,500****\$5,000****Automobile Physical Damage Loss Record:**

	Number of Claims	Amount Paid	Amount O/S
Current Year			
1st Prior			
2nd Prior			

**Is vehicle(s) owner-driven?****Yes****No****If more than one vehicle covered, what is the estimated maximum possible terminal loss? \$** \_\_\_\_\_**Will you ever use hired equipment?****Yes****No****Will any equipment ever be loaned or rented to others?****Yes****No****Is equipment regularly inspected/serviced?****Yes****No**



Any of the following commodity types hauled or Exposures as Identified? :

<b>1. Hazardous, Toxic,</b>	<b>Yes</b>	<b>No</b>
<b>2. Medical - Blood or Tissue,</b>	<b>Yes</b>	<b>No</b>
<b>3. Autos, Boats, RVs, Mobile</b>	<b>Yes</b>	<b>No</b>
<b>4. Oil, Coal, Gas, or Fracking</b>	<b>Yes</b>	<b>No</b>
<b>5. Any specialized Delivery?</b>	<b>Yes</b>	<b>No</b>
<b>6. Crane Attached?</b>	<b>Yes</b>	<b>No</b>
<b>7. Escorted Loads?</b>	<b>Yes</b>	<b>No</b>
<b>8. Oversize or Overweight</b>	<b>Yes</b>	<b>No</b>
<b>9. Precious Stones or Metals</b>	<b>Yes</b>	<b>No</b>

*Explain if Yes:*

---

---

---

---

---

---

**10. Tabacco, Tabacco**

**Products or Liquor?**      **Yes**      **No**

*If Yes (liquor/tobacco) then checkmark any of the below that apply*

**10a. Alarm System for the transport?**

**10b. Tracking System on the Products?**

**10c. Check IF Not Any Product Advertisement on Transport Units**

**Declaration**

**Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. I/We hereby declare that the statements and particulars given on this form are true to the best of my/our knowledge and belief and that I/we have not suppressed, withheld or modified any material fact(s). I/We agree that should a policy be issued, this form INCLUDING THE DRIVER EXCLUSIONS AS PER QUESTION 12 shall be the basis of the contract, and that any change in the pattern of my/our trade or trade practices shall be advised to the Underwriters as soon as possible who may, at their discretion, vary the terms and conditions of the contract.**

**Signed:** \_\_\_\_\_

**Dated:** \_\_\_\_\_

**Position:** \_\_\_\_\_