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**COMMERCIAL AUTO
 TRUCKING APPLICATION
 (LONG OR SHORT HAUL)**

A. GENERAL INFORMATION

Proposed effective date: _____

Business name: _____ (DBA) _____

Applicant's name: _____

Business mailing address: _____

City: _____ State: _____ Zip: _____

E-mail: _____ County: _____

Business telephone number: _____ Fax: _____

Applicant is: Individual Corporation Partnership Joint Venture Other: _____

Is this a new business? Yes No What year was the business established? _____

Please list any other names the business is or has been known by: _____

Federal ID # _____ **US DOT #** _____

Primary garaging physical address (if different): _____

City: _____ State: _____ Zip: _____

Other locations used:

(2) Garaging physical address: _____

City: _____ State: _____ Zip: _____

Description of business operations: _____

Does the applicant or its owners, officers or employees have any ownership interest in any other business entity that engages in commercial auto operations? Yes No

If yes, please provide details: _____

Please provide any related businesses, authorities, this includes common ownership, associated entities, etc.

Business Name	US DOT #	Details

B. PRIMARY CONTACTS

Please provide any **owners, managers or risk managers** that would need to be contacted. Include all employees dealing with loss control, safety inspections or daily business operations.

	Name	Position/Title	Responsibilities	Contact # and Email (Please include cell #)
1.				
2.				
3.				

Please list any trusted advisors of the business, this can include industry advisors or legal advisors: _____

C. INSURANCE HISTORY

Who is your current insurance carrier (or your last if no current provider)? _____

Have you ever been cancelled or non-renewed from any carrier? Yes No

Provide names for all insurance companies that have provided applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$
Limits of Liability	\$	\$	\$

Has the applicant or any predecessor ever had a claim? Yes No

Have you had any incident, event, occurrence, loss, or wrongful act which might give rise to a claim covered by this policy, prior to the inception of this policy? Yes No

If yes, please explain: _____

Has the applicant, or anyone on the applicant's behalf, attempted to place this risk in standard markets? Yes No

If the standard markets are declining placement, please explain why: _____

D. DESIRED INSURANCE

Per Person/Per Act/Property Damage		CSL	
<input type="checkbox"/>	\$100,000/\$250,000/\$100,000	<input type="checkbox"/>	\$300,000
<input type="checkbox"/>	\$250,000/\$500,000/\$250,000	<input type="checkbox"/>	\$500,000
<input type="checkbox"/>	\$500,000/\$1,000,000/\$500,000	<input type="checkbox"/>	\$1,000,000
<input type="checkbox"/>	\$ _____ / _____ / _____	<input type="checkbox"/>	\$ _____

Self-Insured Retention (SIR): \$1,000 (Minimum) \$2,500 \$5,000 \$10,000 Other: \$ _____

Uninsured/Underinsured Motorists: Yes No Statutory Limits \$ _____

Personal Injury Protection (PIP) – no fault- Yes No Statutory Limits \$ _____

Physical Damage Coverage: (please pick one of the two options)

Specified Perils Comprehensive* Collision

**Comprehensive may not be available in all markets*

Trailer Interchange Limit per non-owned trailer: _____

Physical Damage Deductible: \$1,000 (Minimum) \$2,500 \$5,000 Other: \$ _____

Motor Truck Cargo Coverage Limit on a per truck/tractor basis: _____

Motor Truck Cargo Deductible: \$1000 \$2,500 \$5,000 \$10,000 Other: \$ _____

E. BUSINESS OPERATIONS

1. Type of operation: For Hire (common/contract) Private Broker

2. Commodity (check and complete all that apply)

Hazardous Materials requiring \$1,000,000 or less

Hazardous Materials requiring Liability limits more than \$1,000,000

Commodity	% of Loads	Max Value

3. Unit Count, Revenue and Mileage

	Units	Total Revenue	Total Mileage
Next 12 months			
Current Year			
1 st Prior Year			
2 nd Prior Year			
3 rd Prior Year			
4 th Prior Year			

4. What is the maximum radius of your operation?
 0–50 miles: _____% 51–100 miles: _____% 101–200 miles: _____% 201+ miles: _____%
 Longest Trip one way: _____
5. To what cities do you travel? _____

6. Do you operate in more than one state? Yes No
 If yes, what are the other states? _____

7. Are your vehicles registered and plated in the primary location? Yes No
 if no, please explain _____
8. Are your vehicles under the International Registration Plan (IRP) Yes No
 If yes, what state are your IRP plates issued from? _____
9. Do you perform your own auto mechanical repair and maintenance service for all owned autos?
 Yes (provide address, phone, fax, e-mail, and name of manager) _____
 No (provide name of company (or companies) you have contracted to provide repair and maintenance for all owned autos) _____
10. Do you operate under anyone else's permit or authority? Yes No
 If yes, explain: _____

11. Equipment Overview

TYPE OF EQUIPMENT	# OWNED	# OWNER/OPERATORS	TOTAL # OF UNITS
Tractors			
Heavy Trucks			
Medium Trucks			
Light Trucks/Vans			
Service Units			
Trailers			
Non-Owned Trailers			

State or Federal Filings Needed

- Do you have Interstate Commerce Commission (ICC) authority? Yes No
 If yes, what is the ICC Docket Number? _____
- MCS 90(liability proof) BMC – 34 (Cargo proof) State Form H (Cargo proof)
 BMC 91x (federal liability proof) State Form E (liability proof)
 List any that have not been listed above: _____
- Does the insured have any contract requirements? (If yes, please attach a copy) Yes No
 Does the insured have any Additional Insureds, Waiver of Subrogation, or Primary Noncontributory requirements? If yes, please provide a schedule outlining what is needed per certificate Yes No

F. RISK MANAGEMENT

For the following items: Please check off and submit with your application

- 5 year claims history and incident report – include details for all shock losses
 - 4 quarters of IFTA reports or ELD data; please outline if IFTA miles includes/excludes O/O
 - Complete Vehicle schedule including Year, Make, Model, VIN, GVW, Type, and ACV
*provide in EXCEL over 5 vehicles
 - Complete Driver schedule *provide in EXCEL over 5 drivers
 - Maintenance and Service Guidelines
 - Driver Hiring requirements, disciplinary actions, rewards, etc.
 - Loss Mitigation techniques
 - SAFER Improvements – address all items over SAFER thresholds and Investigations
 - Safety standards – include all pre/post driver inspections, employee education meetings, etc.
1. Does your company have a position whose job description provides risk management or loss control, performs safety inspections, or engineering services? Yes No
 If yes, please provide:
 Employee name: _____ Years with company: # _____
 E-mail: _____ Business telephone: _____
 Employee’s specific responsibilities: _____

2. Do you broker any loads to other carriers or sub-haulers? Yes No
 If yes, please include these owner/operators or contract operators on your vehicle list.
3. Are there any owner/operators or contract operators leased on with your company? Yes No
4. Do any owner/operators you contract with operate under any other companies DOT filing throughout a valid contract under your authority? Yes No
5. Do you require or have owner/operators that provide their own trucking insurance? Yes No
6. Do owner/operators have their own IRP or do they maintain plates under your company? Yes No
7. Who is responsible for reporting IFTA miles? Carrier Owner/Operator Other: _____
8. Do you utilize DOT Pre-Employment Screening Program (PSP) for new hires? Yes No
 If not, what method of pre-screening do you use? _____
9. Do you have a designated employee or electronic system that notifies you of the status of a driver CDL medical certificate? Yes No
10. Do you have an Electronic Log Book (ELD) system installed in each vehicle? Yes No
11. Are your vehicles equipped with any telematics such as GPS, cameras, etc.? Yes No
 If yes, please provide more details _____
12. Do you have any speed control measures on each vehicle? Yes No

If yes, please explain in detail (please provide an additional page if necessary):

13. Commodity hauling of refrigerated items:

a. Do you keep logs for scheduled maintenance on cooling units? Yes No

b. How often are cooling units inspected? _____

14. Describe your hiring standards for drivers, please include a copy. _____

15. Are drivers required to complete a signed and dated inspection report form, identifying the condition of the auto at the end of each shift during a 24-hour period? Yes No

If yes, please provide a sample of the form used.

If no, would you be willing to affect such a program? Yes No

16. Does the company check references on driver applications? Yes No

If no, would the company affect such a procedure as a provision to obtain the insurance? Yes No

DRIVER SCHEDULE

An electronic list is mandatory for lists that exceed five drivers. Driver information must be submitted and accepted by insurer and appropriate charge must be paid for coverage to apply.

For each driver, complete the following and attach a copy of the driver's MVR and license.

Driver # _____ Driver name: _____

Address: _____ City: _____ State: ____ Zip: _____

Home phone: _____ Cell phone: _____ E-mail: _____

SEX (M/F)	DATE OF BIRTH	YRS EXP	DRIVER'S LICENSE NUMBER	STATE LIC	DATE HIRED	CDL (YEARS)

Violations/accidents/claims: _____

Driver # _____ Driver name: _____

Address: _____ City: _____ State: ____ Zip: _____

Home phone: _____ Cell phone: _____ E-mail: _____

SEX (M/F)	DATE OF BIRTH	YRS EXP	DRIVER'S LICENSE NUMBER	STATE LIC	DATE HIRED	CDL (YEARS)

Violations/accidents/claims: _____

Driver # _____ Driver name: _____

Address: _____ City: _____ State: ____ Zip: _____

Home phone: _____ Cell phone: _____ E-mail: _____

SEX (M/F)	DATE OF BIRTH	YRS EXP	DRIVER'S LICENSE NUMBER	STATE LIC	DATE HIRED	CDL (YEARS)

Violations/accidents/claims: _____

Driver # _____ Driver name: _____

Address: _____ City: _____ State: ____ Zip: _____

Home phone: _____ Cell phone: _____ E-mail: _____

SEX (M/F)	DATE OF BIRTH	YRS EXP	DRIVER'S LICENSE NUMBER	STATE LIC	DATE HIRED	CDL (YEARS)

Violations/accidents/claims: _____

Driver # _____ Driver name: _____

Address: _____ City: _____ State: ____ Zip: _____

Home phone: _____ Cell phone: _____ E-mail: _____

SEX (M/F)	DATE OF BIRTH	YRS EXP	DRIVER'S LICENSE NUMBER	STATE LIC	DATE HIRED	CDL (YEARS)

Violations/accidents/claims: _____

If any driver(s) should be specifically excluded from the policy, please attach a separate list.

Vehicle Schedule

An electronic list is mandatory for lists that exceed five vehicles. Vehicle information must be submitted and accepted by insurer and appropriate charge must be paid for coverage to apply.

Vehicle #	VIN					
	Year		Make		Model	
	Type		License state		Radius	
	Actual Cash Value			GVW/GCW		
	On Hook			Cargo		
	Garaging location					

Vehicle #	VIN					
	Year		Make		Model	
	Type		License state		Radius	
	Actual Cash Value			GVW/GCW		
	On Hook			Cargo		
	Garaging location					

Vehicle #	VIN					
	Year		Make		Model	
	Type		License state		Radius	
	Actual Cash Value			GVW/GCW		
	On Hook			Cargo		
	Garaging location					

Vehicle #	VIN					
	Year		Make		Model	
	Type		License state		Radius	
	Actual Cash Value			GVW/GCW		
	On Hook			Cargo		
	Garaging location					

Vehicle #	VIN					
	Year		Make		Model	
	Type		License state		Radius	
	Actual Cash Value			GVW/GCW		
	On Hook			Cargo		
	Garaging location					

REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

Dated: _____ Dated: _____

Applicant: _____ Agent/Broker: _____

Signature Signature

Print Name Print Name