Hull & Company/Atlanta
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MOTOR CARRIER APPLICATION

Name of Applicant: _____
D/B/A: _____
Mailing Address: _____
_____
Garaging Address: _____
_____
Phone Number: _____
DOT No.: _____
Loss Control contact name and telephone number:
_____
E-mail Address: _____
Insured Website: _____

Agent Name: _____
Producer: _____
Phone No.*: _____
Address: _____
_____
Agent No.: _____
*Required on Fleets to assist Loss Control

PROPOSED EFFECTIVE DATE:
From _____ **To** _____
12:01 A.M., Standard Time, at the mailing address of the Applicant.

PLEASE ANSWER ALL QUESTIONS

DESCRIPTION OF OPERATIONS

1. **Applicant is:** ☐ Individual ☐ Partnership ☐ Corporation ☐ LLC ☐ Other: _____

2. **How long has this operation been in business?** _____ **Years trucking management experience:** _____

3. **Any other business currently owned or operated by the insured currently or in the past five years?** ..... ☐ Yes ☐ No
   If yes, provide name and description of operations: _____
   _____

4. **Has there been any change in operations, ownership, management, or name during the last five years?** ..... ☐ Yes ☐ No
   If yes, provide details: _____

5. **Radius of operations:**
   ☐ 0-100 mi.: _____% ☐ 101-300 mi.: _____% ☐ 301-500 mi.: _____% ☐ Over 500 mi.: _____%

If more than 500 miles, approximately what percent of your miles will you travel to or through these four zones:			
ZONE 1: CA, NV, OR, WA	**ZONE 2:** AZ, CO, IA, ID, IL, IN, KS, MI, MN, MO, MT, ND, NE, NM, OH, SD, UT, WI, WY	**ZONE 3:** AL, AR, FL, GA, KY, LA, MS, NC, OK, PA, SC, TN, TX, VA, WV	**ZONE 4:** CT, DE, MA, MD, ME, NH, NJ, NY, RI, VT
%	%	%	%

6. **Are filings required?** ..... ☐ Yes ☐ No
   If yes, provide list: _____

7. **Are any vehicles owned, operated or leased that are not included in the vehicle schedule?** ..... ☐ Yes ☐ No
   If yes, provide details: _____

8. **Do you have motor carrier brokerage authority?** ☐ Yes ☐ No
   If yes, in what name? _____ and under what DOT number? _____
   What name appears on the bill of lading as the carrier? _____
   Brokerage revenue for the last twelve (12) months: _____
   Estimated brokerage revenue next twelve (12) months: _____

9. **Do you have a signed trailer interchange agreement?** (If yes, provide copy of agreement) ☐ Yes ☐ No

10. **Are any vehicles or equipment loaned, rented, or leased to others?** (If yes, provide copy of agreement) ☐ Yes ☐ No
    Are these units scheduled on this policy? ☐ Yes ☐ No

11. **Do you use owner/operators?** ☐ Yes ☐ No
    If yes, are they scheduled on the policy? ☐ Yes ☐ No

12. **Do you use sub-haulers?** (If yes, provide copy of sub-haul agreement) ☐ Yes ☐ No

13. **Do you hire, rent, or borrow any vehicles from others?** ☐ Yes ☐ No
    If yes, will they be scheduled on the policy? ☐ Yes ☐ No
    What is the average term of the lease? _____
    Provide your annual cost to lease, hire, rent, or borrow vehicles:
    With drivers $_____ Without drivers $_____

14. **Do you use double trailers?** ☐ Yes ☐ No **Do you use triple trailers?** ☐ Yes ☐ No

15. **Are passengers allowed?** ☐ Yes ☐ No
    If yes, what controls are in place? _____
    If yes, what is the frequency of passengers? _____

COMMODITIES HAULED

Commodity	Percentage (%) of Loads	Average Value	Maximum Value

16. **Are hazardous materials or hazardous waste hauled?** (If yes, provide details in table above) ☐ Yes ☐ No
    If yes, do you require a $1 million ($1.2 million in CA) or $5 million filing? ☐ $1 million ☐ $5 million

DRIVER INFORMATION

17. **Criteria for hiring drivers:** Minimum age: _____ Minimum years of experience: _____
    Describe your MVR standards: _____
    Do you use PSP (Pre-Employment Screening Program) in your hiring process? ☐ Yes ☐ No
    * Note: If operating in this name less than two years, Driver Employment Histories are required for all drivers (Form ADM 1003).

18. **The driver list provided includes drivers of all vehicles requested to be covered under the policy including employees, leased employees, mechanics, family members, as well as any other person allowed to drive an insured vehicle. I agree to notify my agent of any additional drivers before they are allowed to drive an insured vehicle.** ☐ Yes ☐ No

19. List below all drivers employed as of the proposed effective date:

Driver's Name	Date of Birth	Driver's License No.	State	No. of Years Driving Similar Vehicle	Date of Hire	List Past Three Years of Accidents and Traffic Violations

INSURANCE AND LOSS HISTORY

20. Have you had any insurance canceled, declined or non-renewed or filed bankruptcy in the last three years? (Not applicable in Missouri)..... ☐ Yes ☐ No

If yes, explain: _____

_____

21. Provide loss history for prior five years:

Policy Period	Prior Carrier	Policy No.	No. of Units Insured	No. of Losses	Liability Losses Paid/Open	Phys. Dam. Losses Paid/Open	Cargo Losses Paid/Open

OPERATION HISTORY

22. Provide prior three years, current and projected business history:

Year	Gross Receipts	Mileage	Number of Power Units
Current Year			
Projected for Coming Year			

SCHEDULE OF COVERED AUTOS

23. Provide autos to be scheduled on policy:

No.	Year	Make/ Model	VIN No. (17 Digits)	GVW/ GCW	Stated Value	Radius	Owner's Name	Trailer Type*
					$			
					$			
					$			
					$			

***Trailer Types: Car Carrier-CC, Container-CO, Dump Belly-DB, Dump End-DE, Flat Bed-FB, Hopper/Grain-HP, Livestock-LV, Log-LG Mobile/Modular Homes-MH, Tank, Dry Bulk/Pneumatic-TD, Tank, Liquid-TL, Van, Dry-VD, Van, Reefer-VR**

LIENHOLDER INFORMATION

No.	Name	Address	City	State	Zip Code

24. Does equipment have safety features such as Collision Avoidance Systems, Lane Departure Warning, GPS, Advance Stability Equipment, Brake Monitoring, etc.? ☐ Yes ☐ No

If yes, describe: _____

LIMIT AND COVERAGE INFORMATION

25. Liability: Combined Single Limits $_____

26. Non-Trucking: $_____ **Leased to:** _____

27. Hired Auto: Cost of Hire: $_____ **(Hired auto coverage is subject to audit)**

28. Hired Auto Physical Damage Limit: $_____ **Deductible:** $_____

29. Non-owned Auto: Number of Employees: _____ **(Non-owned auto coverage is subject to audit)**

30. Uninsured Motorist: ☐ Rejected ☐ Limits Accepted: $_____

31. Underinsured Motorist: ☐ Rejected ☐ Limits Accepted: $_____

(Complete appropriate state UM/UIM Selection/Rejection Form)

32. Mandatory no-fault state: (Complete appropriate Personal Injury Protection Selection/Rejection Form.)

PIP basic limits accepted? ☐ Yes ☐ No

33. Optional no-fault state: PIP rejected? ☐ Yes ☐ No

34. Medical Payments: ☐ Rejected ☐ Limits Accepted: $_____

35. Trailer Interchange: Limit: $_____ Deductible: $_____ No. of Trailer Days: _____

36. Deductibles: ☐ Comp. $_____ ☐ SCOL $_____ ☐ Coll. $_____

37. Cargo: Limit: $_____ Deductible: $_____

Check all boxes that apply if coverage desired while hauling these commodities:

☐ Copper ☐ Aluminum ☐ Autos ☐ Mobile Homes ☐ Reefer Breakdown ☐ Spoilage ☐ Owned Goods

38. Policy Type:

☐ Scheduled Unit ☐ Reporting Form basis: Per Power Unit ☐ Receipts ☐ Mileage

This application does not bind YOU or US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

California Notice And Disclosure: Please note a policy fee of $150 applies to NEW business policies only. This policy fee is fully earned at policy inception.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 and subjects such person to criminal and civil penalties. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an

insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NEW YORK AUTOMOBILE FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

IOWA LICENSED AGENT: _____
(Applicable in Iowa Only)

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable in Florida Agents Only)

IMPORTANT NOTICE

As part of the underwriting procedure, a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.