



TRUCKING COMMERCIAL APPLICATION

Date: _____ Agent: _____

Insured Name: _____

Insured Address: _____

If the insured has multiple locations, please list all others: _____

Complete Garaging Address: _____

Insured Email: _____ FEIN/SS # _____

Insured Phone Number: _____ Effective Date: _____

Liability Limits: _____ UM/UIM Limits: _____ PIP/Med Pay Limits: _____

Additional Insured: _____

Vehicle Information (attach additional sheets if necessary):

Year	Make	Type	VIN#	GVW	Radius	O/O?
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Are any owned vehicles not included on this application (Y/N)? _____

Driver Information (attach additional sheets if necessary):

Name	DOB	Yrs Experience (Same Type of Unit)	DL Number	License State
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do you require GL coverage? (Y/N) _____

Do you require Cargo Coverage? If yes, please fill out following section (Y/N) _____

Type of Cargo	Avg Value Per Load	Max Value Per Load	% Of Total Loads
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What are the limits required for Cargo? _____

How are vehicle(s) secured when unoccupied? _____

APPLICANT QUESTIONS

- 1) Who is the registered owner of the business? _____
 - If the registered owner is an entity, identify the partners in the case of a partnership, members in the case of a limited liability company and shareholders in the case of a corporation. _____

- 2) Do you require filings (Y/N)? _____ DOT #? _____ MC #? _____

- 3) Does your company conduct any business or travel outside the state of New Jersey (Y/N)? _____
- If so, identify all states in which your company does business or travels to. _____
- 4) How many TOTAL miles did your company vehicles travel in the past 12 months? _____
- How many TOTAL miles do you anticipate your company vehicles will travel in the next 12 months? _____
- 5) Does your company lease any vehicles greater than 30 days that is not specifically listed on vehicle schedule? If so, please provide the number and type of vehicles leased and the name of the lessor. _____
- 6) How many loads does each company vehicle deliver, on average, per day? _____
- 7) Do your company vehicles haul double/triple trailers and/or oversized loads? _____
- 8) Do you sub-contract with or use sub-haulers or leased operators (Y/N)? _____
- 9) Do you lease or hire out your vehicles out to anyone else (Y/N)? _____
- 10) Are you required by any contract(s) to maintain Hired and Non-Owned Auto Coverage (Y/N)? _____
- If so, identify each such contract. _____
- 11) What is your Company's Annual Payroll? _____
- 12) What is your Company's Annual Gross Revenue? _____
- 13) How many years has your company been in business? _____
- 14) Are any of your company vehicles insured by another insurance carrier for primary liability (Y/N)? _____
- 15) Does your company have a safety program for its drivers? If so, set forth how many hours of safety training each driver is required to attend per year. _____
- 16) Do you have plans to increase the number of vehicles owned by your company within the next year (Y/N)? _____

- 17) Do you have plans to increase the number of vehicles operated by your company within the next year (Y/N)? _____
- 18) Has the applicant ever done business under a different name? If so, please list the company name(s). _____
- 19) Has the applicant ever operated under a different DOT or MC #? If so, please list the DOT/MC#(s) _____
- 20) With what company or customer is your largest contract? What is the annual gross revenue from this contract? _____
- 21) Are placards or Safety Data Sheets ever required for any vehicle your company operates (Y/N)? _____
- 22) Describe the types of commodities or materials that your company will be hauling ("General Freight and Dry Freight" are not acceptable responses) _____
- 23) Are all vehicle(s) exclusively garaged/parked in NJ (Y/N)? _____
- 24) Do you pickup or deliver to the 5 boroughs in New York (Y/N)? If yes, please state % or number of loads per week _____
- 25) Do you haul intermodal containers (Y/N)? _____
- 26) Do you haul tanker-trailers (Y/N)? _____
- 27) Do you haul flatbed trailers (Y/N)? _____ If so, are they oversize/overweight or require a Moffett (Y/N)? _____
- 28) Are all vehicles used in your operation equipped with Electronic Log Devices or ELDs (Y/N)? _____ ELD Provider? _____
- 29) Applicant enrolled in drug/alcohol consortium CDL drivers to FMCSA drug and alcohol clearinghouse (Y/N)? _____

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

I hereby certify that the information contained in this application is true and agree that a misrepresentation of any of the facts by me will constitute reason for the Company to void or cancel any policy issued on the basis of this application and will hold the Company harmless for the action taken.

INSURED ACKNOWLEDGES THAT IF THEY CANCEL THE POLICY PER THEIR REQUEST OR DUE TO NON-PAYMENT OF PREMIUM THAT ANY REFUND/RETURN PREMIUM MAY BE LESS THAN PRO RATA.

Applicant Signature

Date

Producer Signature

Date