

## TRUCKING APPLICATION

**This is an application for a Claims-Made policy. Coverage is effective only upon company's approval. If more space is needed to answer questions, please attach additional information.**

Agency/named insured: \_\_\_\_\_ Policy number: \_\_\_\_\_

**1. Please provide the following information for your five largest trucking accounts by written premium.**

- a.** Name of Account: \_\_\_\_\_ Operation: \_\_\_\_\_  
Premium: \$ \_\_\_\_\_ Carrier: \_\_\_\_\_  
Length of Time Written: \_\_\_\_\_ Years Lines of Business Written: \_\_\_\_\_  
USDOT# \_\_\_\_\_ or NC/MX# \_\_\_\_\_.
- b.** Name of Account: \_\_\_\_\_ Operation: \_\_\_\_\_  
Premium: \$ \_\_\_\_\_ Carrier: \_\_\_\_\_  
Length of Time Written: \_\_\_\_\_ Years Lines of Business Written: \_\_\_\_\_  
USDOT# \_\_\_\_\_ or NC/MX# \_\_\_\_\_.
- c.** Name of Account: \_\_\_\_\_ Operation: \_\_\_\_\_  
Premium: \$ \_\_\_\_\_ Carrier: \_\_\_\_\_  
Length of Time Written: \_\_\_\_\_ Years Lines of Business Written: \_\_\_\_\_  
USDOT# \_\_\_\_\_ or NC/MX# \_\_\_\_\_.
- d.** Name of Account: \_\_\_\_\_ Operation: \_\_\_\_\_  
Premium: \$ \_\_\_\_\_ Carrier: \_\_\_\_\_  
Length of Time Written: \_\_\_\_\_ Years Lines of Business Written: \_\_\_\_\_  
USDOT# \_\_\_\_\_ or NC/MX# \_\_\_\_\_.
- e.** Name of Account: \_\_\_\_\_ Operation: \_\_\_\_\_  
Premium: \$ \_\_\_\_\_ Carrier: \_\_\_\_\_  
Length of Time Written: \_\_\_\_\_ Years Lines of Business Written: \_\_\_\_\_  
USDOT# \_\_\_\_\_ or NC/MX# \_\_\_\_\_.

**2.** Total premium from long haul trucking (greater than 250 mile radius, as defined by ISO): \$ \_\_\_\_\_

- 3. a.** What percentage of your trucking book is owner operated fleet? \_\_\_\_\_ %  
**b.** What percentages of risks are using independent contractors? \_\_\_\_\_ %

**4. Please identify the wholesalers/brokers and/or carriers with whom you place this business and whether you have binding authority.**

Carrier		Binding Authority
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

5. Please provide the name(s) of each of the individuals and their number of years of experience in handling trucking business.

Names	Years of Experience	Names	Years of Experience

6. a. Percent of trucking business received direct from insured? \_\_\_\_\_ %  
b. Percent of business received from other brokers? \_\_\_\_\_ %
7. Do you check the Safer website to review trucking exposures? ☐ Yes ☐ No  
(<https://safer.fmcsa.dot.gov/CompanySnapshot.aspx>)  
If no, explain: \_\_\_\_\_
8. Is umbrella or excess offered on every trucking risk? ☐ Yes ☐ No  
If no, explain: \_\_\_\_\_

#### Fraud Warnings:

**Applicable in AL, AR, LA, MD, NM, RI and WV:** Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or 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. \*Applies in MD Only.

**Applicable in CA:** For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Applicable in CO:** 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

**Applicable in DC:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Applicable in FL and OK:** 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)\*. \*Applies in FL Only.

**Applicable in KS:** 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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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.

**Applicable in KY, OH and PA:** 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.

**Applicable in ME, TN, VA and WA:** 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 and denial of insurance benefits. \*Applies in ME Only.

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

**Applicable in OR:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**Applicable in NY: Applicable to all claim forms for insurance and all applications for commercial insurance and accident and health insurance:** 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Applicable in NY: Applicable to all applications and claim forms for automobile insurance:** 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.

**All Other States:** 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 materially false information may be guilty of a criminal offense and may be subject to fines and confinement in prison, and denial of insurance benefits.

**This supplemental application must be signed by the owner (if the agency is a sole proprietorship), a duly authorized officer (if the agency is a corporation), or a partner (if the agency is a partnership). Carbon or stamped signatures are not acceptable.**

I/We HEREBY DECLARE that the above statements and particulars are true to the best of my/our knowledge and that I/we have not suppressed or misstated any facts, and I/we agree that this application shall be the basis of the coverage issued by the company providing this insurance, and shall be deemed part of the policy. It is also acknowledged that the applicant is obligated to report any changes in the information provided herein that occur after the date of signature but prior to the effective date of coverage.

Applicant's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Required in Iowa: Producer's Signature: \_\_\_\_\_ License Number: \_\_\_\_\_

