

TRUCKING APPLICATION

350 10th Avenue, Suite 1450 | San Diego, CA 92101 Submission should be emailed to <u>quotes@aligngeneral.com</u>

All questions must be answered completely. Unanswered questions are not acceptable. An incomplete application will be declined.

SUBMISSION REQUIREMENTS

- Completed Application.
 - o As a condition upon binding both the insured and producer must sign this application.
- Company loss runs including loss details on all claims in excess of \$25,000. Loss runs must be valued within 90 days of the coverage effective date.
 - 10 power units or less: 3 years of loss runs are required
 - o 11 power units or more: 5 years of loss runs are required
- Current MVR's for all drivers. MVR's must be valued within 90 days of the coverage effective date.
- ❖ If a fleet (11 power units or more), please include the following:
 - Current driver schedule in excel format
 - Current vehicle schedule in Excel format. Be sure to include year, make, model, complete VIN, garaging location, and current stated value.
- IFTA's for the last 4 quarters if risk is traveling out of state
- If applicable, current financial statements (income statement & balance sheet) for current year.

Need by Date:	Do you currently control this risk?	Yes No
☐ Corporation ☐ Partners	hip LLC OTHER:	
	FEIN #	
CITY	STATE	ZIP
CITY	STATE	ZIP
TXDMV #	Brokerage Authority?	☐ Yes ☐ No
: Ph	none: Email:	
Yea	ars in business with insurance:	
Estimate for u	upcoming year: \$	
EXPERIENCE		
datas Baliau Car	vorage # of Long Amount	Driver Involved in Loss
, ,	- I	Driver involved in Loss
	CITY CITY TXDMV # Estimate for understanding the control of the control o	Corporation Partnership LLC OTHER: FEIN # Telephone #

1.	Have you filed bankruptcy within the last 5 years?								
0	If yes, please explain:					l N.			
2.	<i>y y y y y y y y y y</i>					Yes] N0		
3.	If yes, please explain:				Yes [l No			
	If yes, please explain: _			•					,
4.	Have you been involved	-	, ,					☐ Yes ☐ No	
	If yes, please provide d	etails and	l advise if at fau	ult or not at fault	t				
5.	Have any accident(s)/cl	aims resi	ulted in litigation	n where you we	re required to provide	a statement	or depo	sition? Yes	☐ No
	If yes, please provide d	etails:							
•									
6.	Work history for the pas	st 5 years	including the n	name of any truc	cking firms where you	were covere	d under	their policy and	for how long.
П	Employer					Date From	<u> </u>	Date To	
TO C	COVERAGES (Note – Co	verages	offered may d	iffer from the r	equested coverage.)			
TO L	IABILITY Limit: \$								
	AY Limit: \$								
	1 Limit: \$			PIP Limit: \$					
	AUTO LIABILITY		Yes No		\$ <u> </u>				
	WNED AUTO LIABILITY				mployees:				
	AUTO PHYSICAL DAMA				пртоуосо.		_		
	TIBLES: Comp \$						n ¢		
						Collisio	п Ф		
	WNED TRAILER								
۱RGC) Limit: \$			Deductible: \$					
	(0				AULED AND PERCE		NOT		
	COMMODITY	w wescript	AVERAGE	MAX	Materials, General Fre		MOT ac	AVERAGE	MAX
	COMMODITI	/0	VALUE	VALUE	COMINIODI		/0	VALUE	VALUE
				<u>l</u>					
7.	Do you require terminal	-						Yes [No
0	If yes, please provide a	•							T Nia
8. 9.	Are vehicles left unlock Do you require refrigera			ne?				☐ Yes ☐ ☐ Yes ☐	」No]No
	. Are any trailers/contain		_					Yes [] No
,	,		- 5						_

RIVER INFORMATION					
FULL NAME	DOB	License Number	State	Date of Hire	# of Year Driving Similar Equipmen
***ALL ACCIDENTS SHOWN ON THE MVR WILL BE	CHARGED AS	AT-FAULT. UNLESS PR	ROOF OF NO	 DT-AT-FAULT IS F	PROVIDED.**
**If more space is needed, pl		·			
11. During the past year, how many drivers have you12. Which of the following is part of your driver screet			aced?		
- · · · · · · · · · · · · · · · · · · ·	ground Check		nployment D	rua Test	
MVR Check Road	-		nce Checks	9	
Interview by Management Enro	lled in Pull Notice	Program			
13. Do all drivers have at least 3 years of like driving	experience?			☐ Yes ☐	Πo
14. Maximum number of driving violations allowed w	vithin the last 3 year	ars:			
15. Maximum number of accidents allowed within the	e last 3 years:				
16. Are all drivers/employees covered by Worker's C	•			☐ Yes ☐] No
17. Do you have a Written Safety Program in place?					
18. Do you have a Driver Safety Incentive plan in pla				∐ Yes L	No
19. Are accident investigation & review procedures,	•	maintained?		∐ Yes L] No
20. Do the review procedures include driver disciplir If yes, please explain:	ary procedures?			∐ Yes L	」No
21. Do you allow passengers other than company en	mployees?			☐ Yes [□No
If yes, attach a copy of passenger program or e	ynlain nrogram (f	requency requirements	otc .		

VEHICLE INFORMATION

YEAR	MAKE	VIN	GVW	STATED VALUE	TRAILER TYPE (Tanker, Semi, Van, etc)

If more space is needed, please attach the vehicle schedule separately in excel format

Unit#	Al: Addt'l Ins'd LP: Loss Payee	Name	Add	dress		
		If more space is need	led, please attach a separate list			
22.			erated by the applicant for the past 3 ye			
23		ear: Current y st year:		year		
		where vehicles are parked at night			_	
	☐ Fenced ☐	Gated Lights Came		☐ Guard Dogs	_	
		ake vehicles home at night?		☐ Yes	∐ No	
	Do you service your ow		If no, who does?	Yes	No	
21.		ten vehicle inspection and maintena	ance program?		∐ No	
28.	Are vehicles equipped v	with any of the following: (GPS) Governors E-log		☐ Anti-lock brake	-	
00		· , — —	gs			
	If yes, explain:	prrow vehicles from others?		☐ Yes	_ N0	
30.	-	or loan your vehicles to others?		☐ Yes	□No	
31.		perators" to pull trailers owned by yo		☐ Yes	No	
	•	s an additional insured?		☐ Yes	□No	
20	-	being utilized by others:	_			
32.	Do you operate in more If yes, list states:			☐ Yes	∐ No	
33.	Do you operate over a r			□Yes	_ No	
	• •	vn and operate scheduled on the po	olicy?		□ No	
35.	Are all scheduled units	registered to the named insured?	•	☐ Yes	☐ No	
	If not registered to the named insured, please explain:					
OPERA	TIONS INFORMATION					
36.	Radius of operations:	0 – 100 miles % 10°	I – 300 miles% 301 - 500 miles _	% 501+ Miles	%	
37.	Operating Territory: Per		ural% Percent Night			
-		pm and 5am? Yes No	,, , , , , , , , , , , , , , , , , , ,			
	, ,	st contracts and their percentage of	VOUR REVENUE			
00.		,				
	·		%			
40.	· ·	ities you will be operating within:				
	1		4		_	
	2.		5		_	
	3.		6		_	
41.	Do you haul containeriz	ed freight?		☐ Yes	□No	
	•	the Uniform Intermodal Interchange	e Endorsement (UIIE)?	☐ Yes	☐ No	

42.	Will you haul commodities on flatbed trailers? If yes, what percentage of commodities is ha	☐ Yes ☐ No %			
	Do you haul coiled steel, rolls, pipes, logs or lf yes, please list which you haul and percen	☐ Yes ☐ No			
43	Are any of your operations seasonal?	nages of each	☐ Yes ☐ No		
44.		iling of hazardous materials?	☐ Yes ☐ No		
45.	Do you pull double trailers? Yes No	_	_		
	Do you haul any oversized or overweight load If yes, explain:	•	☐ Yes ☐ No		
47.	Do you utilize any pilot cars and/or escort veh If yes, explain:	nicles?	☐ Yes ☐ No		
48	Do you haul any liquid material? Yes	No If yes explain:			
49.	Do you haul your own cargo exclusively?				
	Do you use sub-haulers and/or owner operator				
50.	If yes, what %: Cos		,		
	Are certificates of insurance require	red?	☐ Yes ☐ No		
	If yes, what is the minimum liability	y limit required?			
	Is the Applicant named as an Add	•	 ☐ Yes ☐ No		
	Is there a Hold Harmless agreeme				
	is there a note nathliess agreeme	ent in place?	☐ Yes ☐ No		
GENE	RAL LIABILITY COVERAGE				
Products Personal Each Oc Fire Dan Medical	Aggregate Limit (Other than Products-Complete-Completed Operations: I & Advertising Injury Limit: currence Limit: nage Limit: Expense Limit: S Locations (if different than garaging location of	EXCLUD \$1,000,00 \$1,000,00 \$100,000 \$2,000	ED 00 00		
#	Complete Addre		Describe Function		
1					
2					
3					
lon-driv	er Payroll for Each Location:				
#	Dispatcher(s)	All Other Clerical	All Other Non-Driver, Non-Clerical		
1					
2					
3					
51.	Does the insured have any operations other t Storage of goods of others (warehousing)?	han trucking, such as:	☐ Yes ☐ No		
	Storage of vehicles of others?				
	Space leased to others?				
	Freight forwarding or consolidation for others?				
	Any other non-trucking operations?				
	If yes, please describe:Any mobile equipment (i.e. snowplows, forklifts, cranes, cherry pickers, yard goats, etc)? Yes No If yes, please describe:				

effective until accepted by the Company. I/We certify that the about	ce coverages indicated above. I/We understand that this insurance will not become ove statements are true and that my/our policy will be issued based on this s or implied obligation on the part of the company or its' manager to offer a
	ce company or other person, files an application for insurance containing any ding information concerning any fact thereto, commits a fraudulent insurance act, alties.
	a are true and correct. It is further understood that the representations in this relying upon the truthfulness of the statements in making the decision to accept VOID THE POLICY .
Signature of Insured	Date
By signing this application, you are representing that you ha reflect the insured's operations.	ve reviewed this application with the insured and that the answers accurately
Signature of Producer	Date