



350 10th Avenue, Suite 1450
San Diego, CA 92101

Trucking application

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

Submission should be emailed to quotes@aligngeneral.com

Submission requirements

- Completed Application.
 - 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
 - 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.
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General information

Effective date _____ Need by date _____ Do you currently control this risk?
 Yes No

Applicant is: Individual Corporation Partnership LLC Other:
 Name: FEIN #
 DBA: Telephone #:
 Mailing address:
 Street City State Zip
 Garaging address:
 Street City State Zip
 DOT #: MC #: CA# Brokerage authority?
 Yes No

Loss control services contact person: Phone: Email:

Year business started: Years in business with insurance:
 Gross receipts last year: \$ Estimate for upcoming year: \$

Insurance history and loss experience

Prior carrier name	Eff dates From - to	Policy number	Coverage type	# of loss	Loss amount	Driver involved in loss

1. Have you filed bankruptcy within the last 5 years? Yes No
 If yes please explain

2. Have you ever had insurance of this type cancelled, declined, lapsed or non-renewed? Yes No
 If yes, please explain:

3. Have you ever had truck insurance under a different entity name? Yes No
 If yes please explain

4. Have you been involved in any accident(s)/claims in the last 3 years? Yes No
 If yes, please provide details and advise if at fault or not at fault.

5. Have any accident(s)/claims resulted in litigation where you were required to provide a statement or deposition? Yes No
 If yes, please provide details

6. Work history for the past 5 years including the name of any trucking firms where you were covered under their policy and for how long.

Employer	Date from	Date to

Auto coverages (note – coverages offered may differ from the requested coverage)

AUTO LIABILITY Limit: \$

MED PAY Limit: \$

UM/UIM Limit: \$

Hired auto liability Yes No Cost of hire: \$

Non-owned auto liability Yes No Number of employees:

Hired auto physical damage: Yes No Limit:\$

Deductibles: Comp \$ SCOL \$

Non-owned trailer Limit \$

Cargo Limit:\$ Deductible: \$

7. Do you require terminal coverage? Yes No

If yes, please provide address(es): Yes No

8. Are vehicles left unlocked when unattended? Yes No

9. Do you require refrigeration breakdown coverage? Yes No

10. Are any trailers/containers left loaded overnight? Yes No

Driver information

Full name	DOB	License number	State	Date of hire	# years driving similar equipment

All accidents shown on the mvr will be charged as at-fault, unless proof of not-at-fault is provided.

if more space is needed, please attach the driver schedule separately in excel format

11. During the past year, how many drivers have you Added? Replaced?

12. Which of the following is part of your driver screening/hiring process:

- Written application
- MVR check
- Interview by management
- Background check
- Road test
- Enrolled in pull notice program
- Pre-employment drug test
- Reference checks

13. Do all drivers have at least 3 years of like driving experience? Yes No
14. Maximum number of driving violations allowed within the last 3 years: Yes No
15. Maximum number of accidents allowed within the last 3 years: Yes No
16. Are all drivers/employees covered by Worker’s Compensation? Yes No
17. Do you have a Written Safety Program in place? Yes No
18. Do you have a Driver Safety Incentive plan in place? Yes No
19. Are accident investigation & review procedures, including records, maintained? Yes No
20. Do the review procedures include driver disciplinary procedures?
If yes, please explain Yes No
21. Do you allow passengers other than company employees?
If yes, attach a copy of passenger program or explain program (frequency, requirements) etc. Yes No

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 #	AI: Addt'l Ins'd LP: Loss payee	Name	Address

If more space is needed, please attach a separate list

22. Please provide the total number of vehicles owned and operated by the applicant for the past 3 years:

Estimate for coming year	Current year	1 st prior year
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23. Total annual mileage last year: _____ Estimate for upcoming year _____

24. Describe all lot security where vehicles are parked at night:

Fenced	Gated	Lights	Cameras	Security guard	Guard dog
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25. Are drivers allowed to take vehicles home at night? Yes No

26. Do you service your own vehicles? Yes No If no, who does? _____

27. Do you adhere to a written vehicle inspection and maintenance program? Yes No
If yes, describe or attach program: _____

28. Are vehicles equipped with any of the following:

Satellite tracking (GPS)	Governors	E-logs	Theft alarms	Cameras	Anti lock brakes
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29. Do you lease, hire or borrow vehicles from others? Yes No
If yes, explain _____

30. Do you lease, hire out or loan your vehicles to others? Yes No

31. Do you allow "owner-operators" to pull trailers owned by you? Yes No

If yes, are you listed as an additional insured? How many trailers are being utilized by others?	Yes	No
32. Do you operate in more than one state? If yes, list states	Yes	No
33. Do you operate over a regular route?	Yes	No
34. Are all units that you own and operate scheduled on the policy?	Yes	No
35. Are all scheduled units registered to the named insured? If not registered to the named insured, please explain:	Yes	No
Operations information		
36. Radius of operations		
0-100 miles	%	101-300 miles
		%
		301-500 miles
		%
		501+miles
		%
37. Operating Territory: Percent City	%	Percent Rural
		%
		Percent Night
		%
38. Any driving between 10pm and 5am?	Yes	No
39. Please list your 3 largest contracts and their percentage of your revenue.		
1.		%
2.		%
3.		%
40. Please list the largest cities you will be operating within		
1.		2.
3.		4.
5.		6.
41. Do you haul containerized freight?	Yes	No
If yes, will you require the Uniform Intermodal Interchange Endorsement (UIIE)?	Yes	No
42. Will you haul commodities on flatbed trailers?	Yes	No
If yes, what percentage of commodities is hauled on flatbeds:		%
Do you haul coiled steel, rolls, pipes, logs or beams	Yes	No
If yes, please list which you haul and percentages of each		
43. Are any of your operations seasonal?	Yes	No
44. Do you require filings associated with the hauling of hazardous materials?	Yes	No
45. Do you pull double trailers? Yes No Triple trailers? Yes No		
46. Do you haul any oversized or overweight loads? If yes, please explain:	Yes	No
47. Do you utilize any pilot cars and/or escort vehicles? If yes, explain:	Yes	No
48. Do you haul any liquid material?	Yes	No

If yes, explain

49. Do you haul your own cargo exclusively?
If not, who owns it?

50. Do you use sub-haulers and/or owner operators? (If no, please skip remaining questions) Yes No

If yes, what% Cost of hire:\$

Are certificates of insurance required? Yes No

If yes, what is the minimum liability limit required?

Is the Applicant named as an Additional Insured? Yes No

Is there a Hold Harmless agreement in place? Yes No

General liability coverage

General Aggregate Limit (Other than Products-Completed Operations) \$2,000,000

Products-Completed Operations: EXCLUDED

Personal & Advertising Injury Limit: \$1,000,000

Each Occurrence Limit: \$1,000,000

Fire Damage Limit: \$100,000

Medical Expense Limit: \$2,000

Business Locations (if different than garaging location on page one)

#	Complete address	Describe function
1		
2		
3		

Non-driver Payroll for Each Location:

#	Dispatchers(s)	All other clerical	All other non-driver, non-clerical
1			
2			
3			

51. Does the insured have any operations other than trucking, such as

Storage of goods of others (warehousing)? Yes No

Storage of vehicles of others? Yes No

Space leased to others? Yes No

Freight forwarding or consolidation for others? Yes No

Any other non-trucking operations? Yes No

If yes, please describe

Any mobile equipment (i.e. snowplows, forklifts, cranes, cherry pickers, yard goats, etc)? Yes No

If yes please describe

I/We hereby make an application to the Company for the insurance coverages indicated above. I/We understand that this insurance will not become effective until accepted by the Company. I/We certify that the above statements are true and that my/our policy will be issued based on this information. The completion of this application creates no express or implied obligation on the part of the company or its' manager to offer a quotation or provide insurance.

Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any materially false information or conceals for the purpose of misleading information concerning any fact thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

It is specifically represented that the statements in this application are true and correct. It is further understood that the representations in this application have been made to the Company and the Company is relying upon the truthfulness of the statements in making the decision to accept this risk. **Any misrepresentation of statements may void the policy**

Signature of insured

Date

By signing this application, you are representing that you have reviewed this application with the insured and that the answers accurately reflect the insured's operations.

Signature of producer

Date