

Non Trucking Liability Application

Agency: _____ Policy Effective Date _____
 Address: _____ Quote Needed by Date: _____

 Contact _____

GENERAL INFORMATION

Insured Name: _____
 Mailing Address: _____
Street City State Zip Code
 Insurance/Safety Director: _____
 Federal Tax ID# _____ DOT # _____ MC # _____

OWNERSHIP INFO

Name	Position/Title	# of Years	% Ownership

Number of years operating this business: _____ If new venture, number of years experience: _____

Name of Authorized Carrier to whom equipment is permanently leased: _____

In the past 3 years, have you ever had insurance for this type of operation cancelled, declined or renewal refused? _____
 If yes, please explain: _____

POLICY INFORMATION

Description of Operations:	
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Plant/Warehouse Locations			
Common Destination Cities/States			
Radius of operation	0-50 _____ %;	51-200 _____ %;	201-300 _____ %; 301+ _____ %
Areas:	<input type="checkbox"/> East Coast <input type="checkbox"/> Southeast <input type="checkbox"/> Northeast <input type="checkbox"/> Southwest <input type="checkbox"/> Midwest <input type="checkbox"/> West Coast <input type="checkbox"/> Northwest		
Average Trip Miles		Maximum Trip Miles	
Commodities Hauled			
Any Hazardous, High Value, Overweight?		If yes, Describe	

DRIVERS

Is there a procedure by the Motor Carrier for MVRs to be obtained for Owner Operators? _____

Does the Motor Carrier verify the licensing class of the Owner/Operator? Yes No

Does the Motor Carrier have documented procedures for Acceptable and Unacceptable MVRs? _____

Total # Drivers _____ # Clear MVRs _____ # Drivers > age 65 _____ # Drivers < age 25 _____

Minimum Experience Required _____ Minimum Age of Drivers _____

****** Please attach MVRs ******

NON TRUCKING LIABILITY

NTL Limit: _____ Total # NTL Units: _____

What are the limits of the Primary Liability policy? _____

Expiring Rate _____ Target Rate _____

Non Trucking History

Year	# Units	Rate

Non-Trucking Liability Loss History

Policy Term				Valuation Date	Carrier	# of Claims	Total Incurred	Premium	# of Losses > \$20,000
From Mo.	Yr.	To Mo.	Yr.						

******Please Attach Equipment Schedule******

ADDITIONAL UNDERWRITING QUESTIONS

Have you ever operated under a different name?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what?	
Do you have any subsidiaries?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship?	
Is there a Safety/Loss Prevention Program in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are Safety Meetings Held?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How Often?	
Is there a Safety Director?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name:	
Vehicles Inspected by Drivers Pre and Post Route?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Vehicle Maintenance Program in Place?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Vehicles Maintained and Repaired By?	<input type="checkbox"/> On Site Mechanic <input type="checkbox"/> Outside Mechanic		
How many vehicles stored at same location at one time?			
Do you have documented procedures for Acceptable and Unacceptable MVRs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:	
Is there a procedure by the Motor Carrier for MVRs to be obtained for Owner/Operators?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the Motor Carrier verify the licensing class of the Owner/Operator?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
For NTL Only: Are MVRs available for review if needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Please attach with each application:

- **3 year hard copy, currently valued loss runs**
- **Driver's List with corresponding MVR's**
- **Motor Carrier's Driver Guidelines including procedure for acceptable & unacceptable drivers**
- **Current lease agreement**
- **Equipment schedule with year/make/model/vin/leinholder (State of registration for NTL)**

Insured's Signature

Date

Producer's Signature

Date

This policy will not name the carrier to whom you are permanently leased as an Additional Insured nor will it provide coverage on behalf of the carrier to whom you are permanently leased by virtue of a Hold Harmless Agreement executed by you.

NOTICE: No liability coverage is afforded when the described vehicles are:

1. Under carrier direction, control or dispatch
2. Used to carry property for any reason.
3. Being operated or used in any racing or speed contest
4. No longer under permanent lease and the lease has been terminated.