



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

AGENCY	CARRIER	NAIC CODE:	UNDERWRITER	UNDERWRITER OFF.
	POLICIES OR PROGRAM REQUESTED			POLICY NUMBER
	PHONE (A/C. No. Ext):	FAX (A/C. No.):	E-MAIL ADDRESS:	AGENCY CUSTOMER ID:
CODE:	SUB CODE:	INDICATE SECTIONS ATTACHED	EQUIPMENT FLOATER	GARAGE AND DEALERS
		PROPERTY	INSTALLATION/BUILDERS RISK	VEHICLE SCHEDULE
		GLASS AND SIGN	ELECTRONIC DATA PROC	BOILER & MACHINERY
		ACCOUNTS RECEIVABLE/ VALUABLE PAPERS	COMMERCIAL GENERAL LIABILITY	WORKERS COMPENSATION
		CRIME/MISCELLANEOUS CRIME	BUSINESS AUTO	UMBRELLA
		TRANSPORTATION/ MOTOR TRUCK CARGO	TRUCKERS/MOTOR CARRIER	

STATUS OF TRANSACTION		PACKAGE POLICY INFORMATION				
<input type="checkbox"/> QUOTE	<input type="checkbox"/> ISSUE POLICY	<input type="checkbox"/> RENEW	ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.			
BOUND (Give Date and/or Attach Copy):		PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	AUDIT
CHANGE	DATE	TIME		DIRECT BILL		
				AGENCY BILL		
<input type="checkbox"/> CANCEL						

APPLICANT INFORMATION					
NAME (First Named Insured & Other Named Insureds)		FEIN OR SOC SEC # (of First Named Insured):		MAILING ADDRESS INCL ZIP+4 (of First Named Insured)	
		PHONE (A/C. No. Ext):			
E-MAIL ADDRESS(ES):		SUBCHAPTER "S" CORPORATION NOT FOR PROFIT ORG		WEBSITE ADDRESS(ES):	
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> LLC	CR BUREAU NAME	ID NUMBER	DATE BUS STARTED
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> JOINT VENTURE	NO. OF MEMBERS AND MANAGERS			
INSPECTION CONTACT			ACCOUNTING RECORDS CONTACT		
PHONE (A/C. No. Ext):	E-MAIL ADDRESS:	PHONE (A/C. No. Ext):	E-MAIL ADDRESS:		

PREMISES INFORMATION										
LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS	INTEREST	YR BUILT	# EMPLOYEES	ANNUAL REVENUES	PART OCCUPIED		
			<input type="checkbox"/> INSIDE	OWNER						
			<input type="checkbox"/> OUTSIDE	TENANT						
			<input type="checkbox"/> INSIDE	OWNER						
			<input type="checkbox"/> OUTSIDE	TENANT						

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)

GENERAL INFORMATION	
EXPLAIN ALL "YES" RESPONSES	YES NO
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?	
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?	
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?	
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?	
4. ANY CATASTROPHE EXPOSURE?	
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?	
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? (Not applicable in MO)	
7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?	
8. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).	
9. ANY UNCORRECTED FIRE CODE VIOLATIONS?	
10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?	
11. HAS BUSINESS BEEN PLACED IN A TRUST? IF YES, NAME OF TRUST:	

REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required)
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ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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PRIOR CARRIER INFORMATION

LINE	CATEGORY	CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE	
GENERAL COMMERCIAL LIABILITY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	RETRO DATE																
	EFF-EXP DATE																
	GENERAL AGGREGATE																
	PRODUCTS COMP OP AGGREGATE																
	PERSONAL & ADV INJ																
	EACH OCCURRENCE																
	FIRE DAMAGE																
	MEDICAL EXPENSE																
	BODILY INJURY	OCCURRENCE															
		AGGREGATE															
	PROPERTY DAMAGE	OCCURRENCE															
		AGGREGATE															
COMBINED SINGLE LIMIT																	
MODIFICATION FACTOR																	
TOTAL PREMIUM																	
AUTOMOBILE LIABILITY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	COMBINED SINGLE LIMIT																
	BODILY INJURY	EA PERSON															
		EA ACCIDENT															
	PROPERTY DAMAGE																
	MODIFICATION FACTOR																
	TOTAL PREMIUM																
PROPERTY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	BUILDING	AMT															
	PERS PROP	AMT															
	MODIFICATION FACTOR																
TOTAL PREMIUM																	
	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	LIMIT																
	MODIFICATION FACTOR																
TOTAL PREMIUM																	

LOSS HISTORY

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY)											CHK HERE IF NONE	SEE ATTACHED LOSS SUMMARY
DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM				DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS			
									OPEN			
									CLOSED			
									OPEN			
									CLOSED			
REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY											ATTACHMENTS	
											STATE SUPPLEMENT(S) (If applicable)	

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)

NOTICE OF INSURANCE INFORMATION PRACTICES PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

CONTRACTORS

EXPLAIN ALL "YES" RESPONSES (For past or present operations)		YES	NO	EXPLAIN ALL "YES" RESPONSES (For past or present operations)		YES	NO
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?				4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?			
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?				5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?			
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?				6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?			
REMARKS/DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB-CONTRACTORS:	% OF WORK SUBCONTRACTED:		# FULL-TIME STAFF:	# PART-TIME STAFF:		

PRODUCTS/COMPLETED OPERATIONS

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation)		YES	NO	EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation)		YES	NO
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?				6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?			
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS?				7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?			
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?				8. PRODUCTS UNDER LABEL OF OTHERS?			
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?				9. VENDORS COVERAGE REQUIRED?			
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?				10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?			
PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC							

ADDITIONAL INTEREST/CERTIFICATE RECIPIENT **ACORD 45 attached for additional names**

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
ADDITIONAL INSURED					LOCATION:	BUILDING:
LOSS PAYEE					VEHICLE:	BOAT:
MORTGAGEE					SCHEDULED ITEM NUMBER:	
LIENHOLDER					OTHER	
EMPLOYEE AS LESSOR					ITEM DESCRIPTION:	

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)		YES	NO	EXPLAIN ALL "YES" RESPONSES (For all past or present operations)		YES	NO
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?				12. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?			
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?				13. ANY DEMOLITION EXPOSURE CONTEMPLATED?			
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)				14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?			
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST 5 YEARS?				15. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?			
5. MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS?				16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?			
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?				17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?			
7. ANY PARKING FACILITIES OWNED/RENTED?				18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE YEARS?			
8. IS A FEE CHARGED FOR PARKING?				19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?			
9. RECREATION FACILITIES PROVIDED?				20. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?			
10. IS THERE A SWIMMING POOL ON THE PREMISES?							
11. SPORTING OR SOCIAL EVENTS SPONSORED?							
REMARKS							

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY:SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied).

ACORDTM TRUCKERS SECTION

DATE (MM/DD/YY)

PRODUCER PHONE (A/C, No, Ext):	APPLICANT (First Named Insured)										
CODE: AGENCY CUSTOMER ID:	SUB CODE: FOR COMPANY USE ONLY										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">EFFECTIVE DATE</td> <td style="width:15%;">EXPIRATION DATE</td> <td style="width:15%;">DIRECT BILL</td> <td style="width:30%;">PAYMENT PLAN</td> <td style="width:15%;">AUDIT</td> </tr> <tr> <td></td> <td></td> <td>AGENCY BILL</td> <td></td> <td></td> </tr> </table>		EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL	PAYMENT PLAN	AUDIT			AGENCY BILL		
EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL	PAYMENT PLAN	AUDIT							
		AGENCY BILL									

TERRITORY/ZONE	REGULATION	DOCKET #:
	<input type="checkbox"/> COMMON CARRIER <input type="checkbox"/> CONTRACT CARRIER <input type="checkbox"/> PRIVATE CARRIER	<input type="checkbox"/> ICC FILING REQUIRED <input type="checkbox"/> DOCKET #:
	STATE/FEDERAL FILINGS	

COVERAGES/LIMITS																																											
COVERAGES	COVERED AUTO SYMBOLS			LIMITS			PHYSICAL DAMAGE																																				
LIABILITY	<input type="checkbox"/>	41	<input type="checkbox"/>	46	<input type="checkbox"/>	CSL	<input type="checkbox"/>	BI EA PER	\$	COVERAGES COMPREHENSIVE <input type="checkbox"/> 42 <input type="checkbox"/> 46 <input type="checkbox"/> 43 <input type="checkbox"/> 47																																	
	<input type="checkbox"/>	42	<input type="checkbox"/>	47	<input type="checkbox"/>	BI EACH ACCIDENT		\$																																			
	<input type="checkbox"/>	43	<input type="checkbox"/>	50	<input type="checkbox"/>	PROPERTY DAMAGE		\$																																			
PERSONAL INJURY PROTECTION	<input type="checkbox"/>	44	OR EQUIVALENT NO-FAULT COVERAGE				DEDUCTIBLE	\$		SPECIFIED CAUSES OF LOSS <input type="checkbox"/> 42 <input type="checkbox"/> 46 <input type="checkbox"/> 43 <input type="checkbox"/> 47 <input type="checkbox"/> SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP <input type="checkbox"/> F <input type="checkbox"/> FTW																																	
	<input type="checkbox"/>	46																																									
ADDITIONAL P.I.P.	<input type="checkbox"/>	44	TOTAL				W/C	\$	COLLISION <input type="checkbox"/> 42 <input type="checkbox"/> 46 <input type="checkbox"/> 43 <input type="checkbox"/> 47																																		
	<input type="checkbox"/>	46					M/E	\$																																			
MEDICAL PAYMENTS	<input type="checkbox"/>	42	<input type="checkbox"/>	46	<input type="checkbox"/>	EACH PERSON		\$	TOWING & LABOR <input type="checkbox"/> 46																																		
	<input type="checkbox"/>	43																																									
UNINSURED MOTORISTS	<input type="checkbox"/>	42	<input type="checkbox"/>	46	<input type="checkbox"/>	CSL	<input type="checkbox"/>	BI EA PER	\$	TRAILER INTERCHANGE <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>COVERAGES</th> <th>SYMBOL</th> <th># TRAILERS</th> <th>STATE</th> <th># DAYS</th> <th>RADIUS</th> <th>DEDUCTIBLE</th> </tr> </thead> <tbody> <tr> <td rowspan="2">COMPREHENSIVE</td> <td><input type="checkbox"/></td> <td>48</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>49</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="2">SPECIFIED CAUSES OF LOSS</td> <td><input type="checkbox"/></td> <td>48</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>49</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	COVERAGES	SYMBOL	# TRAILERS	STATE	# DAYS	RADIUS	DEDUCTIBLE	COMPREHENSIVE	<input type="checkbox"/>	48					<input type="checkbox"/>	49					SPECIFIED CAUSES OF LOSS	<input type="checkbox"/>	48					<input type="checkbox"/>	49				
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	<input type="checkbox"/>	43	BI EACH ACCIDENT					\$																																			
<input type="checkbox"/>	45	PROPERTY DAMAGE					\$																																				
NON-TRUCKERS HIRED/BORROWED		STATES	COST OF HIRE			<input type="checkbox"/>	IF ANY BASIS	\$	COLLISION <input type="checkbox"/> 48 <input type="checkbox"/> 49																																		
HIRED/BORROWED LIABILITY		STATES	COST OF HIRE			<input type="checkbox"/>	IF ANY BASIS	\$	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>STATES</td> <td># DAYS</td> <td># VEH</td> <td>COVERAGE/DEDUCTIBLE</td> </tr> <tr> <td></td> <td></td> <td></td> <td> <input type="checkbox"/> COMP \$ <input type="checkbox"/> SPEC C OF L \$ <input type="checkbox"/> COLL \$ </td> </tr> </table>	STATES	# DAYS	# VEH	COVERAGE/DEDUCTIBLE				<input type="checkbox"/> COMP \$ <input type="checkbox"/> SPEC C OF L \$ <input type="checkbox"/> COLL \$																										
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			<input type="checkbox"/> COMP \$ <input type="checkbox"/> SPEC C OF L \$ <input type="checkbox"/> COLL \$																																								
NON-OWNED AUTO LIABILITY		STATES	GROUP TYPE			NUMBER OF			HIRED PHYSICAL DAMAGE COVERAGE IS:	PRIMARY SECONDARY																																	
	<input type="checkbox"/>		EMPLOYEES																																								
	<input type="checkbox"/>		VOLUNTEERS																																								
<input type="checkbox"/>	PARTNERS																																										
OTHER									OTHER																																		

ENDORSEMENTS

COVERED AUTO SYMBOLS (41) ANY AUTO (42) OWNED AUTOS ONLY (43) OWNED COMMERCIAL AUTOS ONLY	(44) OWNED AUTOS SUBJECT TO NO-FAULT (45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW	(46) SPECIFICALLY DESCRIBED AUTOS (47) HIRED AUTOS ONLY (48) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT	(49) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT (50) NON-OWNED AUTOS ONLY
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RECEIPTS		PRINCIPAL SHIPPERS	
GROSS RECEIPTS			
PAST 12 MONTHS	ESTIMATED NEXT 12 MONTHS		
\$	\$		

TERMINALS

#	NAME AND ADDRESS OF TERMINALS	# VEH	DIST FROM GARAGE

EQUIPMENT (Attach vehicle schedule ACORD 129 for owned units)

VEHICLE TYPE	PER VEHICLE TYPE ENTER THE "NUMBER OF" WITHIN EACH CATEGORY							PROPERTY HAULED (Per vehicle type)
	COMPANY OWNED	NON OWNED	LONG TERM LEASE	TRIP LEASE	RADIUS (MILES)			
					0-50	50-200	OVER 200	
TRUCKS								
TRACTORS								
SEMI-TRAILERS								
FULL TRAILERS								
TANK SEMI-TRAILERS								
TANK TRAILERS								
REFRIGERATED TRAILERS								
SERVICE TRUCKS								
PRIVATE PASSENGER AUTOS								
TOTAL VEHICLES								

ADDITIONAL INTEREST/CERTIFICATE RECIPIENT (Attach ACORD 45 for additional names)

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
ADDITIONAL INSURED					LOCATION:	BUILDING:
LOSS PAYEE					VEHICLE:	BOAT:
MORTGAGEE					SCHEDULED ITEM NUMBER:	
LIENHOLDER					OTHER	
EMPLOYEE AS LESSOR						
ITEM DESCRIPTION:						

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO	EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO
1. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?			8. DO DRIVERS RECEIVE REGULAR PHYSICALS?		
2. DOES APPLICANT OBTAIN MVR VERIFICATION ON DRIVERS?			9. DOES APPLICANT HIRE EQUIPMENT FROM OTHERS?		
3. DOES APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?			10. DOES APPLICANT RENT OR LEASE VEHICLES OR EQUIPMENT TO OTHERS WITH/WITHOUT OPERATORS?		
4. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?			11. DOES APPLICANT HAUL FOR OTHER TRUCKERS?		
5. DOES APPLICANT OWN OR OPERATE EQUIPMENT NOT LISTED HERE?			12. DO OTHER TRUCKERS OPERATE UNDER THE PERMIT OF THE APPLICANT? (Percentage of total number of vehicles so operated)		
6. DOES APPLICANT HAUL ANY DANGEROUS, CAUSTIC, RADIOACTIVE OR FLAMMABLE CARGO?			13. IS COVERAGE REQUIRED FOR TRAVEL IN CANADA OR MEXICO?		
7. DOES APPLICANT HAUL TARGET COMMODITIES (ie: stereos, televisions, pharmaceuticals, liquor, meat, seafood, etc)			14. ARE DRIVERS COMPENSATED PER TRIP?		
REMARKS			15. ANY HOLD HARMLESS AGREEMENTS?		
			16. ANY DRIVERS WITH MOVING TRAFFIC VIOLATIONS?		

UNINSURED AND UNDERINSURED MOTORISTS COVERAGES (Check the appropriate box(es) below and sign where applicable)

DO NOT USE IN AR,AZ,CA,CT,DE,FL,GA,IA,IL,MD,NJ,NV,OK,OR,PA,RI,SC,WV; USE SPECIFIC STATE SUPPLEMENT. MINIMUM UM LIMITS REQUIRED IN DC,ME, MN,MO,VT,VA,WA,WI.

I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS (UM) AND UNDERINSURED MOTORISTS (UIM) COVERAGES HAVE BEEN EXPLAINED TO ME. I HAVE BEEN OFFERED THE OPTIONS OF:

<input type="checkbox"/> SELECTING UM AND UIM LIMITS EQUAL TO MY LIABILITY LIMITS, <input type="checkbox"/> SELECTING UM AND UIM LIMITS LOWER THAN MY LIABILITY LIMITS, OR <input type="checkbox"/> REJECTING COVERGAE ENTIRELY.
--

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

1. I SELECT UM AND UIM LIMITS INDIC IN THIS APP _____ (APPLICANT'S SIGNATURE)
 2. I REJECT UM BODILY INJURY COVERAGE _____ (APPLICANT'S SIGNATURE)
 3. I REJECT UIM BODILY INJURY COVERAGE _____ (APPLICANT'S SIGNATURE)
 4. I REJECT UM PROPERTY DAMAGE COVERAGE _____ (APPLICANT'S SIGNATURE)
 5. I REJECT UIM PROPERTY DAMAGE COVERAGEP _____ (APPLICANT'S SIGNATURE)

ACORD 132 (2/95) ATTACH TO APPLICANT INFORMATION SECTION

ACORD™ VEHICLE SCHEDULE

DATE

PRODUCER	PHONE (A/C, No, Ext): FAX (A/C, No):	APPLICANT (First Named Insured)	EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL	PAYMENT PLAN	AUDIT
				AGENCY BILL			
CODE:		SUB CODE:		FOR COMPANY USE ONLY			
AGENCY CUSTOMER ID							

VEHICLE DESCRIPTION

VEH #	YEAR	MAKE:	MODEL:	LIC STATE	TERR	GVM/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM	COST NEW
								PP	SPEC	COML			
DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L	MISC DR/CR:
< 15 MILES	PLEASURE	RETAIL	LIAB	MED PAY	UNINS MOTOR	FT	COMP	AA	ST AMT	\$			TOTAL PREM
15 MILES +	FARM	SERVICE	NO-FAULT			FTW	COLL	\$		\$	COLL	\$	

ACORD BUSINESS AUTO SECTION

DATE (MM/DD/YY)

PRODUCER	PHONE (A/C,No,Ext):	APPLICANT (First Named Insured)			
		EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL	PAYMENT PLAN
				AGENCY BILL	AUDIT
CODE:		FOR COMPANY USE ONLY			
SUB CODE:					
AGENCY CUSTOMER ID:					

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS			
LIABILITY	1 4 9	CSL BI EA PER \$						
	2 7	BI EACH ACCIDENT \$						
	3 8	PROPERTY DAMAGE \$						
PERSONAL INJURY PROTECTION	5	OR EQUIVALENT NO-FAULT COVERAGE \$	PHYSICAL DAMAGE					
	7							
ADDITIONAL P.I.P	5	TOTAL W/C \$	TOWING & LABOR	3	\$			
	7	\$ M/E \$		7				
MEDICAL PAYMENTS	2 4 8	EACH PERSON \$	COMPREHENSIVE	2 4 8				
	3 7			3 7				
UNINSURED MOTORIST	2 6	CSL BI EA PER \$	SPECIFIED CAUSES OF LOSS	2 4 8				
	3 7	BI EACH ACCIDENT \$		3 7				
	4	PROPERTY DAMAGE \$						
UNDERINSURED MOTORIST	2 6	CSL BI EA PER \$	COLLISION	2 4 8				
	3 7	BI EACH ACCIDENT \$		3 7				
	4	PROPERTY DAMAGE \$						
HIRED/BORROWED LIABILITY	STATES	COST OF HIRE \$ IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH	COVERAGE/DEDUCTIBLE	
NON-OWNED LIABILITY	STATES	GROUP TYPE		NUMBER OF				<input type="checkbox"/> COMP \$ <input type="checkbox"/> SPEC C OF L \$ <input type="checkbox"/> COLL \$
		EMPLOYEES		COVERAGE IS:			PRIMARY	SECONDARY
		VOLUNTEERS						
		PARTNERS						

ENDORSEMENTS, FORMS, CONDITIONS

COVERED AUTO SYMBOLS (1) ANY AUTO (2) ALL OWNED AUTOS (3) OWNED PRIVATE PASSENGER AUTOS (4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER (5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE (6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW (7) AUTOS SPECIFIED ON SCHEDULE (8) HIRED AUTOS (9) NON-OWNED AUTOS

DRIVER INFORMATION (Include drivers who frequently use own vehicles)

LIST ALL DRIVERS, INCLUDING FAMILY MEMBERS THAT WILL DRIVE COMPANY VEHICLES, AND EMPLOYEES WHO DRIVE OWN VEHICLES ON COMPANY BUSINESS.

DRIVER #	NAME (Include address, if required)	DATE OF BIRTH	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE LIC	USE VEH #	% USE

VEHICLE DESCRIPTION

VEH #	YEAR	MAKE:	BODY TYPE:	SYM/AGE	COST NEW
		MODEL:	V.I.N.:		\$
CITY, STATE, ZIP WHERE GARAGED		TERR	GVW/GCW	CLASS	SIC
				FACTOR	SEAT CP
				RADIUS	FARTHEST TERM
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L PIP	UNDRINS MOTOR TOWING & LABOR SPEC C OF L
15 MILES OR OVER	PLEASURE	RETAIL	LIAB	MED PAY	F FT
OVER 15 MILES	FARM	SERVICE	PIP	UNINS MOTOR	FTW
				LSP	DEDUCTIBLES
				COMP	AA ST AMT
				COLL	\$
					\$
					COLL

VEHICLE DESCRIPTION (continued)

VEH #	YEAR	MAKE:	BODY TYPE:		SYM/AGE	COST NEW					
		MODEL:	V.I.N.:			\$					
CITY, STATE, ZIP WHERE GARAGED			TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM	
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L PIP	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L
<input type="checkbox"/> UNDER 15 MILES	<input type="checkbox"/> PLEASURE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> LIAB	<input type="checkbox"/> MED PAY	<input type="checkbox"/>	<input type="checkbox"/> FT	<input type="checkbox"/> COMP	<input type="checkbox"/> AA <input type="checkbox"/> ST AMT		\$	
<input type="checkbox"/> OVER 15 MILES	<input type="checkbox"/> FARM	<input type="checkbox"/> SERVICE	<input type="checkbox"/> PIP	<input type="checkbox"/> UNINS MOTOR	<input type="checkbox"/>	<input type="checkbox"/> FTW	<input type="checkbox"/> COLL	\$		\$	COLL

VEH #	YEAR	MAKE:	BODY TYPE:		SYM/AGE	COST NEW					
		MODEL:	V.I.N.:			\$					
CITY, STATE, ZIP WHERE GARAGED			TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM	
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L PIP	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L
<input type="checkbox"/> UNDER 15 MILES	<input type="checkbox"/> PLEASURE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> LIAB	<input type="checkbox"/> MED PAY	<input type="checkbox"/>	<input type="checkbox"/> FT	<input type="checkbox"/> COMP	<input type="checkbox"/> AA <input type="checkbox"/> ST AMT		\$	
<input type="checkbox"/> OVER 15 MILES	<input type="checkbox"/> FARM	<input type="checkbox"/> SERVICE	<input type="checkbox"/> PIP	<input type="checkbox"/> UNINS MOTOR	<input type="checkbox"/>	<input type="checkbox"/> FTW	<input type="checkbox"/> COLL	\$		\$	COLL

VEH #	YEAR	MAKE:	BODY TYPE:		SYM/AGE	COST NEW					
		MODEL:	V.I.N.:			\$					
CITY, STATE, ZIP WHERE GARAGED			TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM	
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L PIP	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L
<input type="checkbox"/> UNDER 15 MILES	<input type="checkbox"/> PLEASURE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> LIAB	<input type="checkbox"/> MED PAY	<input type="checkbox"/>	<input type="checkbox"/> FT	<input type="checkbox"/> COMP	<input type="checkbox"/> AA <input type="checkbox"/> ST AMT		\$	
<input type="checkbox"/> OVER 15 MILES	<input type="checkbox"/> FARM	<input type="checkbox"/> SERVICE	<input type="checkbox"/> PIP	<input type="checkbox"/> UNINS MOTOR	<input type="checkbox"/>	<input type="checkbox"/> FTW	<input type="checkbox"/> COLL	\$		\$	COLL

VEH #	YEAR	MAKE:	BODY TYPE:		SYM/AGE	COST NEW					
		MODEL:	V.I.N.:			\$					
CITY, STATE, ZIP WHERE GARAGED			TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM	
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L PIP	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L
<input type="checkbox"/> UNDER 15 MILES	<input type="checkbox"/> PLEASURE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> LIAB	<input type="checkbox"/> MED PAY	<input type="checkbox"/>	<input type="checkbox"/> FT	<input type="checkbox"/> COMP	<input type="checkbox"/> AA <input type="checkbox"/> ST AMT		\$	
<input type="checkbox"/> OVER 15 MILES	<input type="checkbox"/> FARM	<input type="checkbox"/> SERVICE	<input type="checkbox"/> PIP	<input type="checkbox"/> UNINS MOTOR	<input type="checkbox"/>	<input type="checkbox"/> FTW	<input type="checkbox"/> COLL	\$		\$	COLL

VEH #	YEAR	MAKE:	BODY TYPE:		SYM/AGE	COST NEW					
		MODEL:	V.I.N.:			\$					
CITY, STATE, ZIP WHERE GARAGED			TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM	
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L PIP	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L
<input type="checkbox"/> UNDER 15 MILES	<input type="checkbox"/> PLEASURE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> LIAB	<input type="checkbox"/> MED PAY	<input type="checkbox"/>	<input type="checkbox"/> FT	<input type="checkbox"/> COMP	<input type="checkbox"/> AA <input type="checkbox"/> ST AMT		\$	
<input type="checkbox"/> OVER 15 MILES	<input type="checkbox"/> FARM	<input type="checkbox"/> SERVICE	<input type="checkbox"/> PIP	<input type="checkbox"/> UNINS MOTOR	<input type="checkbox"/>	<input type="checkbox"/> FTW	<input type="checkbox"/> COLL	\$		\$	COLL

ADDITIONAL INTERESTS/CERTIFICATE RECIPIENTS (Attach ACORD 45 for additional names)

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input type="checkbox"/> ADDITIONAL INSURED					LOCATION: BUILDING:
<input type="checkbox"/> LOSS PAYEE					VEHICLE: BOAT:
<input type="checkbox"/> MORTGAGEE					SCHEDULED ITEM NUMBER
<input type="checkbox"/> LIENHOLDER					OTHER
<input type="checkbox"/> EMPLOYEE AS LESSOR					
ITEM DESCRIPTION:					

EXPLAIN ALL "YES" RESPONSES	YES	NO	7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?		
1. WITH THE EXCEPTION OF ENCUMBRANCES, ARE ANY VEHICLES NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?			8. ANY HOLD HARMLESS AGREEMENTS?		
2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS?			9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY IN REMARKS.		
3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?			10. DOES THE APPLICANT OBTAIN MVR VERIFICATIONS?		
4. ARE ANY VEHICLES LEASED TO OTHERS?			11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?		
5. ARE ANY VEHICLES CUSTOMIZED, ALTERED OR HAVE SPECIAL EQUIPMENT?			12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?		
6. ARE ICC, PUC OR ANY OTHER FILINGS REQUIRED?			13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION?		
DESCRIPTION OF GARAGE/STORAGE LOCATIONS			14. ANY DRIVERS WITH MOVING TRAFFIC VIOLATIONS?		
					MAXIMUM DOLLAR VALUE SUBJECT TO LOSS

REMARKS

UNINSURED AND UNDERINSURED MOTORISTS COVERAGES (Check the appropriate box(es) below and sign where applicable)

DO NOT USE IN AR, AZ, CA, CT, DE, FL, GA, IA, IL, MD, NJ, NV, OK, OR, PA, RI, SC, WV; USE SPECIFIC STATE SUPPLEMENT. MINIMUM UM LIMITS REQUIRED IN DC, ME, MN, MO, VT, VA, WA, WI.

I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS (UM) AND UNDERINSURED MOTORISTS (UIM) COVERAGES HAVE BEEN EXPLAINED TO ME. I HAVE BEEN OFFERED THE OPTIONS OF:

SELECTING UM AND UIM LIMITS EQUAL TO MY LIABILITY LIMITS,

SELECTING UM AND UIM LIMITS LOWER THAN MY LIABILITY LIMITS, OR

REJECTING COVERAGE ENTIRELY.

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

1. I SELECT UM AND UIM LIMITS INDIC IN THIS APP _____ (APPLICANT'S SIGNATURE)

2. I REJECT UM BODILY INJURY COVERAGE _____ (APPLICANT'S SIGNATURE)

3. I REJECT UIM BODILY INJURY COVERAGE _____ (APPLICANT'S SIGNATURE)

4. I REJECT UM PROPERTY DAMAGE COVERAGE _____ (APPLICANT'S SIGNATURE)

5. I REJECT UIM PROPERTY DAMAGE COVERAGE _____ (APPLICANT'S SIGNATURE)

ACORD™ TRANSPORTATION SECTION

DATE (MM/DD/YY)

PRODUCER	APPLICANT (First Named Insured)				
	PROPOSED EFF. DATE	PROPOSED EXP. DATE	BILLING PLAN	PAYMENT PLAN	AUDIT
			AGENCY		
			DIRECT		
FOR COMPANY USE ONLY					

INTEREST APPLICANT IS: <input type="checkbox"/> COMMON CARRIER <input type="checkbox"/> OTHER <input type="checkbox"/> CONTRACT CARRIER <input type="checkbox"/> SHIPPER OF OWNED PROPERTY	TYPE <input checked="" type="checkbox"/> TRANSPORTATION MOTOR TRUCK CARGO LEGAL LIABILITY <input type="checkbox"/> OPEN <input type="checkbox"/> ANNUAL	OTHER
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TRANSPORTATION

OPERATIONS (Motor truck cargo legal liability on reverse side)

PROPERTY SHIPPED				POINTS OF ORIGIN		POINTS OF DESTINATION				
TERRITORY							ANNUAL GROSS SALES			
							\$			
CONVEYANCE USED	ANNUAL VALUES SHIPPED AT APPLICANT'S RISK			AVERAGE VALUE PER SHIPMENT	LIMIT OF LIABILITY	BILL OF LADING				
	INCOMING	OUTGOING	INTERPLANT			FULL VALUE		RELEASED VALUE		
CONTRACT CARRIER	\$	\$	\$	\$	\$	YES	NO	\$		
COMMON CARRIER	\$	\$	\$	\$	\$	YES	NO	\$		
RAIL	\$	\$	\$	\$	\$	YES	NO	\$		
AIR CARRIER	\$	\$	\$	\$	\$	YES	NO	\$		
	\$	\$	\$	\$	\$	YES	NO	\$		
OWNED VEHICLES	\$	\$	\$	\$	\$					
TOTAL	\$	\$	\$	\$	\$					
<input type="checkbox"/> ALL RISK <input type="checkbox"/> NAMED PERILS <input type="checkbox"/> INCLUDING THEFT			DEDUCTIBLE		# TRUCKS OPERATED	# TRACTORS OPERATED	# TRAILERS OPERATED	# TANK-TRUCKS OPERATED	# REFRIG. UNITS OPERATED	SPECIAL UNITS OWNED/OPERATED

VEHICLE SCHEDULE (Attach ACORD 129S if necessary. Attach a separate driver information list.)

#	MODEL YEAR	VEHICLE TYPE (Manufacturer, model, capacity, etc.)	ID#/SERIAL NO.	DATE PURCHAS'D	NEW/USED	RADIUS OF OPERATIONS

F.O.B.

IS CONTINGENT COVERAGE DESIRED ON F.O.B. SHIPMENTS MADE BY THE APPLICANT? YES NO

IF "YES", ENTER PERCENTAGE OF ANNUAL GROSS SALES REPRESENTED BY F.O.B. SHIPMENTS. %

GENERAL INFORMATION

#	EXPLAIN ALL "YES" RESPONSES.	YES	NO	#	EXPLAIN ALL "YES" RESPONSES.	YES	NO
1.	IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?			6.	ARE VEHICLES EQUIPPED WITH THEFT ALARMS?		
2.	DOES APPLICANT OBTAIN MVR VERIFICATION FOR DRIVERS?			7.	ARE VEHICLES LEFT UNLOCKED WHEN UNATTENDED?		
3.	DOES APPLICANT HAVE A DRIVER RECRUITING METHOD?			8.	ARE VEHICLES LEFT LOADED OVERNIGHT?		
4.	DO DRIVERS RECEIVE REGULAR PHYSICALS?			9.	DOES APPLICANT BACK HAUL PROPERTY OF OTHERS?		
5.	ANY WATERBORNE SHIPMENTS TO BE COVERED?						

REMARKS

MOTOR TRUCK CARGO LEGAL LIABILITY

OPERATIONS

PROPERTY HAULED <input type="checkbox"/>			GROSS RECEIPTS LAST 12 MONTHS		GROSS RECEIPTS NEXT 12 MONTHS			
			\$		\$			
TERRITORY			AVERAGE DISTANCE		MAXIMUM DISTANCE			
LIST TARGET COMMODITIES CARRIED	% OF GROSS REVENUES	MAXIMUM VALUE PER VEHICLE	LIST STATES WHERE FILINGS REQUIRED			DOCKET NO. _____		
						I.C.C. FILING REQUIRED		
	%	\$				DOCKET NO. _____		
	%	\$						
	%	\$	LIMIT OF LIABILITY					
	%	\$	SINGLE CONVEYANCE	PER DISASTER		LOADING/UNLOADING		
	%	\$	\$	\$		LIMIT	DEDUCTIBLE	
	%	\$				\$	\$	
	%	\$	\$	\$		\$	\$	
	%	\$						
<input type="checkbox"/> ALL RISK	DEDUCTIBLE		# TRUCKS OPERATED	# TRACTORS OPERATED	# TRAILERS OPERATED	# TANK-TRAILERS OPERATED	# REFRIG. UNITS OPERATED	SPECIAL UNITS OWNED/OPERATED
<input type="checkbox"/> NAMED PERILS								
<input type="checkbox"/> INCLUDING THEFT								
<input type="checkbox"/> LOADING/UNLOADING								

TERMINALS

Loc. #	ADDRESS (ACORD 125)	AVERAGE VALUE AT TERMINAL	MAXIMUM VALUE AT TERMINAL	LIMIT OF LIABILITY
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

VEHICLE SCHEDULE (Attach ACORD 129S if necessary. Attach a separate driver information list.)

#	MODEL YEAR	VEHICLE TYPE (Manufacturer, model, capacity, etc.)	ID#/SERIAL NO.	DATE PURCHAS'D	NEW/USED	RADIUS OF OPERATIONS

GENERAL INFORMATION

#	EXPLAIN ALL "YES" RESPONSES.	YES	NO	#	EXPLAIN ALL "YES" RESPONSES.	YES	NO
1.	IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?			9.	DO TERMINALS HAVE FIRE PROTECTION (Sprinklers, hoses, etc.)?		
2.	DOES APPLICANT OBTAIN MVR VERIFICATION FOR DRIVERS?			10.	DO TERMINALS HAVE SECURITY SYSTEMS (Guards, alarms, fences, lights, dogs, etc.)?		
3.	DOES APPLICANT HAVE A DRIVER RECRUITING METHOD?			11.	ARE VEHICLES LEFT LOADED OVERNIGHT?		
4.	DO DRIVERS RECEIVE REGULAR PHYSICALS?			12.	IS THE APPLICANT AN OWNER OPERATOR?		
5.	ARE VEHICLES EQUIPPED WITH THEFT ALARMS?			13.	DOES THE APPLICANT HIRE OWNER OPERATORS?		
6.	ARE VEHICLES LEFT UNLOCKED WHEN UNATTENDED?			14.	DOES THE APPLICANT TRIPLELEASE TO OTHERS?		
7.	ARE OVERRAGES, SHORTAGES, & DAMAGE CLAIMS PENDING?			15.	DOES THE APPLICANT BACK HAUL PROPERTY OF OTHERS?		
8.	ARE ANY VEHICLES OPERATED FOR THE APPLICANT BY OTHERS?						