



## TRUCK INSURANCE APPLICATION

|                                 |  |
|---------------------------------|--|
| Insured Name                    |  |
| Address                         |  |
| City/State/Zip                  |  |
| Phone                           |  |
| Fax                             |  |
| Email                           |  |
| DOT#/Motor Carrier Number       |  |
| Garage State                    |  |
| # of Drivers                    |  |
| # of Tractors                   |  |
| # of Owned Trailer Units        |  |
| Total Projected Long Haul Miles |  |

**Class of Business:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Armored Trucks             | <input type="checkbox"/> Explosives or Hazardous Materials | <input type="checkbox"/> Local Delivery                  |
| <input type="checkbox"/> Automobile Haulers         | <input type="checkbox"/> Fuel Products                     | <input type="checkbox"/> Logging/Pulpwood                |
| <input type="checkbox"/> Boat Transport             | <input type="checkbox"/> Flatbed                           | <input type="checkbox"/> Radioactive Materials           |
| <input type="checkbox"/> Bulk/Pneumatic             | <input type="checkbox"/> Haulers of Swinging/Hanging Meat  | <input type="checkbox"/> Reefer                          |
| <input type="checkbox"/> Coal                       | <input type="checkbox"/> House Movers                      | <input type="checkbox"/> Residential or Commercial Waste |
| <input type="checkbox"/> Dry Van                    | <input type="checkbox"/> Intermodal/Containers             | <input type="checkbox"/> Sand & Gravel                   |
| <input type="checkbox"/> Dumping Operations         | <input type="checkbox"/> Livestock                         | <input type="checkbox"/> Star Route Mail Carriers        |
| <input type="checkbox"/> Steel Haulers-coiled Steel | <input type="checkbox"/> Straight Truck (> 26,000 lbs GVW) | <input type="checkbox"/> Tanker                          |
| <input type="checkbox"/> OTHER _____                |  |  |

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Have you had 2 or more years of primary liability coverage?          | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Do you pull tanker trailers?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Do you act as a truck broker?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Are placards required for any commodity you haul?                    | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Within the past 4 policy terms have you had any loss over \$5,000?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. Are all vehicles owned/operated by you?                              | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7. Has your insurance cancelled or non-renewed within the past 5 years? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

8. Are Team Drivers utilized?  YES  NO

9. Please specify the percentage of trips from the garaging location

- a) % of trips made 0 to 100 miles from the garage location \_\_\_\_\_%
- b) % of trips made 101 to 300 miles from the garaging location \_\_\_\_\_%
- c) % of the trips made over 301 miles from the garaging location \_\_\_\_\_%

10. Are passengers allowed to accompany driver?  YES  NO

11. Are all power units owned and/or operated by applicant tagged and titled in NJ?  YES  NO

12. Has any driver ever been convicted of a felony?  YES  NO

13. Does any driver have any medical impairment?  YES  NO

14. What is the current D.O.T Rating? \_\_\_\_\_

15. If you own and/or operate Private Passenger/Service Vehicles or Straight Trucks are they Insured under a commercial auto liability policy issued by another company?  YES  NO

**TOTAL ANNUAL MILEAGE**

|    |    |     |     |
|----|----|-----|-----|
| AK | AL | AZ  | AR  |
| CA | CO | CT  | DE  |
| DC | FL | NFL | SFL |
| GA | ID | IL  | IN  |
| IA | KS | KY  | LA  |
| ME | MD | MA  | MI  |
| MN | MS | MO  | MT  |
| NE | NV | NH  | NJ  |
| NM | NY | NC  | ND  |
| OH | OK | OR  | PA  |
| RI | SC | SD  | TN  |
| TX | UT | VT  | VA  |
| WA | WV | WI  | WY  |

**Metro City Annual Mileage:**

New York, NY \_\_\_\_\_

Philadelphia, PA \_\_\_\_\_

Newark, NY \_\_\_\_\_

**DRIVER LIST**

Attached

| Driver Name | Date of Birth | Drivers License # & State |
|-------------|---------------|---------------------------|
|             |               |                           |
|             |               |                           |
|             |               |                           |
|             |               |                           |
|             |               |                           |
|             |               |                           |
|             |               |                           |
|             |               |                           |

Any additional please attach separate sheet.

**TRACTOR LIST**

Attached

| Year | Make | Model | Vehicle Identification Number | Value |
|------|------|-------|-------------------------------|-------|
|      |      |       |                               |       |
|      |      |       |                               |       |
|      |      |       |                               |       |
|      |      |       |                               |       |
|      |      |       |                               |       |
|      |      |       |                               |       |
|      |      |       |                               |       |
|      |      |       |                               |       |
|      |      |       |                               |       |

**TRAILER LIST**

Attached

| Year | Make | Model | Vehicle Identification Number | Value |
|------|------|-------|-------------------------------|-------|
|      |      |       |                               |       |
|      |      |       |                               |       |
|      |      |       |                               |       |
|      |      |       |                               |       |
|      |      |       |                               |       |
|      |      |       |                               |       |
|      |      |       |                               |       |
|      |      |       |                               |       |
|      |      |       |                               |       |

**GENERAL LIABILITY**

- 1. How many premises do you own, rent or occupy? \_\_\_\_\_
- 2. Are there any installation, replair or maintenance operations?  YES  NO
- 3. Are there any warehousing or storage operations  YES  NO
- 4. Are there any operations performed other than trucking for hire?  YES  NO
- 5. Do you sell any product either on a retail or wholesale basis?  YES  NO

**TRAILER INTERCHANGE**

- 1. Do you have a trailer interchange agreement?  YES  NO
- 2. What are the number of total annual interchange days? \_\_\_\_\_
- 3. What is the limit required by your Interchange Agreement? \_\_\_\_\_