

Truck Application

A Division of All Lines Associates, Inc.

<https://www.valleytruckinginsurance.com/>

Policy Term From: _____ To: _____

General Information					
Name (and "dba")					
Individual / Proprietorship	Partnership	Corporation	Other	Business phone Number	
Dot Number		FEIN(Federal Tax Id Number)		Email	
Mailing Address			City	State	Zip
Premises Address			City	State	Zip
Person to contact for inspection (Name and Phone Number)					
Operations – Check any that apply					
Dry Van		Refer		Flatbed	
Dump		Containerized		Livestock Hauling	
Liquid					
Commodities – Check any that apply					
Describe Cargo Hauled	% of Hauling	Max. Value	Avg. Value	Limit of Insurance	Deductible
				See Physical Damage Coverage Section	\$500
					\$1,000
					\$2,500
					Other:
Business Questions					
Years' experience		New venture		Yes	No
Is this your Primary business?		Yes	No if no, explain		
Seasonal?		Yes	No		
Have you ever filed for bankruptcy?		Yes	No If yes, when		Explain
Gross receipts last year		Estimate for coming year		Business for sale? Yes No	
Do you operate in more than one State?		Yes	No If yes, list states		
Do you haul for hire?		Yes	No Show largest cities entered		
Do you operate over a regular route?		Yes	No If yes, show towns operating between		
Are you a common carrier?		Yes	No Are you a contract hauler?		Yes No if yes, for whom
Do you haul any hazardous or extra hazardous substances or materials as defined by EPA?				Yes	No if yes, Provide complete listing identifying all material(s) and/or chemical content
Do you haul your own cargo exclusively?		Yes	No if no, who owns it		
Do you pull double trailers?		Yes	No Triple trailers?		Yes No
Do you rent or lease your vehicles to others		Yes No		If yes, attach copy of rental or lease agreement form used	
Do you hire any vehicles?		Yes	No Complete hired and Non-Owned Supplemental Questionnaire if coverage desired is		
Have you ever changed your operating name?		Yes	No Do you operate under any other name?		Yes No
Do you operate as a subsidiary of another company?		Yes No			
Do you own or manage any other transportation operations that are not covered?			Yes No		
Do you lease your authority?		Yes	No Do you appoint agents or hire independent contractors to operate on your behalf		
Have you purchased, sold or applied for authority over the past 3 years?			Yes No		
Have you ever lost or had authority withdrawn, or have you been/are under probation by any regulatory authority (FHWA, PUC, etc.)?					

Is evidence/certificate(s) of coverage required? Yes No

Please explain any "yes" answer to Questions " Have you ever changed your operating name" to "Is evidence/ certificate(s) of coverage required?"

Do you have agreements with other carriers for the interchange of equipment or transportation of loads? Yes No
 If yes, attach a copy of current agreements and complete the following:

- a. With whom has such agreement(s) been made?
- b. Do the parties named in (a) carry automobile liability insurance? Yes No If yes, name of insurance company and limits of liability (bodily injury & property damage)
- c. Under whose permit does each of the parties to the agreement(s) operate?
- d. Is there a Hold Harmless in the agreement(s)? Yes No

Do you barter, hire or lease any vehicles? Yes No If yes, explain

Filling Information

Is an FHWA filling requires? Yes No If yes, MC number
 Common Contract Broker Do you require FHWA cargo filling? Yes No

If you hold a broker's license, identify name filed with FHWA, FHWA docket no. and receipts from brokerage operations

If you are an interstate regulated carrier, identify your registration or base state

Is an intrastate filing needed? Yes No If yes, show state and permit number
 List states for which insured requires CARGO FILINGS (check name on permits)

Is MCS 90 endorsement needed? Yes No

Is our policy to cover all vehicles owned, operated or under lease to applicant? Yes No If no, explain

Are oversize/overweight commodities hauled? Yes No If filling required, show states

Are escort vehicles towed on return trips? Yes No

Does your authority allow for transportation of hazardous commodities? Yes No

Do you allow others to haul hazardous commodities under your authority? Yes No

Driver Information – (Please attach separate sheet with all info if easier)

Driver's Name	Date of Birth	Driver's License				Experience	
		State	Number	Class/Type (i.e CDL)	Years Licensed (in Class/type)	Type of Unit(bus, van, truck, tractor, etc.)	No. of Years
1.							
2.							
3.							
4.							
5.							

Driver Information (continued) – (Please attach separate sheet with all info if easier)

No. Years Previous Commercial Driving experience	Date of Hire	Accidents and Minor Moving Traffic Violations in Past 5 Years				Major Convictions (DWI/DUI, hit & run, manslaughter, reckless, driving while suspended/revoked, speed contest, other felony)		Employee(E) Ind.Cont. (IC) Owner / OP. (O/O)
		No. of accidents	Date(s)	No. of Violations	Date(s)	Describe Conviction	Date(s)	
1.								
2.								
3.								

4.								
5.								

Do you review Incidents with drivers that result in possible Loss? Yes No

***** Please attach MVR for each drivers if you have them.**

Vehicles – (Please attach separate sheet with all Info if easier)

Model Year	Vehicle Make & Model	Body Type (truck, tractor, trailer etc.)	Full Vehicle Identification Number	Gross Vehicle Weight (GVW)	Total # Number of Rear Alexas	Principal Garaging Location (city & state)	Radius of Operation	Annual Mileage Per Vehicle	(A) AntiLock Brakes, (B) Air Bags
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									

Vehicles – (Please attach separate sheet with all Info if easier)

Veh. No.	Date Purchased	Cost When Purchased	Current Stated Value (excluding permanently attached equipment)	Value of Permanently Attached Special Equipment	Total Stated Amount to be Insured	Physical Damage Deductible		Cargo Limit of Insurance
						Comprehensive Spec. C of loss	Collision	
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

Any loss payees? Yes No If yes, give name and address of mortgagee/loss payee for each vehicle

Would you like towing included for your power units? Yes No

Do you have a vehicle maintenance program? Yes No

Liability Coverage			
LIABILITY	Medical Payments	Personal Injury Protection (where applicable)	UNINSURED MOTORIST COVERAGE
Combined Single Limit BI & PD			Single Limit

Financial Information	
Full Name	Date of Birth
Social Security Number	Home Address

Disclaimer

No coverage is bound until the Company advises the Applicant or its representative that a policy will be issued and then only as of the policy effective date and in accordance with all policy terms. The Applicant acknowledges that the **Applicant's Representative named below is acting as Applicant's agent and not on behalf of the Company. The Applicant's Representative has no authority to bind coverage, may not accept any funds for the Company, and may not modify or interpret the terms of the policy.**

The Applicant agrees that the foregoing statements and answers are true and correct. The Applicant requests the Company to rely on its statements and answers in issuing any policy or subsequent renewal. The Applicant agrees that if its statements and answers are materially false, the Company may rescind any policy or subsequent renewal it may issue.

If any jurisdiction in which the Applicant intends to operate or the Federal Highway Administration requires a special endorsement to be attached to the policy which increases the Company's liability, the Applicant agrees to reimburse the Company in accordance with the terms of that endorsement.

The Applicant agrees that any inspection of autos, vehicles, equipment, premises, operations, or inspection of any other matter relating to insurance that may be provided by the Company, is made for the use and benefit of the Company only, and is not to be relied upon by the Applicant or any other party in any respect.

The Applicant understands that an inquiry may be made into the character, finances, driving records, and other personal and business background information the Company deems necessary in determining whether to bind or maintain coverage. Upon written request, additional information will be provided to the Applicant regarding any investigation.

The Applicant represents that she/he has completed all relevant sections of this Application prior to execution and that the Applicant has personally signed below (or if Applicant is a Corporation, a corporate officer has signed below).

Witness

Applicant Signature

Date

Additional items that you will need to gather if applicable:

- Last four quarters of IFTA reports (if applicable).
- 5 years of loss runs from your prior insurance company(s) (Report showing no losses or if you've had any losses it will describe the loss details).
- Current insurance declaration page or copy of your upcoming insurance renewal.