

PRODUCER: _____ **PHONE:** _____ **FAX:** _____**APPLICANT NAME:** _____**CONTACT:** _____ **PHONE:** _____ **YEARS IN BUSINESS:** _____**ADDRESS:** _____ **SQ FT:** _____**GARAGING:** _____ **GARAGING SECURITY TYPE:** _____**RADIUS OF OPS (MI.):** _____ **COMMODITIES HAULED?:** _____ENTITY IS: INDIVIDUAL PARTNERSHIP JOINT VENTURE CORPORATION OTHER: _____**DESCRIBE APPLICANT'S EXACT OPERATIONS:** _____

CITIES TRAVELED INTO AND THROUGH: _____

ANY FILINGS REQUIRED?: YES NO IF YES, WHICH ONES?: _____

ESTIMATED RECEIPTS FOR THIS TERM/YEAR: _____ PAST TERM/YEAR: _____

WHAT % OF OPS IS SUBBED-OUT TO SUBHAULERS?: _____

PRIOR CARRIER(S) AND DATE(S): _____**LOSS HISTORY: HAVE THERE BEEN ANY CLAIMS IN PAST 5 YEARS?** YES NO
(IF YES PLEASE ATTACH 5 YEARS LOSS HISTORY & DETAIL IN COMMENTS BELOW) CLAIM DATE(S): _____**VEHICLE INFORMATION: (OR ATTACH LIST)**

(PLEASE NOTE ACV OR RC HERE) ↗

YEAR	MAKE	MODEL	VEHICLE ID NUMBER	GVW	VALUE

DRIVER INFORMATION: (OR ATTACH CURRENT MVR'S FOR ALL DRIVERS)

NAME	MARRIED	D.O.B	LICENSE #	EXPERIENCE	VIOLATION / DATE
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				

LIMITS: LIABILITY: _____ UM: _____ MED: _____ CARGO: _____ PHYS DAM DED: _____**ANSWER YES OR NO TO EACH OF THE FOLLOWING (Comment on all YES answers):**

1. IS THERE A FORMAL SAFETY PROGRAM IN OPERATION?: YES NO
2. DOES THE APPLICANT HAUL DOUBLE OR TRIPLE TRAILERS?: YES NO
3. DOES THE APPLICANT EVER LOAN, LEASE OR RENT ANY EQUIPMENT TO OTHERS?: YES NO
4. DOES THE APPLICANT EVER BORROW, LEASE OR RENT EQUIPMENT FROM OTHERS?: YES NO
5. ARE CERTIFICATES OF INSURANCE OBTAINED FROM SUBHAULERS?: YES NO

COMMENTS: _____

APPLICANT / PRODUCER SIGNATURE: _____ DATE: _____