

This policy is issued by a risk retention group. A risk retention group may not be subject to
all the insurance laws and regulations of your state. State insurance insolvency guaranty funds
are not available for a risk retention group.



**APPLICATION FOR COVERAGE**

Agency: *Enter Agency Name*

Producer: Producer Name

|  |  |
| --- | --- |
| Name: Click here to enter text. | DBA: Click here to enter text. |
| Mailing Address: Click here to enter text. | Contact Name: Click here to enter text. |
| Phone Number: Click here to enter text. | E-Mail: Click here to enter text. |
| SMS Pin: Click here to enter text. | Target Effective: Click here to enter text. |
| Owners/Executives: Click here to enter text.  | Target Premium: Click here to enter text.  |
| Owners/Executives: Click here to enter text.  | Federal Tax ID Number: Click here to enter text. |
| Owners/Executives: Click here to enter text. | US DOT: Click here to enter text. |
| Owners/Executives: Click here to enter text. | MC Number: Click here to enter text. |

Form of Business: [ ]  Sole Proprietor [ ]  Partnership [ ]  Corporation

Number of Years in Business: Enter Number of years in business.

Required Filings: [ ] Federal [ ]  State Other: List Any other required filings.

Any Subsidiaries? [ ]  Yes [ ]  No If Yes, please list details: Enter Subsidiary details.

Has the company ever been under another name or DOT? [ ]  Yes [ ]  No

If yes above, please provide details: List details of prior company name or DOT authorities.

**Description of Operations:**



Carrier Type: [ ]  Common [ ]  Contract [ ]  Private [ ]  Other: If Other please write type here.

US DOT: Enter DOT MC Number: Enter MC

Have you been cancelled or non-renewed in the last 3 years? [ ]  Yes [ ]  No

If yes please provide details: List details on cancellations and/or non-renewals.

Is Carrier involved in any non-trucking? [ ]  Yes [ ]  No

Does Carrier Team driver at all? [ ]  Yes [ ]  No

|  |  |
| --- | --- |
| List Commodity and percentage hauled.  | List Commodity and percentage hauled. |
| List Commodity and percentage hauled. | List Commodity and percentage hauled. |
| List Commodity and percentage hauled. | List Commodity and percentage hauled. |

Radius by %: [ ]  0-100 Miles [ ]  101-500 Miles [ ]  501-1,000 Miles [ ]  Over 1,000

Common States and Major Cities: List major cities and common states frequently travelled.





**Coverages and Limits (Any coverages not listed are not offered):**



Liability Limit: $1,000,000

Other Supplementary Coverages: [ ]  Hired [ ]  Non-Owned

UM-BI: [ ]  Reject [ ]  Accept State Min Limit [ ]  Other Limit: Other Limit

UM-PD: [ ]  Reject [ ]  Accept State Min Limit [ ]  Other Limit: Other Limit

UIM BI: [ ]  Reject [ ]  Accept State Min Limit [ ]  Other Limit: Other Limit

UIM PD: [ ]  Reject [ ]  Accept State Min Limit [ ]  Other Limit: Other Limit

No-fault: [ ]  Reject [ ]  Accept State Min Limit [ ]  Other Limit: Other Limit

*(PIP/Med Pay)*

PIP Supplementary Coverages: List all supplementary coverages desired.

*(Note some state may require a coverage; for example Pedestrian PIP for NJ, that will be added automatically)*

**Equipment Schedule:** *(if list doesn’t fit please send as separate document along with this application)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of Equipment** | **VIN** | **Year** | **Make** | **Owner/Operator** |
| Type | VIN | Year | Make | Owner/Operator |
| Type | VIN | Year | Make | Owner/Operator |
| Type | VIN | Year | Make | Owner/Operator |
| Type | VIN | Year | Make | Owner/Operator |
| Type | VIN | Year | Make | Owner/Operator |

**Driver Schedule**: *(if list doesn’t fit please send as separate document along with this application)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **DOB** | **Driver’s License** | **Years of Experience** |
| Name | DOB | License # | Yrs. of Exp. |
| Name | DOB | License # | Yrs. of Exp. |
| Name | DOB | License # | Yrs. of Exp. |
| Name | DOB | License # | Yrs. of Exp. |
| Name | DOB | License # | Yrs. of Exp. |
| Name | DOB | License # | Yrs. of Exp. |
| Name | DOB | License # | Yrs. of Exp. |
| Name | DOB | License # | Yrs. of Exp. |

**The statements and answers given on this application are true and accurate. The applicant has not wilfully concealed or misrepresented any material fact or circumstance concerning this application.**

|  |  |
| --- | --- |
| **Applicants Name:** Name | **Title:** Title |

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**Applicants Signature:** [ ]  ***I understand that checking this box constitutes a legal signature.***

**Date:** Click here to enter a date.