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# TRUCK APPLICATION

**Please attach:** 1) 3 years of premium and loss runs currently dated from prior carrier; 2) IFTA Mileage Reports for last 4 quarters; 3) Current MVRs for all drivers; 4) Financial Statements if more than 10 power units; 5) Any Supplemental Apps 6) State Specific Coverage Forms as applicable, including UM/UIM and PIP/No Fault.

### SECTION I - ROUTING INFORMATION

<input type="checkbox"/> <b>New Quote:</b> Proposed Effective Date: _____	<b>Need Quote by:</b> _____
<input type="checkbox"/> <b>Renewal Quote</b> of Policy Number: _____	<b>Expiring Prem:</b> \$ _____
<b>Agency:</b> _____	<b>Sub-Producer:</b> _____
<b>Producer Name or CSR:</b> _____	<b>Phone:</b> _____
	<b>Fax:</b> _____

### SECTION II - GENERAL INFORMATION

1. Applicant Name: _____				
2. Street Address: _____				
Street	City	County	State	Zip Code
3. Garaging Address: _____				
4. Phone #: _____		Fax #: _____		Contact: _____
5. Legal Status: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other _____				
6. FEIN/IRS Number: _____			SS# _____	
7. Describe your business: _____				
8. Is this operation a new venture? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, how long have you been in business under the above name?</i>				
9. Have you ever operated a trucking business under any other name? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, provide DOT#</i> _____				
Last Business Name: _____ <i>and explain in Remarks</i>				
10. Have you filed for bankruptcy under any name in the past 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, explain in Remarks</i>				
11. What is your most current: <b>Net Worth:</b> \$ _____ <b>Gross Income:</b> \$ _____ \$ _____				
IF OVER 24 POWER UNITS, PLEASE ATTACH CURRENT YEAR END FINANCIALS			prior year	estimated current year

### SECTION III - OPERATIONS

1. <b>Check Applicable Operation:</b> <input type="checkbox"/> Contract Carrier <input type="checkbox"/> Common Carrier <input type="checkbox"/> Exempt Carrier <input type="checkbox"/> Freight Broker <input type="checkbox"/> Other _____				
2. <b>If Freight Broker, % of operations? ALSO COMPLETE SUPPLEMENT</b> _____ % <b>FHWA#</b> _____				
3. <b>List applicable percent of your operations next to each radius grouping:</b>				
0-50 miles	%	51-75 miles	%	
76-200	%	201-300	%	301-500
				500+ miles
				%
4. <b>Motor Carrier#?</b> _____ <b>DOT Number?</b> _____ <b>MCS-90 needed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				
5. <b>Indicate all locations where you regularly PICK-UP or DROP-OFF loads:</b>				
<input type="checkbox"/> 1. Atlanta	<input type="checkbox"/> 10. Denver	<input type="checkbox"/> 19. Louisville	<input type="checkbox"/> 28. Omaha	<input type="checkbox"/> 37. Tulsa
<input type="checkbox"/> 2. Baltimore/Washington	<input type="checkbox"/> 11. Detroit	<input type="checkbox"/> 20. Memphis	<input type="checkbox"/> 29. Phoenix	<input type="checkbox"/> 41. Mountain
<input type="checkbox"/> 3. Boston	<input type="checkbox"/> 12. Hartford	<input type="checkbox"/> 21. Miami	<input type="checkbox"/> 30. Philadelphia	<input type="checkbox"/> 42. Midwest
<input type="checkbox"/> 4. Buffalo	<input type="checkbox"/> 13. Houston	<input type="checkbox"/> 22. Milwaukee	<input type="checkbox"/> 31. Pittsburgh	<input type="checkbox"/> 43. Southwest
<input type="checkbox"/> 5. Charlotte	<input type="checkbox"/> 14. Indianapolis	<input type="checkbox"/> 23. Minneap/St. Paul	<input type="checkbox"/> 32. Portland	<input type="checkbox"/> 44. North Central
<input type="checkbox"/> 6. Chicago	<input type="checkbox"/> 15. Jacksonville	<input type="checkbox"/> 24. Nashville	<input type="checkbox"/> 33. Richmond	<input type="checkbox"/> 45. Mideast
<input type="checkbox"/> 7. Cincinnati	<input type="checkbox"/> 16. Kansas City	<input type="checkbox"/> 25. New Orleans	<input type="checkbox"/> 34. St. Louis	<input type="checkbox"/> 46. Gulf
<input type="checkbox"/> 8. Cleveland	<input type="checkbox"/> 17. Little Rock	<input type="checkbox"/> 26. New York City	<input type="checkbox"/> 35. Salt Lake City	<input type="checkbox"/> 47. Southeast
<input type="checkbox"/> 9. Dallas/Ft. Worth	<input type="checkbox"/> 18. Los Angeles	<input type="checkbox"/> 27. Oklahoma City	<input type="checkbox"/> 36. San Francisco	<input type="checkbox"/> 48. Eastern
				<input type="checkbox"/> 49. New England
				<input type="checkbox"/> 51. San Diego
				<input type="checkbox"/> 52. Seattle
				<input type="checkbox"/> 53 Sacramento
				<input type="checkbox"/> 54. San Antonio
				<input type="checkbox"/> Canada
				<input type="checkbox"/> Mexico
				<input type="checkbox"/> Other:
				<input type="checkbox"/> Other:

*Explain all YES answers in COMMENTS SECTION and attach related supplemental application where noted.*

6. Do you have other insurance with Avalon or LGIC? <input type="checkbox"/> Yes <input type="checkbox"/> No	15. Will equipment be loaned/rented to others? <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do drivers participate in a formal safety program? <input type="checkbox"/> Yes <input type="checkbox"/> No	16. Are passengers permitted in vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Do you pull Double Trailers (Triple are Ineligible)? <input type="checkbox"/> Yes <input type="checkbox"/> No	17. Do you use trailers not marked with fluorescent tape? <input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do you need Hired/Non-Owned Liability or PD? <input type="checkbox"/> Yes <input type="checkbox"/> No	18. Do trucks have GPS Equipment? IF YES, EXPLAIN <input type="checkbox"/> Yes <input type="checkbox"/> No
10. Do you always conduct pre-vehicle inspections? <input type="checkbox"/> Yes <input type="checkbox"/> No	19. Do you trip lease? IF YES, COMPLETE SECTION IX <input type="checkbox"/> Yes <input type="checkbox"/> No
11. Has your insurance been refused, canceled or non-renewed in the past 3 years? MO not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No	20. Do you want to include Non-Trucking Liability? IF YES, COMPLETE SECTION X <input type="checkbox"/> Yes <input type="checkbox"/> No
12. Do you haul or have authority to haul HazMat? IF YES, COMPLETE HAZMAT SUPPLEMENT <input type="checkbox"/> Yes <input type="checkbox"/> No	21. Do you haul Intermodal/Containerized Freight? IF YES, COMPLETE INTERMODAL SUPPLEMENT <input type="checkbox"/> Yes <input type="checkbox"/> No
13. Have you hauled to a landfill or treatment facility? IF YES, COMPLETE HAZMAT SUPPLEMENT <input type="checkbox"/> Yes <input type="checkbox"/> No	22. Do you pull Oversized/Overweight loads? IF YES, COMPLETE OVERSIZED/OVERWEIGHT SUPPLEMENT <input type="checkbox"/> Yes <input type="checkbox"/> No
14. Do you haul flat bed freight? IF YES, COMPLETE FLAT BED SUPPLEMENT <input type="checkbox"/> Yes <input type="checkbox"/> No	23. Do you provide any logging or lumbering services? IF YES, COMPLETE LOG/LUMBERING SUPPLEMENT <input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION IV - UNIT INFORMATION** (Please complete below schedule or attach vehicle list with all details.)

1. # Tractors \_\_\_\_\_ # Trailers \_\_\_\_\_ # Trucks \_\_\_\_\_ # Autos \_\_\_\_\_

**2. Please complete below vehicle schedule and/or attach vehicle list with all details (Acord 127)**

#	Auto Year	Make	Model/ Unit	Complete VIN/Serial #	Hired/ Owned	GVW/ GCW	Garaging City and State	Radius	Original Cost new	Current Value	Use (C/P)
1									\$	\$	
2									\$	\$	
3									\$	\$	
4									\$	\$	
5									\$	\$	
6									\$	\$	
7									\$	\$	

**3. Indicate Loss Payees (LP) and/or Additional Insured (AI) by unit.** If additional space is necessary, attach schedule.

Unit Number(s)	Check All Applicable:	Name and Address of Loss Payee and/or Additional Insured Lessor
	<input type="checkbox"/> LP <input type="checkbox"/> AI	
	<input type="checkbox"/> LP <input type="checkbox"/> AI	

**SECTION V - DRIVER INFORMATION** (If additional space required, please attach supplement and/or driver list with below driver details.)

1. Check all practices used by your company in driver selection:  
 Physical Exam     Drug Test     Reference Check     MVR Check     Road Test     Written Application  
 Employment Verification     Other \_\_\_\_\_

2. Describe acceptability requirements for hiring drivers: \_\_\_\_\_

3. Use Owner/Operators?     Yes     No    \_\_\_\_\_ %    % of Revenues from Owner/Operators (Attach Leased Owner/Operator Supplement)

4. Use team drivers?     Yes     No    \_\_\_\_\_ Number of Teams

5. Are Motor Vehicle Reports of employed drivers pulled and reviewed?     Yes     No    **If Yes, how often?** \_\_\_\_\_ **Attach MVRs**

6. Are all drivers covered by Workers Compensation?     Yes     No    **If Yes, who is your insurer?** \_\_\_\_\_

**If No, explain** \_\_\_\_\_

7. How many drivers *hired* over last 12 months? \_\_\_\_\_ How many drivers *left* your employ over the last 12 months? \_\_\_\_\_

8. How are Drivers compensated?     Hourly wage     Payment Per Trip     Salary     Other \_\_\_\_\_

9. What are the maximum hours driven per day? \_\_\_\_\_ Hours

10. What hours of the day do your drivers operate? 6 AM to 2 PM \_\_\_\_\_ %    2 PM to 10 PM \_\_\_\_\_ %    10 PM to 6 AM \_\_\_\_\_ %

11. Where do your drivers sleep when they are on a trip?     At Home     Motel     In the Cab     Other: \_\_\_\_\_

**(Copies of current MVRs required with submission – within last 30 days)**

#	Last name, First name, Middle Initial	Date of Birth	Sex (M/F)	Drivers License Number	Lic. State	# Years Exp.	Date of Hire	#Accidents #Violations in last 3 yrs
1								
2								
3								
4								
5								

**SECTION VI - INSURANCE INFORMATION** (Complete for all losses in the last 3 years and attach currently valued loss runs)

Date of Loss	Type of Loss (BI, PD, UM, UIM, Phd, MTC)	Driver	Amount Paid	Amount Reserved	Status of Claim
			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed

Please provide details of any losses over \$25,000:

\_\_\_\_\_  
 \_\_\_\_\_

**SECTION VI - INSURANCE INFORMATION CONTINUED**

Complete table below pertaining to your current Insurance:

Coverage	Name of Current Carrier	Limit	Premium	Expiration Date	Est Renewal Prem
		\$	\$		\$
		\$	\$		\$
		\$	\$		\$

**SECTION VII - GENERAL INFORMATION** (If additional space required, please attach)

1. List both general and principal commodities hauled (Note: The MTC Policy excludes certain commodities from coverage)

General Commodities & Packaging	% of Revenues	List Principal Commodities
Dry Freight		
Refrigerated Freight		
Flatbed Freight		

2. Do you haul your own goods exclusively?  Yes  No % Owned \_\_\_\_\_ % Non-Owned \_\_\_\_\_

3. Total Annual Mileage: Current Year \_\_\_\_\_ 1<sup>st</sup> Prior \_\_\_\_\_ 2<sup>nd</sup> Prior \_\_\_\_\_

**SECTION VIII - REQUESTED COVERAGE** Please check coverage you are requesting, which does not guarantee coverage will be offered.

<input type="checkbox"/> Primary Auto Liability:	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$250,000	<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$750,000	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> Other
<input type="checkbox"/> Auto Liability Deductible:	<input type="checkbox"/> None	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> Other
<input type="checkbox"/> Physical Damage Deductible:	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> Other	\$
<input type="checkbox"/> Collision Deductible:	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> Other	\$
Physical Damage Coverage:	<input type="checkbox"/> Comprehensive* or		<input type="checkbox"/> Specified Perils (Named Perils plus Theft/Fire)		<b>Auto Symbol</b>	
Blanket Deductible*:	Do you want a single deductible for all physical damage coverages? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> UM Limit Desired* \$	<input type="checkbox"/> PIP Limit Desired* \$	<input type="checkbox"/> Medical Pay Limit Desired*:	\$			
<input type="checkbox"/> UIM Limit Desired* \$	<input type="checkbox"/> Medical Pay Deductible:	\$				

\* Subject to state availability. State specific coverage election forms may also be required to be signed and dated by the Insured.

<input type="checkbox"/> Motor Truck Cargo Coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Limit Desired \$	<input type="checkbox"/> Deductible Desired \$
<input type="checkbox"/> MTC Terminal Coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(If yes, please attach MTC & Terminal Supplements)	

**SECTION IX - PRIMARY LIABILITY**

- Does your operation require filings?  Yes\*  No \*If yes, please attach Filing Supplement
  - Do you own any equipment not scheduled on this application?  Yes  No If Yes, explain in Remarks
  - Is all equipment operating under your authority scheduled on this application?  Yes  No If No, explain in Remarks
  - If you have requested Primary Liability, is unhooked coverage to be provided on scheduled Trailers?  Yes  No
- If Yes: (a.) Are trailers kept isolated from the public?  Yes  No (b.) Are trailers fully enclosed by a fence?  Yes  No

**SECTION X - NON-TRUCKING INFORMATION**

1. Are all units leased to trucking concerns on a long term basis?  Yes  No IF YES, COMPLETE NON-TRUCKING SUPPLEMENT

2. List all companies to whom you currently lease:

Name	Address

3. Do you ever use the unit(s) for Personal use?  Yes  No If Yes, % of usage? \_\_\_\_\_ % IF YES, COMPLETE PERSONAL USE SUPPLEMENT

4. Do you ever haul for entities other than the Lessee?  Yes  No If Yes, % of usage? \_\_\_\_\_ %

**SECTION XII - SIGNATURES** (This application must be signed by both the Applicant and Producer.)

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR REPRESENTATIVE THEREOF OR WHO FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACTUAL MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME. AS THIS IS THE LAST PAGE OF OUR APPLICATION FOR COMMERCIAL AUTO COVERAGE, YOUR SIGNATURES BELOW ATTEST THAT THE INFORMATION PROVIDED IS COMPLETE AND ACCURATE TO THE BEST OF YOUR KNOWLEDGE AND BELIEF INCLUDING ANY ADDITIONAL SUPPLEMENTS YOU MAY COMPLETE AS PART OF THIS APPLICATION FOR ADDITIONAL COVERAGE OPTIONS.

Signature of Named Insured	Title (must be owner, officer, executive, etc.)	Signature Date
Signature of Producer	Name of Agency	Signature Date



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**TRUCK APPLICATION SUPPLEMENT**  
 (Complete only if you are requesting coverage)

**SECTION A - HIRED AUTO LIABILITY, HIRED PHYSICAL DAMAGE, AND NON-OWNED LIABILITY**

1. Check desired coverage(s):  Hired Auto Liability  Hired Auto Physical Damage  Non-Owned Liability

2. (a). Are Autos hired under a written lease agreement?  Yes  No *If Yes, attach copy of lease agreements*  
 (b). Do you always hire with owner/operators as drivers?  Yes  No *Attach Owner/Operator Agreements*

3. Are Drivers of hired autos scheduled on the current policy?  Yes  No

**If no, please explain:** \_\_\_\_\_

4. When hired without driver, do you usually purchase lessor's primary liability and physical damage coverage? \_\_\_\_\_

5. Explain use of hired autos \_\_\_\_\_

6. Is condition of vehicles confirmed in writing prior to lease?  Yes  No

7. What is the average term of the lease? \_\_\_\_\_ *If term is over 6 months, vehicles & drivers must be scheduled on policy*

8. **If Hired Auto Physical Damage is requested, complete table below.**

<b>Maximum Unit Value</b>	\$
<b>Physical Damage Deductible (check coverage)</b>	\$
<input type="checkbox"/> Comprehensive (subject to state availability)	
<input type="checkbox"/> Specified Causes of Loss	
<b>Collision Deductible**</b>	\$
<b>Estimated Coverage Days</b>	
<b>Max. number of units hired at one time</b>	

9. For Hired Auto Liability                      Limit Desired \$ \_\_\_\_\_                      Annual Cost of Hire:                      \$ \_\_\_\_\_

10. For Non-Owned Liability                      Limit Desired \$ \_\_\_\_\_                      Number of Employees:                      \_\_\_\_\_

**SECTION B – TRAILER INTERCHANGE *Complete section only if you are requesting coverage***

1. Do you have a written trailer interchange agreement?  Yes  No *If Yes, attach copy of agreement(s).*

2. Explain use of non-owned trailers \_\_\_\_\_

3. a) Is condition of trailers confirmed in writing prior to taking possession?  Yes  No  
 b) Does customer pre-load trailers?  Yes  No  
 c) Do insured vehicle drivers always know contents of trailers?  Yes  No  
 d) Does insured pick up trailers of regular customers?  Yes  No

4. **For Trailer Interchange Coverage, complete table below:**

<b>Maximum Trailer Value</b>	\$
<b>Other than Collision Deductible</b>	\$
<b>Collision Deductible</b>	\$
<b>Estimated Coverage Days</b>	
<b>Max. number of trailers hired at one time</b>	

\*\*\*Premium is based on Total number of trailers times the total number of days in possession.

5. Please advise if you offer either of the following services  
 You transport trailers belonging to another entity       Another entity transports your trailers

**SECTION C - REMARKS SECTION (Provide additional information in the space below and reference Section and Question Numbers**
