ACORD® TRUCKERS/MOTOR CARRIERS SECTION

DATE (MM/DD/YYYY)

| AGENCY | PHONE (A/C, No, Ext): | APPLICANT (First Named Insured) |
| | FAX (A/C, No): | |

| | EFFECTIVE DATE | EXPIRATION DATE | DIRECT BILL | PAYMENT PLAN | AUDIT |
| | | | AGENCY BILL | | |

CODE: **SUB CODE:**

FOR COMPANY USE ONLY

AGENCY CUSTOMER ID:

PRINCIPAL SHIPPERS

REGULATION

COMMON CARRIER	DOT RATING
CONTRACT CARRIER	DOCKET #:
PRIVATE CARRIER	ICC FILING REQUIRED; DOCKET #:

ATTACH ACORD 194 FOR STATE/FEDERAL FILINGS

COVERAGES/LIMITS

USE ACORD 137 FOR YOUR STATE TO PROVIDE COVERAGES/LIMITS INFORMATION

RECEIPTS, MILEAGE, UNITS   COMMODITIES

	GROSS RECEIPTS	TOTAL MILEAGE	# POWER UNITS	COMMODITIES TRANSPORTED	% TOTAL REVENUE	VALUE PER TRUCK LOAD
NEXT YEAR (EST)	$					$
PAST YEAR	$					$
PREV YEAR	$					$
PREV YEAR	$					$

TERMINALS

LOC #	ZONE #	NAME AND ADDRESS OF TERMINALS	# VEH	DIST FROM GARAGE

DRIVER INFORMATION | ACORD 163 attached for additional drivers

LIST ALL DRIVERS, INCLUDING FAMILY MEMBERS THAT WILL DRIVE COMPANY VEHICLES, AND EMPLOYEES WHO DRIVE OWN VEHICLES ON COMPANY BUSINESS.

DRIVER #	NAME (Include address, if required)	SEX	MAR STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE LIC	DATE HIRE	USE VEH #	% USE

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EQUIPMENT ☐ ACORD 129 (Vehicle Section) attached for owned units

VEHICLE TYPE	PER VEHICLE TYPE ENTER THE "NUMBER OF" WITHIN EACH CATEGORY							TERR/ ZONE
	COMPANY OWNED	NON OWNED	LONG TERM LEASE	TRIP LEASE	RADIUS (MILES)			
					LOCAL	INTER-MEDIATE	LONG DISTANCE	
TRUCKS								
TRACTORS								
SEMI-TRAILERS								
FULL TRAILERS								
TANK SEMI-TRAILERS								
TANK TRAILERS								
REFRIGERATED TRAILERS								
SERVICE TRUCKS								
PRIVATE PASSENGER AUTOS								
TOTAL VEHICLES								

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO	EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO
1. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?			11. DOES APPLICANT HAUL FOR OTHER TRUCKERS?		
2. DOES APPLICANT OBTAIN MVR VERIFICATION ON DRIVERS?			12. DO OTHER TRUCKERS OPERATE UNDER THE PERMIT OF THE APPLICANT? (Percentage of total number of vehicles so operated)		
3. DOES APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?					
4. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?			13. IS COVERAGE REQUIRED FOR TRAVEL IN CANADA OR MEXICO?		
5. DOES APPLICANT OWN OR OPERATE EQUIPMENT NOT LISTED HERE?			14. ARE DRIVERS COMPENSATED PER TRIP?		
6. DOES APPLICANT HAUL ANY DANGEROUS, CAUSTIC, RADIOACTIVE OR FLAMMABLE CARGO?			15. ANY HOLD HARMLESS AGREEMENTS?		
			16. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS?		
7. DOES APPLICANT HAUL TARGET COMMODITIES (ie: stereos, televisions, pharmaceuticals, liquor, meat, seafood, etc)			17. DO ANY VEHICLES HAVE SPECIAL EQUIPMENT MOUNTED OR ATTACHED?		
			18. DOES APPLICANT PULL DOUBLE OR TRIPLE TRAILERS?		
8. DO DRIVERS RECEIVE REGULAR PHYSICALS?			19. DOES APPLICANT HAVE TOW TRUCKS OR PERFORM TOWING?		
9. DOES APPLICANT HIRE EQUIPMENT FROM OTHERS?			20. ARE VEHICLES LEFT UNLOCKED WHEN UNATTENDED?		
10. DOES APPLICANT RENT OR LEASE VEHICLES OR EQUIPMENT TO OTHERS WITH/WITHOUT OPERATORS?			21. ARE ANY OVERAGE, SHORTAGE OR DAMAGE CLAIMS PENDING?		

ADDITIONAL INTEREST/CERTIFICATE RECIPIENT ACORD 45 attached for additional names

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:		CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
☐ ADDITIONAL INSURED						VEHICLE:
☐ LOSS PAYEE						SCHEDULED ITEM NUMBER:
☐ LIENHOLDER						OTHER
☐ EMPLOYEE AS LESSOR						
		ITEM DESCRIPTION:				

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REMARKS

ACORD 132 (2004/03) ATTACH TO APPLICANT INFORMATION SECTION