

# HAZARDOUS TRANSPORTATION LIABILITY & PHYSICAL DAMAGE APPLICATION

## GENERAL INFORMATION

Applicant					Effective Date:	Quoted By:
Mail Address	Street/P.O. Box	City	County	State	Zip Code	
Location Address	Street	City	County	State	Zip Code	Phone ( )
Garaging						
1)						
2)						
Inspection Contact			FEIN#	Business is: <input type="checkbox"/> C Corp <input type="checkbox"/> S Corp <input type="checkbox"/> Sole Owner		
<b>YEAR STARTED BUSINESS:</b>						

## UNDERWRITING INFORMATION

Radius by % of Round Trips: >500 M _____ 201 - 500 M _____ 51 - 200 M _____ 0 - 50 M _____	Authority: <input type="checkbox"/> Common <input type="checkbox"/> Contract <input type="checkbox"/> Brokerage <input type="checkbox"/> Exempt <input type="checkbox"/> Private
State and Cities Entered:	
<b>Description of Operations:</b>	
List Hazardous Commodities by %	
List Commodities Hauled by %	Does Applicant use trip leasers? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, % of retained revenue per trip _____

## COVERAGE AND LIMITS REQUESTED

1. Liability Limits	
A. Combined Single Limit :	\$ _____
B. Split Limits:	
Bodily Injury:	\$ _____ each person
	\$ _____ each accident
Property Damage	\$ _____ each accident
C. Liability Deductible:	\$ <u>not available without approval of home office</u>
2. Do you desire Uninsured / Underinsured Motorists Coverage?	
<input type="checkbox"/> No.	I (We) hereby reject Uninsured / Underinsured Motorists Coverage in its entirety.
<input type="checkbox"/> No.	I (We) hereby reject Uninsured / Underinsured Motorists Coverage as respects Property Damage Liability in its entirety.
<input type="checkbox"/> Yes.	If coverage is accepted by a Named Insured, the limits provided is limited to the financial responsibility limits unless higher limits are request below.
I (We) request limits of:	\$ _____ Bodily Injury Each Person
	\$ _____ Bodily Injury Each Accident
	\$ _____ Property Damage Each Accident
	\$ _____ Combined Single Limit
3. Do you desire Personal Injury Protection Insurance?	
<input type="checkbox"/> Yes.	Limit Requested \$ _____ Personal Injury Protection
<input type="checkbox"/> No.	
4. Do you desire medical payments? <input type="checkbox"/> Yes _____ Limit <input type="checkbox"/> No	

## PHYSICAL DAMAGE

Deductible:	Comp \$ _____	Collision \$ _____	OTC \$ _____
If fleet physical damage coverage is written describe security and protection, i.e. fenced and/or lighted lot, stored in building, security guard, etc. _____			
_____			

## NUMBER & TYPE OF EQUIPMENT

TYPE	# OWNED	# LEASED	# OWNER OPERATORS	TOTAL
Tractors				
Trucks > 20,000 lbs. GVW				
Trucks < 20,000 lbs. GVW				
Service Units				
Private Passenger				
Van Trailers				
Refrigerated Trailers				
Flat Bed Trailers				
Tank Trailers				

## EQUIPMENT INFORMATION

### Rating Basis

#	YEAR	MAKE	TYPE	GVW	VEHICLE IDENTIFICATION NUMBER	MAXIMUM RADIUS	GARAGING LOCATION	<u>COST NEW</u>	Zones Near/Far
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									

Does Applicant own/lease any other power units?  Yes  No If Yes, give details:

## LOSS PAYEE INFORMATION

	NAME	ADDRESS	CITY	STATE	ZIP CODE
1.					
2.					
3.					
4.					
5.					

## Motor Truck Cargo Coverage Selection

<b>Select Desired Form:</b>	<b>Standard</b>	<b>Owner's Goods</b>
<b>Limit Per Vehicle \$</b>	Deductible Desired: \$	
<b>Additional coverage Desired:</b>	Refrigeration Breakdown: \$2,500 deductible Y N	Terminal Coverage: Y N Limit: \$

## Truckers General Liability Coverage Selection: This is for businesses solely involved in "for-hire" transportation of property

### Non-driver payroll:

<b>Desired Limits: General Aggregate, select one</b>	<b>\$1,000,000</b>	<b>\$2,000,000</b>
<b>Fire Legal: \$100,000 or \$</b>	<b>Medical Payments: \$5,000 or \$</b>	
<b>Misdelivery of Liquid Products: Yes No</b>	<b>Additional Insureds:</b>	<b>Waiver of Transfer of Rights:</b>
<b>Miscellaneous coverages requested:</b>		
<b>Employee Benefits Liability</b>	<b>Limits:</b>	<b># of employees</b>
<b>Employers Liability (Stop Gap)</b>	Available only in ND, OH, WA and WY	<b>Yes No</b>
\$1,000,000 Bodily Injury by accident – each accident	\$1,000,000 Bodily Injury by Disease each employee	\$1,000,000 Bodily Injury by Disease each Policy

**DRIVERS INFORMATION SHEET (also attach current MVRS)**

**DRIVER INFORMATION**

#.	EMPLOYEE OR OWNER OPERATOR	NAME	DATE EMPLOYED	DATE OF BIRTH	STATE	LICENSE NUMBER	* YEARS OF EXP	UNIT DRIVEN
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								

\* Indicate years Driving Experience for like type Units & Commodities.

Do you hire any equipment?  Yes  No. If Yes, what is the estimated annual cost of hire? \$ \_\_\_\_\_

Do you loan or rent any of your equipment to others?  Yes  No. If Yes, please explain \_\_\_\_\_

Do you interchange equipment with other carriers?  Yes  No. If Yes, give details \_\_\_\_\_

Is any specialized equipment attached to any unit?  Yes  No. If Yes, describe \_\_\_\_\_

Non-Owned Autos : Number of Employees \_\_\_\_\_ Partners \_\_\_\_\_ Volunteers \_\_\_\_\_

**Historical Data: Gross Revenue/Gross Mileage**

Gross revenue and mileage by policy year as reported to insurance company for the current policy term plus minimum requirement of prior requirement or prior 36 months (prior 48 months preferred). List revenue estimate, mileage estimate and average number of units estimate for prospective policy year.

FROM	TO	EXACT REVENUE (not rounded)	EXACT MILEAGE (not rounded)	AVERAGE # OF POWER UNITS	Premium
NEXT TWELVE MONTHS		Est. Rev.:	Est. Miles:	Est. Units:	Target:

## HAZARDOUS MATERIAL TRANSPORTATION SUPPLEMENTAL APPLICATION

Applicant Name \_\_\_\_\_

List all hazardous materials hauled below filling in each block for each applicable commodity. Use the classifications listed at the bottom of the table for radius, container type and trailer type.

HAZARDOUS MATERIALS CLASSIFICATION	% OF LOADS	AVERAGE RADIUS	CONTAINER TYPE	TRAILER TYPE
1.	Flammable Liquid			
2.	Pyroforic Liquid			
3.	Flammable Solid			
4.	Oxidizer			
5.	Spontaneously Combustible Solid			
6.	Water Reactive Solid			
7.	Compressed Gas			
8.	Non-Liquified Compressed Gas			
9.	Liquified Compressed Gas			
10.	Compressed Gas in Solution			
11.	Flammable Gas			
12.	Non-Flammable Gas			
13.	Poisons A	Coverage is	Not available	Within program
14.	Poisons B	Coverage is	Not available	Within program
15.	Irritating Material			
16.	Etiologic Agent (microorganisms and microbial toxins, viruses, etc)	Coverage is	Not available	Within program
17.	Radioactive Material	Coverage is	Not available	Within program
18.	ORM -- <b>Other Related Materials</b> - describe			
19.	ORM A			
20.	ORM B			
21.	ORM C			
22.	ORM D			
23.	ORM E			
24.	Consumer Commodity			
25.	Other (describe)			
	<b>NON HAZARDOUS MATERIALS HAULED</b>	<b>% OF LOADS</b>	<b>AVERAGE RADIUS</b>	<b>TRAILER TYPE</b>
26.				
27.				
28.				
29.				
30.				
31.				
32.				
33.				
34.				
AVERAGE RADIUS:		0 - 50 miles = Local	51-200 miles = Intermediate	> 200 miles = Long Haul
TRAILER TYPE		CONTAINER TYPE		
F = Flatbed Trailer   H = Hopper Trailer   T = Tanker Trailer   V = Van Trailer		B = Bulk   D = Drummed   C = Cylinder   O = Other (must explain)		

# HAZARDOUS MATERIAL TRANSPORTATION SUPPLEMENTAL APPLICATION

(CONTINUED)

## SAFETY QUESTIONS 1-24 MUST BE ANSWERED ACCURATELY

1. If applicant has full-time safety director, name: \_\_\_\_\_
2. If no full-time safety director, name and title of person in charge of safety: \_\_\_\_\_
3. Does the above have the absolute power to hire and fire drivers? \_\_\_\_\_
4. Safety meetings are held how often? \_\_\_\_\_
5. What is applicant's policy regarding driver attendance in safety meetings? \_\_\_\_\_  
\_\_\_\_\_
6. Is there a driver award/bonus plan?  Yes  No If Yes, describe: \_\_\_\_\_  
\_\_\_\_\_
7. Is there an accident review board?  Yes  No If No, who reviews accidents? \_\_\_\_\_
8. Does applicant permit any non-employee passengers?  Yes  No If Yes, explain: \_\_\_\_\_  
\_\_\_\_\_
9. Does applicant have a driver's handbook?  Yes  No If Yes, attach copy. (Attachment H)
10. Does applicant have a written safety program?  Yes  No If Yes, attach copy. (Attachment I)
11. Does applicant have a written vehicle maintenance program?  Yes  No If Yes, Attach copy. (Attachment J)
12. On what regularity are vehicles Serviced? \_\_\_\_\_
13. Maintenance program applies to (YES, NO or NA): Owned Equip. \_\_\_\_\_ Leased Equip. \_\_\_\_\_ O/OP. Equip. \_\_\_\_\_
14. Are maintenance records filed and retained on site?  Yes  No If No, explain: \_\_\_\_\_
15. Is M.V.R. reviewed prior to driver hire or lease?  Yes  No If Yes, explain Procedure: \_\_\_\_\_  
\_\_\_\_\_
16. How often are M.V.R.'s reviewed after driver hire or lease? \_\_\_\_\_
17. Who reviews M.V.R.'s? \_\_\_\_\_
18. Minimum age of driver prior to hire or lease? \_\_\_\_\_
19. Minimum truck driving experience required prior to hire or lease? \_\_\_\_\_
20. What M.V.R. violations disqualify a driver prospect? \_\_\_\_\_
21. What M.V.R. violation will cause dismissal? \_\_\_\_\_  
\_\_\_\_\_
22. Current D.O.T. safety rating and rating date: \_\_\_\_\_
23. Have you ever had authority lost or withdrawn? (ICC/PUC)  Yes  No If yes describe: \_\_\_\_\_  
\_\_\_\_\_
24. Have you been/now on probation by any regulatory? (ICC/PUC)  Yes  No If yes describe: \_\_\_\_\_  
\_\_\_\_\_

## SUPPLEMENTAL QUESTIONS MUST BE ANSWERED ACCURATELY.

1. List all currently used Treatment, Storage & Disposal facilities including permit numbers/locations.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Does applicant select disposal site for hazardous materials? \_\_\_\_\_
3. How and where are company vehicles decontaminated?  
\_\_\_\_\_  
\_\_\_\_\_
4. Who authorizes Hazardous Materials manifests and is this a full-time position? \_\_\_\_\_
5. Does applicant haul:  Chemicals  Dry Cleaning (PERC)  Liquid Fertilizer  Petroleum  Compressed Gases  
If yes, does applicant have some kind of Carrier Security Guideline in place? Y N if Yes, attach a copy with binder \_\_\_\_\_

Please check off all states that you currently need a filing in: If the insured has a file number, etc with the state, please advise the state and the number in the space below to avoid the filing being rejected.

Alabama		Illinois		Montana		Rhode Island	
Alaska		Indiana		Nebraska		South Dakota	
Arizona		Iowa		Nevada		South Carolina	
Arkansas		Kansas		N.H.		Tennessee	
California		Kentucky		New Jersey		Texas	
Colorado		Louisiana		New Mexico		Utah	
Connecticut		Maine		New York		Vermont	
Delaware		Maryland		N.C.		Virginia	
D.C.		Massachusetts		North Dakota		Washington	
Florida		Michigan		Ohio		West Virginia	
Georgia		Minnesota		Oklahoma		Wisconsin	
Hawaii		Mississippi		Oregon		Wyoming	
Idaho		Missouri		Pennsylvania		ICC	

MC # \_\_\_\_\_  
 CAL-T # \_\_\_\_\_  
 State file number, etc, required in: \_\_\_\_\_  
 File number: \_\_\_\_\_

**Name and address as it appears on filings:** \_\_\_\_\_

MCS-90 Is included in all policies issued by FEI \_\_\_\_\_ Do you hold broker authority? \_\_\_\_\_  
 Any oversize/overweight, hazardous permits or other specialized filings required?  Yes  No If yes, explain, \_\_\_\_\_

**Loss Information**

Loss information including loss adjustment expense. Losses by policy term for the current term plus prior 36 months minimum (prior 48 months preferred.) **Attach copies of the Company loss runs.**

AUTO LIABILITY		POLICY NUMBER	INSURANCE CARRIER	NO. OF ACC.	BODILY INJURY		PROPERTY DAMAGE	
FROM	TO				PAID	OUTSTANDING	PAID	OUTSTANDING
PHYSICAL DAMAGE		POLICY NUMBER	INSURANCE CARRIER	NO. OF ACC.	COLLISION		OTHER THAN COLLISION	
FROM	TO				PAID	OUTSTANDING	PAID	OUTSTANDING

Have you ever had insurance for this type of operation **canceled, declined or renewal refused**  Yes  No. If Yes, explain fully \_\_\_\_\_

ATTACHMENTS LISTED BELOW **MUST** BE INCLUDED TO RECEIVE A QUOTE

- |  |  |
|--|--|
| <p>A. _____ <b>Verified loss runs valued within 90 days of proposed quote date for current year + 48 mos. minimum</b></p> <p>B. _____ <b>Details on all losses in excess of 50,000</b></p> <p>C. _____ <b>Most current financial statements + prior fiscal year</b></p> <p>D. _____ <b>Complete vehicle schedule including radius of operation</b></p> | <p>E. _____ <b>Current MVRS</b></p> <p>F. \$ _____ <b>Expiring Premium</b></p> <p>Required within 30 days of binding:</p> <p>Driver's Handbook, Written safety and maintenance programs, Spill prevention/response plans, vehicle inspections for older power units and trailers</p> |
|--|--|

**NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM**

**FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD.**

**NOTICE TO ARKANSAS, LOUISIANA AND NEW MEXICO APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an Insurance Company for the purpose of defrauding or attempting to defraud the Company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any Insurance Company or agent of an Insurance Company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

**NOTICE TO MAINE APPLICANTS:** It is a crime to provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW YORK APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**NOTICE TO PUERTO RICO APPLICANTS:** Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps, or has presented a fraudulent claim for the payment of

a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

**NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties include imprisonment, fines and denial of insurance benefits.

I authorize Leo Risk Services, Inc. and/or the producing agent to obtain proper copy(ies) of my Motor Vehicle Report for insurance underwriting purposes. As with any additional drivers listed and/or any drivers who will operate equipment covered under any prospective insurance policy for which this application relates have or will have authorized me to consent to the same. I certify that all application information is true and agree that any misrepresentation by me will constitute reason for the company to void or cancel any policy issued on the basis of this application, and will hold the company harmless for the action taken.

I declare to the best of my knowledge that all statement herein are true and no material facts have been suppressed or misstated. I am also aware that my business organization may be inspected by the insurance company.

Producer Name, City, State and Phone \_\_\_\_\_

Producer Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Insured Signature** \_\_\_\_\_ Date: \_\_\_\_\_