

# Fleet Application - Trucking



Producer: \_\_\_\_\_ Phone: \_\_\_\_\_ Other Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Website \_\_\_\_\_ MC #: \_\_\_\_\_ DOT #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ County: \_\_\_\_\_

Applicant is:  Individual  Corporation  Partnership  Other \_\_\_\_\_

Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Federal ID # \_\_\_\_\_

Principal Garaging Location: \_\_\_\_\_

Other Locations:	1. _____	Terminal? <input type="checkbox"/> Yes <input type="checkbox"/> No
	2. _____	

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

States of Operation: \_\_\_\_\_ Email: \_\_\_\_\_

## OPERATIONS BEYOND 300 MILE RADIUS: Identify Cities Traveled Through or Into

- |                                     |  |                                       |  |   |  |
|-------------------------------------|--|---------------------------------------|--|---|--|
| <input type="checkbox"/> Atlanta    | <input type="checkbox"/> Cleveland       | <input type="checkbox"/> Jacksonville | <input type="checkbox"/> Milwaukee     | <input type="checkbox"/> Philadelphia   | <input type="checkbox"/> San Diego     |
| <input type="checkbox"/> Baltimore  | <input type="checkbox"/> Dallas/Ft Worth | <input type="checkbox"/> Kansas City  | <input type="checkbox"/> Minneapolis   | <input type="checkbox"/> Phoenix        | <input type="checkbox"/> San Francisco |
| <input type="checkbox"/> Boston     | <input type="checkbox"/> Denver          | <input type="checkbox"/> Little Rock  | <input type="checkbox"/> Nashville     | <input type="checkbox"/> Pittsburgh     | <input type="checkbox"/> Seattle       |
| <input type="checkbox"/> Buffalo    | <input type="checkbox"/> Detroit         | <input type="checkbox"/> Los Angeles  | <input type="checkbox"/> New Orleans   | <input type="checkbox"/> Portland       | <input type="checkbox"/> Tulsa         |
| <input type="checkbox"/> Charlotte  | <input type="checkbox"/> Hartford        | <input type="checkbox"/> Louisville   | <input type="checkbox"/> New York City | <input type="checkbox"/> Richmond       | <input type="checkbox"/> _____         |
| <input type="checkbox"/> Chicago    | <input type="checkbox"/> Houston         | <input type="checkbox"/> Memphis      | <input type="checkbox"/> Oklahoma City | <input type="checkbox"/> St. Louis      | <input type="checkbox"/> _____         |
| <input type="checkbox"/> Cincinnati | <input type="checkbox"/> Indianapolis    | <input type="checkbox"/> Miami        | <input type="checkbox"/> Omaha         | <input type="checkbox"/> Salt Lake City | <input type="checkbox"/> _____         |

## GENERAL INFORMATION:

1. Type of Carrier: Common  Contract  Private  Exempt

2. Years in business: \_\_\_\_\_ If less than 3, provide prior experience: \_\_\_\_\_

3. Officers: President: \_\_\_\_\_ VP \_\_\_\_\_ Sec. \_\_\_\_\_

4. Names of Principal Shippers: \_\_\_\_\_

5. Has applicant ever been canceled, refused or non-renewed by any insurance company in the past 3 years?  Yes  No

If so explain: \_\_\_\_\_

6. Has applicant ever filed bankruptcy?  Yes  No If so, when? \_\_\_\_\_

7. Does applicant transport hazardous commodities?  Yes  No If so, list: \_\_\_\_\_

8. Does applicant manage a brokerage operation?  Yes  No In what name? \_\_\_\_\_

9. Any containerized cargo hauled?  Yes  No If so, what: \_\_\_\_\_

10. Does applicant pull doubles or triples?  Yes  No

11. Any oversize/overweight cargo hauled?  Yes  No If so, what: \_\_\_\_\_

12. Any special equipment mounted or attached?  Yes  No If so, describe: \_\_\_\_\_

13. Does applicant interchange equipment with other carriers?  Yes  No If yes, explain: \_\_\_\_\_

14. Any additional insured or intermodal endorsements required?  Yes  No If yes, attach list.

15. Current DOT Rating: \_\_\_\_\_

16. Workers Compensation Coverage?  Yes  No Carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_ Policy Period: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

**LEASE INFORMATION:**

1. Is any scheduled equipment leased from owner-operators?  Yes  No

2. Is all equipment operating under applicants authority scheduled?  Yes  No

If not, explain: \_\_\_\_\_

3. Is all commercial equipment you own or operate described in application?  Yes  No

If no, describe: \_\_\_\_\_

4. Do you rent or hire vehicles?  Yes  No Next year estimate: \$ \_\_\_\_\_

**DRIVER INFORMATION:**

1. Minimum age requirement \_\_\_\_\_

2. Minimum OTR experience requirement: \_\_\_\_\_

3. Total number of Drivers: \_\_\_\_\_

4. Do your files conform to the requirements of the DOT?  Yes  No

5. What MVR violations cause dismissal? \_\_\_\_\_

6. How many drivers teams? \_\_\_\_\_

7. Average miles per day for each driver? \_\_\_\_\_

8. Number of drivers employed more than 1 year? \_\_\_\_\_

9. How often are drivers routed home? \_\_\_\_\_

10. Do you allow passengers other than drivers?  Yes  No If yes, explain: \_\_\_\_\_

**MAINTENANCE INFORMATION:**

1. Maintenance Director's Name: \_\_\_\_\_

2. Number of years with applicant: \_\_\_\_\_ Number of years in maintenance: \_\_\_\_\_

3. Does applicant have a written maintenance program?  Yes  No

4. Does program include owner operators?  Yes  No

5. Are maintenance records filed and retained?  Yes  No

6. Does applicant have a repair facility?  Yes  No

7. Does applicant service vehicles of others?  Yes  No

8. How many mechanics does applicant employ? \_\_\_\_\_

9. Describe applicant's maintenance facility: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

**VEHICLE INFORMATION:  
NUMBER & PIECES OF EQUIPMENT:**

	COMPANY OWNED	LEASED WITH DRIVER	LEASED WITHOUT DRIVER	TOTALS	# / % LOCAL 0 - 50 MILES	# / % INTERM 51 - 200 MI.	# / % LONG DIST. 201 - 500 MI.	# / % LONG DIST. OVER 500 MI.
Trucks								
Tractors								
Semi-Trailers								
Tank Trailers								
Refrigerated Trailers								
Van Trailers								
Flat Bed Trailers								
Service Trucks								
Autos								
Other								

Show % of Trips: Determine the radius for all autos under this policy from the location where the auto(s) is principally garaged to the farthest point of regular operations.

0 - 50 Miles \_\_\_\_\_%    51 - 200 Miles \_\_\_\_\_%    201 - 500 Miles \_\_\_\_\_%    501 and over \_\_\_\_\_%

Average length of haul \_\_\_\_\_

**REVENUE / MILEAGE INFORMATION:**

POLICY TERM	MILEAGE	GROSS RECEIPTS	AVERAGE # OF UNITS	AVERAGE FLEET VALUE
Next Year Estimate		\$	**	* \$
Current Year Estimate		\$		\$
1st Year Prior		\$		\$
2nd Year Prior		\$		\$
3rd Year Prior		\$		\$

\*\* ACTUAL # OF UNITS ON CURRENT SCHEDULE / \* ACTUAL VALUES ON CURRENT SCHEDULE

**Comments:**

Name of Applicant: \_\_\_\_\_

**PRIOR CARRIER / LOSS INFORMATION:**

**Liability:**

Coverage Year	Carrier	Loss Reserves	Total Incurred (w/expense)	Deductible	# of Accidents	# Of Insured Units	Frequency	Valuation Date
Current								
1st Year Prior								
2nd Year Prior								
3rd Year Prior								
4th Year Prior								

**Physical Damage:**

Coverage Year	Carrier	Loss Reserves	Total Incurred (w/expense)	Deductible	# of Accidents	# Of Insured Units	Frequency	Valuation Date
Current								
1st Year Prior								
2nd Year Prior								
3rd Year Prior								
4th Year Prior								

**Cargo:**

Coverage Year	Carrier	Loss Reserves	Total Incurred (w/expense)	Deductible	# of Accidents	# Of Insured Units	Frequency	Valuation Date
Current								
1st Year Prior								
2nd Year Prior								
3rd Year Prior								
4th Year Prior								

Losses over \$50,000 - Must be provided for all lines along with current status attach separate sheet

Name of Applicant: \_\_\_\_\_

**COVERAGE & LIMITS DESIRED:**

**LIABILITY:** \$ \_\_\_\_\_ Liability (Combined Single Limit)  
\$ \_\_\_\_\_ Deductible on Liability

**UNINSURED MOTORISTS:** \$ \_\_\_\_\_ Each Person Bodily Injury  
\$ \_\_\_\_\_ Each Accident Bodily Injury  
\$ \_\_\_\_\_ Each Accident Property Damage

**UNDERINSURED MOTORISTS:** \$ \_\_\_\_\_ Each Person Bodily Injury  
\$ \_\_\_\_\_ Each Accident Bodily Injury

**PHYSICAL DAMAGE:** \$ \_\_\_\_\_ Deductible Comprehensive  
\$ \_\_\_\_\_ Deductible Specified Perils  
\$ \_\_\_\_\_ Deductible Collision

**TRAILER INTERCHANGE:** \$ \_\_\_\_\_ Limit  
\$ \_\_\_\_\_ Deductible

**CARGO COVERAGE:** \$ \_\_\_\_\_ Limit per Vehicle  
\$ \_\_\_\_\_ Limit per occurrence  
\$ \_\_\_\_\_ Increased Limits - Specified Shipper  
\$ \_\_\_\_\_ Terminal Limit  
\$ \_\_\_\_\_ Deductible other than Refrigeration Breakdown  
\$ \_\_\_\_\_ Deductible for Refrigeration Breakdown  
\$ \_\_\_\_\_ Debris Removal  
\$ \_\_\_\_\_ Earned Freight

**PERILS:**

- Named Perils (including Theft)
- Broad Form
- Mechanical Breakdown
- Terminal

**Optional Deductibles / Limits:**



Name of Applicant: \_\_\_\_\_

**SAFETY INFORMATION:**

- 1. Safety Director's Name: \_\_\_\_\_
- 2. Number of years with applicant: \_\_\_\_\_ Number of years in safety: \_\_\_\_\_
- 3. % of time devoted to safety activities: \_\_\_\_\_
- 4. Describe Duties: \_\_\_\_\_
- 5. Does Safety Director hire and fire drivers?  Yes  No
- 6. Does Safety Director hold safety meetings?  Yes  No  
If so, how often? \_\_\_\_\_
- 7. Do driver selection procedures include:
  - a. Written Applications?  Yes  No
  - b. MVR Review  Yes  No
  - c. Prior Employment Verification?  Yes  No
  - d. Written test?  Yes  No
  - e. Road test?  Yes  No
  - f. Physical exam?  Yes  No
  - g. Drug testing?  Yes  No
- 8. Does driver orientation include:
  - a. Company rules and policies?  Yes  No
  - b. Daily D.O.T. vehicle inspection procedures?  Yes  No
  - c. Equipment and route familiarization?  Yes  No
  - d. Emergency procedures?  Yes  No
  - e. Accident reporting procedures?  Yes  No
  - f. Length of Orientation? \_\_\_\_\_
  - g. Required for Owner Operators?  Yes  No
- 9. Does road supervision include:
  - a. Satellite communications?  Yes  No
  - b. Radio dispatch?  Yes  No
  - c. Cell phones?  Yes  No
  - d. GPS tracking?  Yes  No
- 10. Are drivers required to perform pre-trip inspections on vehicles?  Yes  No
- 11. Does applicant have a drivers' handbook?  Yes  No
- 12. Does applicant maintain written safety program?  Yes  No  
If yes, describe: \_\_\_\_\_
- 13. Does applicant offer safety incentives?  Yes  No
- 14. Is there an accident review board?  Yes  No  
If not, who reviews accidents? \_\_\_\_\_
- 15. Does applicant have a disciplinary policy?  Yes  No  
If yes, describe: \_\_\_\_\_

**Barry Weiner**

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