

5421 FELTL RD STE 140, MINNETONKA, MN 55343 Phone: 952-563-1234

Fax: 952-563-1235

1. Agency Info	rmation												
Submitting Agend	Submitting Agency:					Phone:							
Contact Person:					Email:								
2. Applicant In	formation												
Applicant:							Effective Date:						
Garaging Addres	SS:					City:			State	:	Z	Zip:	
MC #:		US	DOT #:				Te	elephone Number:					
Radius of Operat	tions: 0-	50 Miles				Years in Business:							
50-200 Miles Over 200 Miles			Applicant's Contact Person:										
Major cities trave			<u> </u>										
,	· ·					Applicant's Email:  Federal ID No:							
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3. Coverage R		Liability			l	Phys	ical	Damage		Motor T	ruck (	Cargo	
CSL:	Auto	Liability				Physical Damage  ☐ Comprehensive			Limit:		I uck v	Jaigo	
UM/UIM:						□ Specified Perils				Deductible:			
PIP:						□ Collision			1			□ Yes	
Hired Auto (Cost	Hired Auto (Cost of				Deductible:			Refrigeration Breakdown?			□ Tes		
Hire):  Non-Owned Auto (# of Employees)													
	· , ,			Tr	ailer In	terchange			<u> </u>				
Limit:	# of # of		Is there a signed trailer interchange agreement in place?   Yes						☐ Yes ☐ No				
<u>.</u>	General Liability – Please send the ACORD 126 if General Liability is needed.												
4. History													
				O	peratio	n History	,						
Ye			Number of Power Units			Total Miles			Gross Receipts				
Proje													
Current (2015-2016)													
2014-2015													
2013-2014 2012-2013			Loss History										
Auto Liability					# of								
Policy Start	Callel		Losses			Reserves	Р	aid	To	otal Incurred			
/	/	iu iu	1										
/	/												
/	/												
Physical			Carrier			# 0		Reserves	Р	aid	To	otal Incurred	
Policy Start	Policy En	nd	Carrier			Losses		110001100	1 414				
/	/												
/	/												
/	/												
Motor Truck Cargo		Carrier			# of Reserves		Paid		To	otal Incurred			
Policy Start	Policy En	na				LUSS	.cs						
/	/												
/	/								-				
/	/								<u> </u>		L		

5. Areas of Operati											
Southeast	East	ast			Northeast		Gulf New England	Midwest			
North Central	Mounta	ountain			Pacific						
6. Commodities Ha	auled										
Commodity			% Hauled			Maxim	um Value		Average Value		
7. Drivers (Indicate	O for Own	er/Opei	ator or	E fo	or Employe	ee)					
Name					ate of Birth	License #	Date of	Hire	# of Accidents/Violations		
8. Vehicles(Attach se	eparate sheet	if needed	) TYPE			VI	N		Stated Amount		
TRACTORS(TR/IVIAN	KE/IVIODEL)		IIPE			VI	IN		Stated Amount		
TRAILERS(YR/MAKE/MODEL)			TYPE			VI	N		Stated Amount		
		1					Total Value	ve.			
								95.			
9. Loss Payee(s)		Addre	SS (Attac	ch se	eparate sheet	t listing loss paye	ees if needed)				
		1									

10. Description of Operations									
1. Does the applicant have any o	owned, leased or	operated equipment that is	not listed on the	vehicle schedule?	Yes No				
3. Does the applicant haul any hazardous commodities? ☐ Yes No If Yes, please explain.									
Does the applicant haul partia     Copper     Watercraft     Pharmaceuticals     Seafood	% % To	ny of the following commo Electronics bacco Products to Parts & Tires	% I % I	o If yes, what perce Fur/Silk Garments Motorcycles/ATVs coholic Beverages	ent? % % %				
5. Does the applicant haul doub	le trailers? ☐ Yes	s No Triples? ☐ Yes	No						
6. Is there a safety program in place? ☐ Yes									
7. Is there a maintenance program in place? ☐ Yes									
8. Has there been any change in the nature of operations, ownership or management in the past 3 years? ☐ Yes No									
9. Has insurance been cancelled, declined or non-renewed in the past 3 years (Not applicable in Missouri)?   Yes No If Yes, please explain.									
10. Is a loaded trailer ever detached from tractor? ☐ Yes No If Yes, please explain									
11. Driver hiring criteria: What is the minimum age?  Years of Experience?									
12. Does the applicant have a driver training program? Yes									
13. Does the applicant use the FMCSA's Pre-Employment Screening Program (PSP)? Yes □ No									
11. New Venture Section (Co	mplete if appli	cant has been in busin	ess for less tha	an 2 full years)					
1. Has the applicant been involved in any accidents in the past 3 years? ☐ Yes No if Yes, give details below.									
2. How many years of experience does the applicant have hauling these type of commodities with like-kind equipment?									
3. Does the applicant expect to increase the number of autos within the next 12 months? ☐ Yes No If Yes, give details below.									
4. Has the applicant ever had their own insurance in the past under a different authority?   Yes No if Yes, give details below.									
Prior Experience (Must have at least 3 years. Attach separate sheet for each driver)									
Employer	Employment	Type of Unit Operated	Con	nmodities	Radius				

Attention all applicants in the states of AL, AR, AZ, CO, DE, FL, IN, KY, MN, NH, NJ, NY, OH, OK, PA, TN, UT – For your protection, the preceding states' laws require the following to appear on this form: 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, incomplete, or misleading information, or conceals information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime punishable by incarceration, and shall also be subject to civil penalties.

For risks located in New York, Pennsylvania, and California: Any person who knowingly makes or assists, abets, solicits or conspires with another to make a false or misleading reports or the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, a state department of motor vehicles, or an insurance company, commits perjury or a fraudulent insurance act, which are crimes punishable by incarceration, and shall also be subject to a civil penalty.

The Applicant hereby applies to the Company for a policy of insurance as set forth in this application on the basis of statements contained herein. Applicant agrees that such policy shall be null and void if such information is materially false or misleading so that the Company would have rejected the risk, prior to inception. Applicant understands that an inquiry may be made which will provide applicable information concerning character, general reputation, financial stability and other pertinent financial data, personal characteristics, mode of living or other background information the company deems necessary in order to determine whether the Company will accept or reject Applicant for coverage. Upon written request, additional information as to the nature and scope of the inquiry, if one is made, will be provided. The Applicant understands this application is a request for quotation and no information provided herein shall be construed by either party as creating a binding contract for insurance.

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	Signature of Applicant	Date
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	Print Name	Title
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-	Signature of Agent	Date