AGENCY CUSTOMER ID: _____

TRUCKERS / MOTOR CARRIERS SECTION

DATE (MM/DD/YYYY)

AGENCY	CARRIER	NAIC CODE

POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)

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

	GROSS RECEIPTS	TOTAL MILEAGE	# POWER UNITS
NEXT YEAR (EST)	$		
PAST YEAR	$		
PREV YEAR	$		
PREV YEAR	$		

COMMODITIES

COMMODITIES TRANSPORTED	% TOTAL REVENUE	VALUE PER TRUCK LOAD
		$
		$
		$
		$

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 CITY, STATE AND ZIP CODE	SEX	* MAR STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE LIC	DATE HIRE	USE VEH #	% USE

* MARITAL STATUS / CIVIL UNION (if applicable)

© 1988-2015 ACORD CORPORATION. All rights reserved.
The ACORD name and logo are registered marks of ACORD

AGENCY CUSTOMER ID: _____

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	Y / N
1. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?	
2. DOES APPLICANT OBTAIN MVR VERIFICATION ON DRIVERS?	
3. DOES APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?	
4. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?	
5. DOES APPLICANT OWN OR OPERATE EQUIPMENT NOT LISTED HERE?	
6. DOES APPLICANT HAUL ANY DANGEROUS, CAUSTIC, RADIOACTIVE OR FLAMMABLE CARGO?	
7. DOES APPLICANT HAUL TARGET COMMODITIES? (i.e., stereos, televisions, pharmaceuticals, liquor, meat, seafood, etc.)	
8. DO DRIVERS RECEIVE REGULAR PHYSICALS?	
9. DOES APPLICANT HIRE EQUIPMENT FROM OTHERS?	
10. DOES APPLICANT RENT OR LEASE VEHICLES OR EQUIPMENT TO OTHERS WITH / WITHOUT OPERATORS?	
11. DOES APPLICANT HAUL FOR OTHER TRUCKERS?	
12. DO OTHER TRUCKERS OPERATE UNDER THE PERMIT OF THE APPLICANT? (Specify percentage of total number of vehicles so operated)	
13. IS COVERAGE REQUIRED FOR TRAVEL IN CANADA OR MEXICO?	
14. ARE DRIVERS COMPENSATED PER TRIP?	

AGENCY CUSTOMER ID: _____

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES	Y / N
15. ANY HOLD HARMLESS AGREEMENTS?	
16. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS? **APPLICABLE ONLY IN KANSAS: UNDER KANSAS LAW, THE FOLLOWING TRAFFIC VIOLATIONS ARE NOT REQUIRED TO BE REPORTED TO INSURERS:** **1. A speeding violation of up to six (6) mph that occurs in an area with a maximum posted speed limit from 30 mph through 54 mph, or** **2. A speeding violation of up to ten (10) mph that occurs in an area with a maximum posted speed limit from 55 mph through 75 mph.**	
17. DO ANY VEHICLES HAVE SPECIAL EQUIPMENT MOUNTED OR ATTACHED?	
18. DOES APPLICANT PULL DOUBLE OR TRIPLE TRAILERS?	
19. DOES APPLICANT HAVE TOW TRUCKS OR PERFORM TOWING?	
20. ARE VEHICLES LEFT UNLOCKED WHEN UNATTENDED?	
21. ARE ANY OVERAGE, SHORTAGE OR DAMAGE CLAIMS PENDING?	
22. ARE ALL VEHICLES TO BE INCLUDED IN THIS POLICY PART OF A FLEET?	

DRV #	DATE (MM/DD/YYYY)	TYPE	PLACE (CITY, STATE)	# YRS REV

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:
☐	EMPLOYEE AS LESSOR				SCHEDULED ITEM NUMBER:
☐	LENDER'S LOSS PAYABLE				OTHER
☐	LIENHOLDER				
☐	LOSS PAYEE				
☐		ITEM DESCRIPTION:			

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

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

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.

Applicable in FL and OK

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 (of the third degree)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

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 subjects such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)		STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER