



CONTINENTAL RISK

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		Audit Contact		Business is: <input type="checkbox"/> C Corp <input type="checkbox"/> S Corp <input type="checkbox"/> Sole Owner		
Years in business						

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:					
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:	\$ _____			
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 \$ _____	Catastrophe Exposure \$ _____
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

#	YEAR	MAKE	TYPE	GVW	VEHICLE IDENTIFICATION NUMBER	MAXIMUM RADIUS	GARAGING LOCATION	COST NEW	Zones Near/Far
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
13.									
14.									
15.									
16.									
17.									
18.									
19.									
20.									

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.					

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

If Yes, please complete the Hired and Non-owned Supplemental Coverage Application.

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 _____

SUPPLEMENTAL DRIVERS INFORMATION SHEET:

DRIVER INFORMATION

#.	EMPLOYEE OR OWNER OPERATION	NAME	DATE EMPLOYED	DATE OF BIRTH	STATE	LICENSE NUMBER	* YEARS EXPERIENCE	MVR VIOLATIONS LAST 36 MONTHS	UNIT DRIVEN
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
13.									
14.									
15.									
16.									
17.									
18.									
19.									
20.									
21.									
22.									
23.									
24.									
25.									

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

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			
14.	Poisons B			
15.	Irritating Material			
16.	Etiologic Agent			
17.	Radioactive Material			
18.	ORM -- Other Related Materials			
19.	ORM A			
20.	ORM B			
21.	ORM C			
22.	ORM D			
23.	ORM E			
24.	Consumer Commodity			
25.	Other (describe)			
NON HAZARDOUS MATERIALS HAULED		% OF LOADS	AVERAGE RADIUS	TRAILER TYPE
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 F = Flatbed Trailer H = Hopper Trailer T = Tanker Trailer V = Van Trailer CONTAINER TYPE 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, attached copy. (Attachment G)
10. Does applicant have a written safety program? Yes No If Yes, attach copy. (Attachment H)
11. Does applicant have a written vehicle maintenance program? Yes No If Yes, Attached copy. (Attachment I)
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 Fundamental Carrier Security Guideline in place?

Filing Information

Please check off all states that you currently need a filing in:

Alabama	
Alaska	
Arizona	
Arkansas	
California	
Colorado	
Connecticut	
Delaware	
D.C.	
Florida	
Georgia	
Hawaii	
Idaho	

Illinois	
Indiana	
Iowa	
Kansas	
Kentucky	
Louisiana	
Maine	
Maryland	
Massachusetts	
Michigan	
Minnesota	
Mississippi	
Missouri	

Montana	
Nebraska	
Nevada	
N.H.	
New Jersey	
New Mexico	
New York	
N.C.	
North Dakota	
Ohio	
Oklahoma	
Oregon	
Pennsylvania	

Rhode Island	
South Dakota	
South Carolina	
Tennessee	
Texas	
Utah	
Vermont	
Virginia	
Washington	
West Virginia	
Wisconsin	
Wyoming	
ICC	

ICC Docket # _____
 CAL-T # _____
 MCS-90 Needed Yes ___ No ___

Name as it appears on filings: _____

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.) Attached 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 _____

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
NEXT TWELVE MONTHS		Est. Rev.:	Est. Miles:	Est. Units:

ATTACHMENTS A - J LISTED BELOW MUST BE INCLUDED WITH YOUR SUBMISSION

- | | |
|---|---|
| <p>A. _____ Verified loss runs valued within 90 days of proposed quote date for current year + 48 mos. minimum</p> <p>B. _____ Details on all losses in excess of 50,000</p> <p>C. _____ Most current financial statements + prior fiscal year</p> <p>D. _____ Complete vehicle schedule including radius of operation</p> <p>E. _____ Fuel tax records for most current year</p> | <p>F. _____ Current driver info including years of experience</p> <p>G. _____ Driver's handbook dated _____</p> <p>H. _____ Written safety program dated _____</p> <p>I. _____ Written maintenance program dated _____</p> <p>J. _____ Trip lease agreement _____</p> <p>K. _____ Other _____</p> |
|---|---|

I authorize 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: _____

Applicant Signature _____ Date: _____

Is your agency appointed with the Travelers Insurance Company ___ Yes ___ No If Yes, Travelers Agency Code _____