



COMMERCIAL TRUCKERS INSURANCE APPLICATION (Fleet)

LIABILITY * CARGO **** PHYSICAL DAMAGE**

APPLICANT INFORMATION		Date:
Name as listed on FMCSA website or as will be insured:	FEIN OR SOC SEC#	MAILING ADDRESS INCL CITY, STATE ZIP+4
	PHONE	GARAGING LOCATION (If Different)
E-MAIL	FAX	WEBSITE
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> SUBCHAPTER "S" <input type="checkbox"/> LLC NO OF MANAGERS _____	DATE BUSINESS STARTED
COMPANY CONTACT		YEARS OF TRUCKING EXPERIENCE
PHONE _____ EMAIL ADDRESS: _____		

Description of Operations			
<input type="checkbox"/> Non Trucking	<input type="checkbox"/> For Hire	<input type="checkbox"/> Private	<input type="checkbox"/> Other (explain) _____

Radius of Operation	Commodity
<input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate	<input type="checkbox"/> Property (NonHazmat) <input type="checkbox"/> Refuse/Waste/Garbage <input type="checkbox"/> Hazardous Substances with \$1,000,000 Liability or less <input type="checkbox"/> Hazardous Substances with more than \$1,000,000 (Explain)

Less Than 300 Miles Radius – List of City Destinations

Operations Beyond 300 Mile Radius: Identify Cities Traveled Through					
<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"/> Mips/St Paul	<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"/> Eastern Zone
<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"/> Gulf Zone
<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"/> Southeast Zone
Other Cities not listed above _____					

COMMODITIES TRANSPORTED

COMMODITY	PERCENT OF LOADS	COMMODITY	PERCENT OF LOADS



General Information*****

1. ARE ICC (Interstate Commerce Commission), PUC (Public Utility Commission) OR OTHER ILINGS REQUIRED? If yes, MC and DOT numbers YES NO

2. DOT NUMBER _____

3. MC NUMBER _____

4. Do you have Broker Authority under this FMCSA? Do you broker under another name? YES NO

5. With the exception of any encumbrances, are any vehicles for which insurance is requested not solely owned by and registered to the applicant? If yes, specify YES NO

6. Do you haul container or containerized freight? YES NO

7. Do you pull doubles, Triples, If yes, specify YES NO

8. Do you allow non-employee passengers YES NO

9. Are all equipment operated under the applicants authority scheduled under this application YES NO

10. Do you hire or lease equipment from others? If yes, is it Permanently Leased Trip Leased YES NO
 - a. If permanently leased, is it scheduled on this application?
 - b. B. If permanently leased, are autos hired with drivers? If yes, more information required
 - c. If trip leased, provide annual estimated cost of hire, Current ear \$ _____ Prior Year \$ _____

11. Do you lease equipment to others? If yes, who provides primary insurance? You Other YES NO
 If you provide insurance, is coverage desired for Named Lessee(s) OR All Lessee (Blanket Basis) If Named Lessee (s), attach a list of Name and Address for each lessee

12. Does your Operations involve transporting hazardous material? YES NO

13. Is there a Vehicle Maintenance program in operation YES NO

14. Any Hold Harmless Agreements? YES NO

15. Do you require your drivers to be at least 25 years old and no more than 65years old? YES NO

16. Do you obtain MVR (Motor Vehicle Record) Verifications? If yes, please fax copy for each driver for a quote YES NO

17. Do you have a specific driver recruiting method? YES NO

18. Are you covered by worker's compensation YES NO

19. Any drivers with convictions for moving traffic violations? Attach reasons on a blank sheet YES NO

20. Are all vehicles to be included in this policy part of a fleet? YES NO

21. Do you have electronic Monitoring Devices that record and transmit data in any of your vehicles? If yes, what percentage, and how are they monitored? YES NO

Description of Equipment

No .	Trade Name	Year Built	Radius	Type	Serial Number	Stated Value	Legally Owned By Lien Holder Information
1							
2							
3							
4							
5							

Driver's Full Name as it appears on License:

NAME	BIRTH DATE	STATE & DRIVER LICENSE NUMBER	No of Violation in the last 3 years or Accident in 5 years?	EMPLOYMENT DATE

PRIOR INSURANCE INFORMATION		PLEASE ATTACH LOSS RUN	
ARE YOU CURRENTLY INSURED?	EFFECTIVE DATE OF YOUR MOST RECENT POLICY	HAS YOUR INSURANCE BEEN: <input type="checkbox"/> CANCELED <input type="checkbox"/> NON RENEWED?	WHO WAS THE CARRIER FOR THE PRIOR TWO YEARS?
HOW MANY LOSSES IN PAST 3 YEARS?		EXPLAIN IF CHECKED ABOVE:	
TYPE AND AMOUNT PAID:			

COVERAGE LIMITS - LIABILITY

1. AUTO LIMITS OF LIABILITY _____
(1,000,000; \$2,000,000)
2. Medical Expense Desired _____
(\$2,5000; \$5,000; \$10,000)
3. Uninsured Motorist Desired _____
as permitted by policy
4. Underinsured Motorist Limit _____
5. Personal Injury Protection Limit _____
6. Hired Auto Liability _____
7. Non-Owned Liability _____
8. Trailer Interchange _____
9. Other _____

I _____ hereby
certify that the information provided above is
correct to the best of my knowledge.

COVERAGE LIMITS CARGO

CARGO LIMITS OF LIABILITY
(\$100,000; \$200,000 \$300,000) _____
Cargo Deductible _____

Refer Breakdown/Malfunction Desired YES NO
Refer Deductible \$1,000 2,500

COVERAGE LIMITS
Physical Damage (Select Desired)

_____ Comprehensive and Collision
_____ Specified Causes of Loss And Collision

Deductible
Collision _____

**PLEASE FAX COMPLETED APPLICATION
TO (888) 319-1446 or email to
info@zumachagency.com**

