

# Truck Application SUPPLEMENT

**{INSERT AGENT NAME HERE}**

Phone: xxx-xxx-xxxx

Fax: xxx-xxx-xxxx

Use with Acord or Non-Maxum Truck Applications

Insured Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Agent: \_\_\_\_\_

1. Is agent/agency incumbent producer? Yes  No

2. Operation History:

	Projected	Past Year	Past Year 2	Past Year 3
Revenue:				
Mileage:				
Units Operated:				

\* Please attach last 4 quarters IFTA miles, or most current Schedule B. Annual miles are used to develop final premium and the percent of miles in each state is used to assign state tier grouping.

3. Years insured under this name? \_\_\_\_\_

4. Does insured:

- |                           |                              |                             |                          |                              |                             |
|---------------------------|------------------------------|-----------------------------|--------------------------|------------------------------|-----------------------------|
| Haul Double Trailers?     | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Haul Sand & Gravel?      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Haul Triple Trailers?     | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Haul Flatbed Materials?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Haul Hazardous Materials? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Haul Reefer commodities? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

5. Route Information:

- What percentage of loads are on Fixed Routes? \_\_\_\_\_
- What percentage of loads are received through a broker? \_\_\_\_\_
- What percentage of miles is insured running unladen? \_\_\_\_\_
- What percentage of miles on freeways? \_\_\_\_\_

6. Please list all Destination Cities: \_\_\_\_\_

7. Fixed Route Description:

If we have specific route information; for example: shipper name, time contracted with shipper, what commodities hauled with origination city and destination city, we are able to apply an additional Dedicated Route Credit. This is the niche where Maxum is most Competitive.

Shipper Name	TWS*	Commodity/ies	Origination City	Destination City

\*TWS – The TWS Column is for Time With Shipper – How long has the insured been contracted with the shipper?  
There is a map on the reverse side for help in route explanation if desired  
Additional Route Description/Information: \_\_\_\_\_