



MAXUM CASUALTY INSURANCE COMPANY
TRUCKING PROGRAM APPLICATION

POLICY NUMBER: _____

INCEPTION DATE: _____ EXPIRATION DATE: _____ TAX ID # OR SSN: _____ PHONE: () _____

NAME OF INSURED: _____ DBA: _____ EMAIL: _____

GARAGING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____ FIRE DISTRICT (IF APPL): _____

BUSINESS (IF DIFF): _____ CITY: _____ STATE: _____ ZIP: _____

TYPE OF BUSINESS: [] INDIVIDUAL [] PARTNERSHIP [] CORPORATION [] LLC RANGE OF TRANSPORT: [] INTERSTATE [] INTRASTATE
TYPE OF CARRIAGE: [] TRUCKING FOR-HIRE [] TRUCKING PRIVATE [] DUMP [] PULPWOOD/LOGGING [] NON-TRUCKING
PROPERTY REGULATION: [] HAZARDOUS (REQUIRING LIABILITY LIMIT OVER \$1,000,000) [] NON-HAZARDOUS (REQUIRING LIABILITY LIMIT OF \$1,000,000 OR LESS)
YEARS IN BUSINESS: _____ YEARS AT CURRENT LOCATION: _____ HAVE YOU EVER FILED BANKRUPTCY (OR REORGANIZATION)? [] YES [] NO
DOES SUBMITTING AGENCY CURRENTLY WRITE THIS ACCOUNT? [] YES [] NO WHO IS THE CURRENT INSURER? _____

COVERAGE/LIMITS

Form containing coverage options and limits: AUTO LIABILITY LIMITS, EMPLOYER NON-OWNED LIABILITY, PHYSICAL DAMAGE DEDUCTIBLES, RENTAL REIMBURSEMENT, CARGO LIMIT, COMBINED DEDUCTIBLE, UNINSURED MOTORISTS, etc.

1. ARE FMCSA, PUC, OR OTHER FILINGS REQUIRED? [] YES [] NO (IF YES, COMPLETE FORM A-007 - REQUEST FOR FILING ACTION)
REFERENCE NUMBERS: FMCSA (MC) _____ STATE OF DOMICILE _____ DOT# _____ PUC# _____ STATE _____
ARE SPECIAL FILINGS REQUIRED? [] YES [] NO IF YES, EXPLAIN/DESCRIBE COMMODITIES: _____

2. DO YOU ARRANGE LOADS OR ACT AS A BROKER? [] YES [] NO IF YES, PROVIDE BROKERAGE REVENUE? \$ _____ AND DOCKET # _____

3. DO YOU HAUL LOADS FOR OTHER TRUCKERS? [] YES [] NO (IF YES, COMPLETE #A-B BELOW)
A. WHO DO YOU PRIMARILY HAUL FOR? _____ [] LONG-TERM CONTRACT [] TRIP-LEASE OPERATOR
B. UNDER WHOSE BILL OF LADING IS FREIGHT HAULED? _____ WHO PROVIDES INSURANCE? [] YOU [] OTHERS

4. DO YOU LEASE OR HIRE DRIVERS OR EQUIPMENT FROM OTHERS? [] YES [] NO (IF YES, COMPLETE #A-D BELOW)
A. ON WHAT BASIS? [] PERMANENT LEASE [] TRIP LEASE
B. IF PERMANENTLY LEASED, ARE AUTOS SCHEDULED ON THIS APPLICATION? [] YES [] NO (IF NO, ATTACH AN EXPLANATION)
C. HOW ARE AUTOS HIRED? [] WITH DRIVERS (COMPLETE FORM A-001) [] WITHOUT DRIVERS
D. IF TRIP LEASED, WHAT IS THE TOTAL COST OF HIRE? \$ _____ WHO PROVIDES INSURANCE? [] YOU [] OTHERS

5. INSURANCE HISTORY & LOSS EXPERIENCE:
A. LIST BELOW ALL KNOWN AND/OR REPORTED LOSSES (OR CLAIM WHERE NO LOSS PAYMENT WAS MADE) FOR THE CURRENT YEAR AND PRIOR (3) YEARS. CURRENT HARD COPY LOSS RUNS ARE REQUIRED FOR ACCOUNTS WITH MORE THAN ONE (1) LOSS OCCURRENCE IN ANY YEAR OR MORE THAN FIVE (5) POWER UNITS.

Table with 6 columns: POLICY TERM (MM/YY) FROM, TO, INSURANCE COMPANY, TOTAL ACCIDENT OCCURENCES (#, AMOUNT OF LOSS), ACCIDENTS INVOLVING BODILY INJURY (#, AMOUNT OF LOSS), PREMIUM, DRIVER.

B. HAVE YOU EVER BEEN CANCELLED OR NON-RENEWED? [] YES [] NO IF YES, EXPLAIN WHY: _____

6. DRIVER INFORMATION -- ATTACH APPLICATION SUPPLEMENT OR DRIVER LIST INCLUDING REQUIRED INFO IF MORE THAN FIVE (5) DRIVERS

Table with 10 columns: #, NAME, DATE OF BIRTH, LICENSE NUMBER, STATE, YEARS DRIVING SIMILAR EQUIP., DATE OF HIRE, # VIOLATIONS - 3YRS (MINORS, MAJORS), # VIOLATIONS PAST YEAR, # ACC. 3 YRS.

7. SUMMARY OF EQUIPMENT OPERATED

Table with 10 columns: TRUCK / TRACTOR TYPE (GVW), OWNED, LEASED W/O DRIVERS, OWNER OPERATORS, YARD OR SERVICE, LOCAL 0-100, INTERMEDIATE 101-300, LONG 301-500, UNLIMITED 501+, TOTAL UNITS.

DUMP (REAR / SIDE)									
SEMI-TRAILERS									

8. DO YOU PULL DOUBLE OR TRIPLE TRAILERS? Yes No If YES, % OF OPERATION? _____ %
9. ARE ANY VEHICLES LAID-UP ON A REGULAR BASIS? Yes No If YES, DESCRIBE _____

10. SCHEDULE OF AUTOS TO BE INSURED (IF YOU HAVE MORE UNITS, COMPLETE AND ATTACH APPLICATION SUPPLEMENT A-003 OR VEHICLE SCHEDULE)

#	MODEL YEAR	TRADE NAME	TRAILER TYPE (VAN, REFRIGERATED, FLATBED, DUMP, LOG, CAR HAULER)	VIN #	GVW/GCW	STATED VALUE	OWNER'S NAME
1							
2							
3							
4							
5							

11. IS ALL OWNED EQUIPMENT SCHEDULED ON THIS APPLICATION? Yes No (IF NO, ATTACH AN EXPLANATION)
12. IS ALL EQUIPMENT UNDER YOUR AUTHORITY SCHEDULED ON THIS APPLICATION? Yes No (IF NO, ATTACH AN EXPLANATION)
13. COMMODITIES TRANSPORTED?

COMMODITY	PERCENT OF LOADS	MAXIMUM VALUE	COMMODITY	PERCENT OF LOADS	MAXIMUM VALUE	COMMODITY	PERCENT OF LOADS	MAXIMUM VALUE

14. WHAT IS THE AVERAGE RADIUS OF OPERATION? _____ MILES WHAT IS THE MAXIMUM RADIUS OF OPERATION? _____ MILES

15. REVENUE AND MILEAGE: *SUBMIT MILEAGE PRO-RATE SHEET (SCHEDULE B OR IFTA) WITH THIS APPLICATION AS IT IS REQUIRED PRIOR TO BINDING

YEAR	POLICY TERM	#UNITS	\$REVENUE	*MILEAGE
PROJECTED				
CURRENT				
1 ST PRIOR				
2 ND PRIOR				

16. PERCENTAGE OF ANNUAL MILEAGE FROM: LOADS SECURED THRU A FREIGHT BROKER? _____ % BOBTAIL/DEADHEAD? _____ %

17. ROADS, ROUTES AND DESTINATIONS:

- A. EST. % OF ANNUAL MILEAGE ON DIFFERENT ROAD TYPES: FREEWAY: _____ % 2-LANE & UNDIVIDED ROADS: _____ % OTHER: _____ %
- B. EST. % OF ANNUAL MILEAGE ON DEDICATED (BACK & FORTH) ROUTES: _____ % DESCRIBE ROUTE(S): _____

C. CHECK WHICH STATES YOU TRAVEL INTO OR THROUGH

<input type="checkbox"/> Alabama	<input type="checkbox"/> Georgia	<input type="checkbox"/> Kentucky	<input type="checkbox"/> Mississippi	<input type="checkbox"/> New Mexico	<input type="checkbox"/> Oregon	<input type="checkbox"/> Texas
<input type="checkbox"/> Arkansas	<input type="checkbox"/> Florida	<input type="checkbox"/> Louisiana	<input type="checkbox"/> Missouri	<input type="checkbox"/> New York	<input type="checkbox"/> Rhode Island	<input type="checkbox"/> Virginia
<input type="checkbox"/> Connecticut	<input type="checkbox"/> Idaho	<input type="checkbox"/> Maryland	<input type="checkbox"/> Nevada	<input type="checkbox"/> North Carolina	<input type="checkbox"/> South Carolina	<input type="checkbox"/> West Virginia
<input type="checkbox"/> Delaware	<input type="checkbox"/> Illinois	<input type="checkbox"/> Massachusetts	<input type="checkbox"/> New Jersey	<input type="checkbox"/> Oklahoma	<input type="checkbox"/> Tennessee	<input type="checkbox"/> Washington

D. CHECK WHICH CITIES YOU DELIVER INTO

<input type="checkbox"/> Atlanta	<input type="checkbox"/> Chicago	<input type="checkbox"/> D.C.	<input type="checkbox"/> Las Vegas	<input type="checkbox"/> Milwaukee	<input type="checkbox"/> Philadelphia	<input type="checkbox"/> San Diego
<input type="checkbox"/> Baltimore	<input type="checkbox"/> Cincinnati	<input type="checkbox"/> Hartford	<input type="checkbox"/> Little Rock	<input type="checkbox"/> Mpls/St. Paul	<input type="checkbox"/> Pittsburgh	<input type="checkbox"/> San Francisco
<input type="checkbox"/> Birmingham	<input type="checkbox"/> Cleveland	<input type="checkbox"/> Houston	<input type="checkbox"/> Los Angeles	<input type="checkbox"/> Nashville	<input type="checkbox"/> Portland	<input type="checkbox"/> Seattle
<input type="checkbox"/> Boston	<input type="checkbox"/> Dallas/Ft W	<input type="checkbox"/> Indianapolis	<input type="checkbox"/> Louisville	<input type="checkbox"/> New Orleans	<input type="checkbox"/> Richmond	<input type="checkbox"/> Tampa
<input type="checkbox"/> Buffalo	<input type="checkbox"/> Denver	<input type="checkbox"/> Jacksonville	<input type="checkbox"/> Memphis	<input type="checkbox"/> New York City	<input type="checkbox"/> St. Louis	<input type="checkbox"/> Tulsa
<input type="checkbox"/> Charlotte	<input type="checkbox"/> Detroit	<input type="checkbox"/> Kansas City	<input type="checkbox"/> Miami	<input type="checkbox"/> Phoenix	<input type="checkbox"/> Salt Lake City	

E. LIST OTHER CITY DESTINATIONS:

1.	2.	3.	4.	5.	6.
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18. HOW ARE DRIVERS COMPENSATED: HOURLY TRIP MILE OTHER _____

19. DRIVER HIRING & SAFETY PROCEDURES: NO COMPANY PROGRAM FOLLOW GENERAL RULES ADHERE TO FORMAL PROGRAM

20. ARE FAMILY MEMBERS ALLOWED TO RIDE IN THE TRUCK-TRACTOR WITH THE DRIVERS? Yes No

OTHER ITEMS ATTACHED TO THIS APPLICATION

- ADDITIONAL INFORMATION APPLICATION SUPPLEMENT DRIVER MVR'S
- PRIOR CARRIER LOSS RUNS FOR CURRENT AND 3 PRIOR YEARS RISK NARRATIVE
- MILEAGE PRO RATE SHEET - (SCHEDULE B OR IFTA) OTHER _____

I CERTIFY ALL INFORMATION ABOVE IS TRUE AND AGREE A MISREPRESENTATION OF ANY OF THE FACTS 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 ALSO AGREE THAT IF A POLICY IS ISSUED PURSUANT TO THIS APPLICATION, THE APPLICATION AND ANY ELECTIONS OR REJECTIONS, WHICH ARE ON THE APPLICATION AND SIGNED BY ME, SHALL BECOME A PART OF THE POLICY.

I UNDERSTAND ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

I AUTHORIZE MAXUM CASUALTY INSURANCE COMPANY AND/OR THE PRODUCING AGENT TO OBTAIN A COPY OF MOTOR VEHICLE REPORTS FOR VERIFICATION OF THE INSURANCE FOR WHICH I HAVE APPLIED AND ANY RENEWAL THEREOF. I UNDERSTAND THAT IN OBTAINING A MOTOR VEHICLE REPORT, A CONSUMER REPORTING AGENCY MAY BE USED BY THE INSURER AND I AUTHORIZE SUCH USE. I CERTIFY ALL DRIVERS UNDER THIS POLICY HAVE AUTHORIZED ME TO CONSENT ON THEIR BEHALF FOR THE INSURER TO OBTAIN MOTOR VEHICLE REPORTS FOR UNDERWRITING.

SIGNATURE OF APPLICANT _____ DATE _____

SIGNATURE OF AGENT OF APPLICANT _____ DATE _____

AGENCY NAME _____ PHONE # () _____ FAX # _____ EMAIL _____