

TRANSPEC

Transport Specialties, Inc.
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Owner-Operator Insurance Program Application Non-Trucking Auto Liability and/or Physical Damage

Applicant: _____ City, State: _____

Proposed Effective Date: _____ Proposed Expiration Date: _____ Date Quote Required: _____

Broker: _____	Producer: _____
Address: _____ _____	E-Mail Address: _____
Phone: _____	CSR: _____
Fax: _____	E-Mail Address: _____
Are you the incumbent broker? Yes <input type="checkbox"/> No <input type="checkbox"/>	CSR: _____
If Yes, for how long? _____	E-Mail Address: _____

Underwriting Checklist

To underwrite this application, the following materials must be provided and attached to this application:

- _____ **Loss Runs:** Provide documented loss experience, valued within the past 90 days, from prior insurers for all lines of coverage requested for the current year and prior 3 years. Provide an explanation of all Non-Trucking Auto Liability losses over \$10,000. Also, provide details on all owner-operator physical damage losses in excess of \$25,000.
- _____ **Equipment Schedule:** Attach current listing of all owner-operator vehicles to be insured, including year, make, model, VIN, current market value, where garaged and licensed.
- _____ **Drivers List:** Attach listing of all owner-operators to be covered by insurance. Include full name of driver, date of birth, state of license issued, driver's license number, and date of hire. **Copies of the most recent motor vehicle reports (MVRs) are required.**
- _____ **Owner-Operator Lease Agreement:** Provide sample copy of Owner-Operator lease agreement used by applicant.

Owner-Operator Insurance Program Application

Applicant Name: _____ USDOT# _____

Street Address: _____

Mailing Address: _____

Phone: (_____) _____ (800) _____ Fax: (_____) _____

Contact Name: _____ Title: _____

Year Applicant Company Began Business: _____ Current management has been in the trucking business since: _____ (year).

Current primary Auto Liability insurer: _____ Effective dates: _____

Primary Auto Liability Limits: _____

Is the applicant a subsidiary of another entity? Yes No Does the applicant have any subsidiaries? Yes No

OPERATIONS

Segments: _____ % Truckload _____ % Less than Truckload
_____ % Dry Van _____ % Refrigerated _____ % Flatbed _____ % Containerized
_____ % Liquid Tank _____ % Dry Bulk _____ % Other (describe) _____

Radius (% of Miles) Up to 100 _____ % 101-300 _____ % 301-500 _____ % Over 500 _____ %

Average Length of Haul: _____ miles. Maximum Length of Haul: _____ miles.

Are owner-operators under exclusive lease to applicant? Yes No

Does Applicant use a standard lease agreement for all its Independent Contractors? Yes No

Does applicant use owner-operator driver teams? Yes No If Yes, _____ % of tractors seated with owner-operator teams.

Does applicant currently sponsor a Non-Trucking Auto Liability or Physical Damage program? Yes No

If Yes, NTAL program participation: _____ % of drivers. Physical Damage program participation: _____ % of drivers.

Do owner-operators utilize Satellite/Tracking Equipment, Communication Devices, or Alarms? Yes No

Please answer the following questions. If you answer "Yes" to any question, please describe in the **Explanations** section below:

Has applicant ever been cancelled or non-renewed within the last 5 years? Yes No

Has applicant filed for bankruptcy protection within the last 5 years? Yes No

Does applicant allow passengers to accompany owner-operators? Yes No

Describe **ANY MAJOR CHANGES** in the applicant's operations over the last 5 years and planned for the next 2 – 3 years. Include growth / downsizing, commodities, customers, territories, equipment, driver hiring, personnel, financial, etc.

Explanations, if any: _____

DRIVERS

Minimum driver age: _____ Maximum driver age: _____ Minimum driving experience with like equipment: _____

Maximum number of accidents permitted _____ in past _____ years. Maximum number of violations permitted _____ in past _____ years.

Annual turnover rate of owner-operators: _____ % How often do owner-operators return home? _____

EXPOSURE HISTORY & PROJECTIONS

Period	From Mo/Yr To Mo/Yr	Avg. # company drivers	Avg. # Owner-Operators	Avg. Owner-Operator mileage per unit	Equipment Values
Next 12 Mos.	1. _____				
Current Year	2. _____				
1 Year Prior	3. _____				
2 Years Prior	4. _____				
3 Years Prior	5. _____				

COMMODITIES CARRIED

Top 5 Commodities Transported by Owner-Operators

TERMINALS

(provide attachment, if more than 5)

City, State

Are any hazardous materials hauled under the applicant's operating authority? Yes No (If "Yes", please describe, below.)

LOSS EXPERIENCE SUMMARY

Coverage	Policy Dates	Insurer	Total \$ Incurred	Total # Incurred	Deductible	Limits	Premium
Non-Trucking Auto Liability	_____ to _____	_____	_____	_____	_____	_____	_____
	_____ to _____	_____	_____	_____	_____	_____	_____
	_____ to _____	_____	_____	_____	_____	_____	_____
	_____ to _____	_____	_____	_____	_____	_____	_____
Owner-Operator Physical Damage	_____ to _____	_____	_____	_____	_____	N/A	_____
	_____ to _____	_____	_____	_____	_____		_____
	_____ to _____	_____	_____	_____	_____		_____
	_____ to _____	_____	_____	_____	_____		_____

Provide an explanation of all NTAL losses over \$10,000. Also, provide details on all owner-operator physical damage losses in excess of \$25,000. Provide attachment, if necessary.

OWNER-OPERATOR COVERAGES REQUESTED

Option 1

Option 2

Coverage	Limit	Deductible	Limit	Deductible
Non-Trucking Auto Liability	_____	N/A	_____	N/A
UM/UIM*	MIN or _____	N/A	MIN or _____	N/A
O/O Physical Damage				
Values = \$ _____				
<input type="checkbox"/> Specified Perils <input type="checkbox"/> Collision	ACV	_____	ACV	_____
<input type="checkbox"/> Deductible Buy-Back		_____		_____
<input type="checkbox"/> Truckers Supplemental End.				

- *If Applicant **rejects** coverage where permitted and accepts minimum limits where rejection is not permissible, **write REJ/MIN**.
- *If Applicant **selects statutory minimum** limits, **write MIN**.
- *If applicant selects policy limits or other limits, fill in limit requested
- ***Note:** In order to bind coverage, applicant will need to sign appropriate UM/UIM rejection/selection forms.

Attention all applicants in the states of AL, AR, AZ, CA, CO, DE, FL, IN, KY, MN, NH, NJ, NY, OH, OK, PA, TN, UT –
For your protection, the preceding states' laws require the following to appear on this form: 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, incomplete, or misleading information, or conceals information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime punishable by incarceration, and shall also be subject to civil penalties.

For risks located in New York, Pennsylvania, and California: Any person who knowingly makes or assists, abets, solicits or conspires with another to make a false or misleading report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, a state department of motor vehicles, or an insurance company, commits perjury or a fraudulent insurance act, which are crimes punishable by incarceration, and shall also be subject to a civil penalty.

The Applicant hereby applies to the Company for a policy of insurance as set forth in this application on the basis of statements contained herein. Applicant agrees that such policy shall be null and void if such information is materially false or misleading so that the Company would have rejected the risk, prior to inception. Applicant understands that an inquiry may be made which will provide applicable information concerning character, general reputation, financial stability and other pertinent financial data, personal characteristics, mode of living or other background information the company deems necessary in order to determine whether the Company will accept or reject Applicant for coverage. Upon written request, additional information as to the nature and scope of the inquiry, if one is made, will be provided. The Applicant understands this application is a request for quotation and no information provided herein shall be construed by either party as creating a binding contract for insurance.

Signed this _____ day of _____, _____ at _____.

By: _____
 Signature Title

(Print Name)

For: _____
(If insured is other than a sole proprietorship)
If a partnership or corporation, signatory must be empowered by Articles of Incorporation, et al, to bind insurance agreements.