



301 E. Fourth Street, 22N
Cincinnati, OH 45202-4201
Toll Free 800-643-7882

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"We take care of the Owner-Operator better than anyone!"

Producer _____ Date Submitted _____

Applicant Information

Fleet Name _____ Contact Name _____
 Mailing Address _____ Phone Number _____
 City _____ State _____ Zip _____
 Email Address _____
 Insured is Individual Partnership Corporation

Effective Date of Coverage Being Requested _____

Coverages to be Quoted

Physical Damage	Limit	Deductible	# of Units	Notes/Comments
<input type="checkbox"/> Collision				
<input type="checkbox"/> Comprehensive				
<input type="checkbox"/> Specified Perils				
<input type="checkbox"/> TruXpro				
<input type="checkbox"/> Deductible Buyback				
<input type="checkbox"/> Property Damage				
<input type="checkbox"/> Company Owned Trailer				
<input type="checkbox"/> Cargo				

Total Insured Value _____ Schedule Attached? Yes No

Additional Coverage Comments/Notes

Non-Trucking Liability	Limit	Deductible	# of Units	Notes/Comments
<input type="checkbox"/> Non-Trucking Liability		N/A		
<input type="checkbox"/> UM/UIM		N/A		
<input type="checkbox"/> PIP				
<input type="checkbox"/> Medical Payments				
<input type="checkbox"/> Additional Insured		N/A		

Other _____

Underwriting Questions

	Yes	No
Have you ever filed for bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever operated under a different name? If yes , state prior name _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you had any prior coverage with Great American Insurance? If yes , provide policy number _____	<input type="checkbox"/>	<input type="checkbox"/>
Does your current primary liability policy include any UM/UIM, PIP, or Medical Payments coverage? If yes , explain _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any subsidiaries? If yes , provide name and details of relationship _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any brokerage authority? If yes , state name and MC number _____ % of revenue from brokerage _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you utilize employee leasing? If yes , explain _____	<input type="checkbox"/>	<input type="checkbox"/>
Is any part of your operation seasonal? If yes , explain _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you authorize any trip leasing? If yes , explain _____		
Do you ever backhaul? If yes , explain _____ % of revenue from backhauling _____	<input type="checkbox"/>	<input type="checkbox"/>
Do any units pull <input type="checkbox"/> double or <input type="checkbox"/> triple trailers?	<input type="checkbox"/>	<input type="checkbox"/>
Do you use an electronic program to audit log books?	<input type="checkbox"/>	<input type="checkbox"/>
Are the trucks in use operating with speed governors? If yes , at what speed are they set? _____	<input type="checkbox"/>	<input type="checkbox"/>
Are the trucks in use equipped with fender mirrors?	<input type="checkbox"/>	<input type="checkbox"/>

Description of Operations

Carrier Type Common Contract Private Other _____

If Contract, for whom _____

Description of Operations _____

DOT Number _____ MC Number _____ Latest DOT Rating _____ Yr _____

Ownership Information

	Name	Position/Title	# Years	% Ownership
1				
2				
3				
4				

Terminal, Plant or Warehouse Locations

Address	Type of Security

Commodities Hauled *(Show %)*

Commodity	Percentage	Commodity	Percentage	Commodity	Percentage

Scope of Operations

Most Common Destination Cities _____

Most Common States _____

Radius by % 0-50 miles _____ 51-200 miles _____ 201-500 miles _____ 500+ _____

Pre-Hiring

Attach Schedule of Drivers including Name, DOB, DL#, DOH, Yrs Experience

- | | | |
|-------------------------------------|---|--|
| <input type="checkbox"/> Drug Test | <input type="checkbox"/> Road Test | <input type="checkbox"/> Written Test |
| <input type="checkbox"/> MVR Review | <input type="checkbox"/> Check Prior Employment | <input type="checkbox"/> Medical Certification |

Current MVR's Attached?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
List of Drivers Attached?	<input type="checkbox"/>		<input type="checkbox"/>	
Minimum Age _____	Minimum Experience Required _____			
Maximum Age _____				
How are drivers compensated? _____	How many drivers replaced this year? _____			
# of Full Time Employee drivers ? _____	# of Part Time Employee drivers? _____			
# of Independent Contractors? _____	# of Team Drivers? _____			

Safety Program

Yes No

Is there a written safety program in place?

Comments _____

Are regular safety meetings held?

Frequency _____

Are new drivers required to go through orientation?

Description _____

Is there a driver incentive program?

Description _____

Do you have a full time safety director?

Name & Yrs. Exp. _____

Maintenance Program *(for company-owned accounts/equipment)*

Yes No

Does the Motor Carrier have an in-house repair shop?

Types of Repairs Minor Major Body

Does the Motor Carrier conduct inspections?

Frequency _____

Are maintenance records kept on individual vehicles?

Comments _____

Equipment Overview

Type of Equipment	# Owned	# Independent Contractors	Total # of Units
Tractors			
Trailers			
Other			
Explain _____			
Number of units with LNG/ CNG? _____			
Number of units with speed governors? _____			
Number of units with loss prevention equipment? _____			

Prior Insurance

Hard copy loss runs are required for past three years.

Loss Runs Attached

Previous Insurance and Loss Experience - This section must be completed in its entirety. Hard copy Loss Runs are required.

Yes No

Have you ever had insurance for the coverages requested cancelled, declined or renewal refused?

If yes, explain fully _____

Prior Insurance Continued

Physical Damage	Current	1st Year	2nd Year	3rd Year	4th Year
# of Tractors					
# of Trailers					
Total Value					
Deductible					
Rate					
Premium					
Ancillary Coverages					
Non-Trucking Liability	Current	1st Year	2nd Year	3rd Year	4th Year
# of Units					
Rate					
Premium					
Ancillary Coverages					

My signature below indicates that I have reviewed the list of equipment and have assigned Actual Cash Value (defined as the actual value of equipment at the time of loss incurred) to each unit to be insured for physical damage coverage. I am aware that the value of this equipment can vary with the current market place. I have assumed responsibility for insuring only the equipment shown on this document for Non-Trucking Liability and Physical Damage coverages.

ALL APPLICANTS, By my signature below, I attest that:

I am an authorized representative of the applicant, have reviewed this form and the information provided is true and accurate. I have not willfully concealed or misrepresented any material fact or circumstance concerning this form. I have read the applicable items and agree to all terms or conditions stated therein.

Insured Agreement

I authorize Great American Insurance Group to obtain copies of Motor Vehicle Reports for underwriting the insurance that I have applied for. I also understand that a routine inspection will be done regarding my operations. I agree to promptly report and furnish the name, driver license number, an date of birth for all drivers I hire and employ after my completion of this application. I understand all accidents are to be reported promptly regardless of severity or fault. I also understand that I have no coverage until such time the Company accepts this application or authorizes coverage to be bound.

Applicants Signature _____

Date Signed _____

Agents Signature _____

Date Signed _____

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