

Excess Transportation Application

Account Name: _____

DOT#:

Effective Date: _____

Please attach required documents:

5 Years Current AL Loss Runs* ☐
5 Years Current GL Loss Runs* ☐

Underlying Quotes ☐
4 Quarters IFTAS ☐

Equipment List ☐
* Valued within 90 days of the effective date

Description of Operations

Other Operations

Years in Business

COMMODITIES

	Commodities Type/Name	By %
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>

	Commodities Type/Name	By %
3	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>

	Commodities Type/Name	By %
5	<input type="text"/>	<input type="text"/>

*Must add up to 100%

	Total Revenue	Brokerage Revenue	Sub-Haul Cost of Hire	Power Units	Mileage
Projected	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

LIABILITY LOSS SUMMARY (5 Years AL and GL Loss History is Requested)

Auto Liability	Claim Count	Total Incurred	Valuation Date	Carrier
Current	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
1st Prior	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
2nd Prior	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
3rd Prior	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
4th Prior	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>

1. Loss >\$100k

DOL

Open ☐ Closed ☐

Description:

General Liability	Claim Count	Total Incurred	Valuation Date	Carrier
Current	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
1st Prior	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
2nd Prior	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
3rd Prior	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
4th Prior	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>

2. Loss > \$100k

DOL

Open ☐ Closed ☐

Description:

VEHICLESVehicle Type- **Please give # of units in each**

	0-50 Miles	50-200 Miles	200-500 Miles	500+ Miles
Private Passenger				
Light				
Medium				
Heavy/Extra Heavy Straight				
Truck Tractor Dry Van Less than Truckload				
Truck Tractor Dry Van Truckload				
Truck Tractor Dry & Liquid Tank- Non Hazardous				
Truck Tractor Dry & Liquid Tank- Hazardous				
Truck Tractor Flatbed				
Total Vehicles				

of Vehicles Garage in: VT NH LA WV FL

ALL UNDERLYING POLICIES

	Policy #	Effective Date	Expiration Date	Limits	Premium	Deductible/SIR
Auto Liability						
General Liability						
Employer Liability						

COVERAGE SELECTIONS

GT1075 Named Insured Amendment
*GT1095 Waiver of Subrogation
*GT1113UMB Other Insurance
MCS-90 Motor Carriers Endorsement

Default Pollution- Upset and Overturn
*GT1103UMB Follow Form Pollution
GT1109 Total Pollution Exclusion

*** Denotes additional charge**

Include Additional Named Insured's name, address, and brief description of operations

Account Eligibility

Risk: Limits Offered: Attachment Point: AL: GL: EL: Primary AM Best Rating: States Truck Brokerage Sub-Haul Excluded Classes	Truckers \$1,000,000 CSL \$1,000,000 Occurrence / \$1,000,000 Personal Injury / \$2,000,000 General Aggregate \$500,000 Each Accident / \$500,000 Each Employee / \$500,000 Policy Limit AM Best Rated A-, VII or higher Insured cannot be domiciled in DE, NY, LA, or VT Insured cannot have units garaged in VT or LA <20% of the total revenue, or <\$1,000,000 <20% of the total revenue, or with a cost of hire of less than \$500,000 Moving & Storage, Mix-in-Transit, Garbage Haulers, Para-Transit, Bus, Taxi/Limo, Tow-Truck Operators, and accounts with General Liability exposures beyond that of a traditional trucker
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