

Truck Fleet Application

Email completed application to SubmitWheels@midman.com.

Please provide the following list of items along with **fully** completed application:

- Vehicle list with year, make, VIN, current value and garaging location
- Driver list with name, date of birth, license number, state and years of experience
- Current year loss runs along with four prior years valued within the last 30 days
- Prior to binding terms, MVRs and IFTAs will need to be provided but terms can be indicated subject to

| PRODUCER INFORMATION | | | |
|----------------------|--|---------------------|--|
| Agency Name: | | Producer Number: | |
| Agent Name: | | Agent Phone Number: | |

| INSURED DETAILS | | | |
|---|---------------|------------------------|-------------------------------------|
| Name: | | | |
| Mailing Address: | | Phone Number: | |
| Garaging Location: | | Date Business Started: | |
| Contact Name: | | | |
| Owner Name: | | | |
| Applicant is an: | Individual | Partnership | Corporation Joint Venture LLC Other |
| Safety Director Name: | | | |
| Years with Company: | | Phone Number: | |
| Type of Motor Carrier: | Common | Contract | Broker |
| DOT Number: | | Exempt | Private |
| Date Coverage Desired: | From | To | New Renewal Rewrite |
| Commodities | Percentage | Maximum value | Average value |
| | | | |
| | | | |
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| | | | |
| | | | |
| Radius of operations: | 0 to 50 miles | 51 to 200 miles | 201 to 500 miles Over 500 miles |
| Is there a formal safety program in operation? <i>Describe below:</i> | | | Yes No |
| Do you adhere to a written vehicle maintenance program in operation? <i>Describe below:</i> | | | Yes No |
| Does the insured employ a mechanic(s)? | | | Yes No |

| | | | | |
|---|-----|------|-------------------------------------|----|
| Does the applicant ever allow any passengers other than company employees? <i>If yes, explain:</i> | | | Yes | No |
| | | | | |
| Does the applicant own or operate and equipment over 10,000 GVW other than that listed in this application or attachments? <i>If yes, explain:</i> | | | Yes | No |
| | | | | |
| Do you pull double or twin trailers? | Yes | No | <i>If yes, percentage of loads:</i> | |
| Do you pull triple trailers? | Yes | No | | |
| Is any equipment leased, rented or loaned to others? <i>If yes, explain:</i> | | | Yes | No |
| | | | | |
| Is any equipment leased, rented or borrow from others? <i>If yes, explain:</i> | | | Yes | No |
| | | | | |
| Is any equipment interchanged with other carriers? <i>If yes, explain:</i> | | | Yes | No |
| | | | | |
| Do you operate as a broker or freight forwarder? If yes, under what name and MC#: | | | Yes | No |
| Name: | | MC#: | | |
| What percentage of total revenue is generated by brokerage operation? | | | | |
| Freight forwarder? | | | Yes | No |
| In the last three years has any insurance carrier cancelled or refused to renew any coverages for which application is being made? <i>Describe below:</i> | | | Yes | No |
| | | | | |

DRIVER HIRING, TRAINING AND SAFETY

| | | | | |
|--|--|--|-----|----|
| Which of the following is part of your drivers screening/hiring process: | | | | |
| Employment background check | | Road Test | | |
| Pre-employment drug test | | Criminal background check | | |
| Motor vehicle record review | | Pre-employment screening program (PSP) | | |
| Minimum age: | | Number of years' experience: | | |
| Maximum number if violations in 12 months: | | Maximum number of violations in 3 years: | | |
| Maximum number of accidents: | | Number of major violations: | | |
| Driver Incentives? | | | | |
| | | | | |
| Drive Disciplinary Action? | | | | |
| | | | | |
| Number of owner operators: | | | | |
| Does insured report owner operator mileage? | | | Yes | No |

| COVERAGES | | | | | | | | | | |
|--|--|--------------------|--------|--|--|------------------|--|--|-----|----|
| Auto Liability: | | Limit: | | | | | | | | |
| UM/UIM: | | Limit: | | | | | | | | |
| PIP: | | Limit: | | | | | | | | |
| Hired Auto: | | Cost of hire: | | | | | | | | |
| Employers non-ownership liability: | | Limit: | | | | | | | | |
| Physical damage comp deductible: | | Limit: | | | | | | | | |
| Physical damage collision deductible: | | Limit: | | | | | | | | |
| Monthly reporting of values: | | | | | | | | | Yes | No |
| Trailer interchange: | | Limit: | | | | | | | | |
| Trailer days: (attach interchange agreement) | | | Limit: | | | | | | | |
| Non-owned trailer physical damage: | | Limit: | | | | | | | | |
| Temporary replacement vehicle endorsement: | | | Limit: | | | | | | | |
| Cargo: | | Limit: | | | | Deductible: | | | | |
| Vehicles have any special equipment? (Cameras, electronic log devices, speed governors, GPS) | | | | | | | | | | |
| | | | | | | | | | | |
| General Liability: | | General Aggregate: | | | | Each Occurrence: | | | | |
| Products/completed operations aggregate: | | | | | | | | | | |
| Personal and advertising injury: | | | | | | | | | | |
| Damage to premises rented to you: | | | | | | | | | | |
| Medical expense: (any one person) | | | | | | | | | | |
| Payroll information: (do not include drivers) | | | | | | | | | | |
| Executive officers/individual insured and Co-partners: | | | | | | | | | | |
| Mechanics, yard employees, terminal employee's' dispatcher: | | | | | | | | | | |
| Other: (clerical, warehouse employees) | | | | | | | | | | |
| Do you conduct any other operation(s) other than trucking? <i>If yes, explain:</i> | | | | | | | | | Yes | No |
| | | | | | | | | | | |
| Do you use mobile equipment on or off premises such as forklifts, hand trucks? | | | | | | | | | Yes | No |

| HISTORICAL INFORMATION | | | | | |
|------------------------|------------|---------|---------|---------------------|----------------|
| Policy Period | # of Units | Mileage | Revenue | Total Value History | Historical Ded |
| Projected Year | | | | | |
| Current Year | | | | | |
| 1 Year Prior | | | | | |
| 2 Years Prior | | | | | |
| 3 Years Prior | | | | | |
| 4 Years Prior | | | | | |

INSURED AGREEMENTS

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

This applicant agrees to furnish promptly driver data for every driver engaged during the policy period. Applicant, Agent or Broker understand and agree that no flat cancellation will be allowed and either or both guarantee payment of earned premium to final termination date of policy or of any filing made by the company on behalf of the Applicant.

In consideration of the premium charged for the policy for which this application is made, and the Company attaching to said policy, either the endorsements required by any State Commission or United States Department of Transportation, or both, it is agreed as between the Company and the undersigned that all of the provisions and agreements of the policy shall be in full force and effect in the same manner as if the said endorsement had not been attached. The Named Insured further agrees that the said policy shall not and does not protect the Name Insured against claims for injury, damage or loss sustained by any person when not caused by a motor vehicle specified on said policy, and if the Company shall be obliged to pay any claim it would not be obliged to pay if said endorsements had not been attached, the insured agrees to reimburse the Company in the amount paid and all sums including costs and expenses which shall have been paid in connection with such claims.

I, the Applicant, understand the Insurance Producer assisting me with the placement of this Insurance coverage does not have authority to bind coverage. Coverage will be effective only when bound by the Program Manager by telephone, in person, or facsimile.

I hereby declare the foregoing statements to be true to the best of my knowledge and belief. In compliance with Public Law 91-508, this is to inform you that in connection with your recent application for insurance, policy renewal (1) an "investigative consumer report" may be made as to your insurability including, depending on the type of insurance involved, information as to character, general reputation, personal characteristics, mode of living, financial conditions, (2) that such information will be obtained through (but not limited to) personal interviews with friends, neighbors and associates and (3) upon written request a complete and accurate disclosure of the nature and scope of the "investigative consumer report" will be provided.

| | | | |
|-------------------------------|--|-------------|--|
| Signature of applicant: | | | |
| Date signed: | | Title: | |
| Signature of producing agent: | | | |
| Date signed: | | Signed at: | |
| Agency name: | | | |
| Address: | | | |
| Phone number: | | Fax number: | |

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