

## Trucking Application

Producer:	Phone:	Other Contact:	Phone:
Name of Applicant:		MC #:	DOT #:
Website:			
Mailing Address:			Country:
Applicant is: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Corp. <input type="checkbox"/> Partnership <input type="checkbox"/> Other:			
Effective Date:		Expiration Date:	Federal ID #:
Are you the current agent? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, for how long?			
Principal Garage Location:			
Other Locations:			
	Location #	Address	Terminal?
	1		
	2		
Contact Person:		Phone:	Fax:
		Email:	

### State of Operations (Please List):

#### Operations Beyond 300 Mile Radius - Identify Cities Traveled Through or Into:

- |                                     |   |                                       |  |   |                                  |
|-------------------------------------|---|---------------------------------------|--|---|----------------------------------|
| <input type="checkbox"/> Atlanta    | <input type="checkbox"/> Cleveland        | <input type="checkbox"/> Jacksonville | <input type="checkbox"/> Milwaukee     | <input type="checkbox"/> Pittsburg      | <input type="checkbox"/> Seattle |
| <input type="checkbox"/> Baltimore  | <input type="checkbox"/> Dallas/Ft. Worth | <input type="checkbox"/> Kansas City  | <input type="checkbox"/> Minneapolis   | <input type="checkbox"/> Portland       | <input type="checkbox"/> Tulsa   |
| <input type="checkbox"/> Boston     | <input type="checkbox"/> Denver           | <input type="checkbox"/> Little Rock  | <input type="checkbox"/> Nashville     | <input type="checkbox"/> Richmond       | Other Cities:                    |
| <input type="checkbox"/> Buffalo    | <input type="checkbox"/> Detroit          | <input type="checkbox"/> Los Angeles  | <input type="checkbox"/> New Orleans   | <input type="checkbox"/> St. Louis      |                                  |
| <input type="checkbox"/> Chicago    | <input type="checkbox"/> Hartford         | <input type="checkbox"/> Louisville   | <input type="checkbox"/> New York City | <input type="checkbox"/> Salt Lake City |                                  |
| <input type="checkbox"/> Charlotte  | <input type="checkbox"/> Houston          | <input type="checkbox"/> Memphis      | <input type="checkbox"/> Philadelphia  | <input type="checkbox"/> San Diego      |                                  |
| <input type="checkbox"/> Cincinnati | <input type="checkbox"/> Indianapolis     | <input type="checkbox"/> Miami        | <input type="checkbox"/> Phoenix       | <input type="checkbox"/> San Francisco  |                                  |

### General Information

1. Type of Carrier: <input type="checkbox"/> Common <input type="checkbox"/> Contract <input type="checkbox"/> Private <input type="checkbox"/> Exempt	
2. Years in Business: _____ If less than 3 years, please provide prior experience:	
3. Officers:	President: _____
	Vice President: _____
	Secretary: _____
4. Name of Principal Shippers: _____	
List here: _____	
5. Has applicant ever been cancelled, refused or non-renewed by any insurance company in the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, explain: _____	
6. Has applicant ever filed bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, when: _____	
7. Does applicant transport hazardous commodities? <input type="checkbox"/> Yes <input type="checkbox"/> No	

800.800.4007

[submit@midman.com](http://submit@midman.com)

Applicant:

If yes, list here:		
8. Does applicant manage a brokerage operation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, in what name:		
9. Any containerized cargo hauled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, list here:		
10. Does applicant pull doubles or triples?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Any oversize/overweight cargo hauled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, list here:		
12. Any special equipment mounted or attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, describe:		
13. Does applicant interchange equipment with other carriers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, explain:		
14. Any additional insured or intermodal endorsements required? If yes, please attach a list.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
15. Current DOT Rating:		
16. Workers' Compensation Coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Carrier:	Policy #:	Policy Period:

#### Lease Information

1. Is any scheduled equipment leased from owner operators?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is all equipment operating under applicant authority scheduled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain:	
3. Is all commercial equipment you own or operate described in application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, describe:	
4. Do you rent or hire vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Next Year Estimate:	

#### Driver Information

1. Minimum Age Requirement:	
2. Minimum OTR Experience Requirement:	
3. Total Number of Drivers:	
4. Do your files conform to the requirements of the DOT?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. What MVR violations cause dismissal?	
6. How many driver teams?	
7. Average Miles Per Day for Each Driver:	
8. Number of Drivers Employed More than One Year:	
9. How often are drivers routed home?	
10. Do you allow passengers other than drivers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain:	

#### Maintenance Information

1. Maintenance Director's Name:	
2. Number of Years with Applicant:	
Number of Years in Maintenance:	
3. Does applicant have a written maintenance program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Does program include owner operators?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are maintenance records filed and retained?	<input type="checkbox"/> Yes <input type="checkbox"/> No

6.	Does applicant have a repair facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Does applicant service vehicles of others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	How many mechanics does applicant employ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Describe applicant's maintenance facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Number & Pieces of Equipment	Company Owned	Leased with Driver	Leased without Driver	Totals	# % Local 0-50 Miles	# % Interm 51-300 Miles	# % Long Distance 301-500 Miles	# % Long Distance Over 500
Trucks								
Tractors								
Semi-Tractors								
Tank Trailers								
Refrigerated Trailers								
Van Trailers								
Flat Bed Trailers								
Service Trailers								
Autos								
Other								

0-50 Miles:
51-300 Miles:
301-500 Miles:
Over 500 Miles:
Average Length of Haul:

Policy Term	Mileage	Gross Receipts	Average Number of Units	Average Fleet Value
Next Year Estimate			*	**
Current Year Estimate			*	**
1 <sup>st</sup> Year Prior			*	**
2 <sup>nd</sup> Year Prior			*	**
3 <sup>rd</sup> Year Prior			*	**

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Applicant:

### Prior Carrier / Loss Information

Liability									
Coverage Year	Carrier	Premium	Loss Reserves	Total Incurred (w/exp.)	Deductible	# of Accidents	# of Insured Units	Frequency	Valuation Date
Current									
1 <sup>st</sup> Year Prior									
2 <sup>nd</sup> Year Prior									
3 <sup>rd</sup> Year Prior									
4 <sup>th</sup> Year Prior									

Physical Damage									
Coverage Year	Carrier	Premium	Loss Reserves	Total Incurred (w/exp.)	Deductible	# of Accidents	# of Insured Units	Frequency	Valuation Date
Current									
1 <sup>st</sup> Year Prior									
2 <sup>nd</sup> Year Prior									
3 <sup>rd</sup> Year Prior									
4 <sup>th</sup> Year Prior									

Cargo									
Coverage Year	Carrier	Premium	Loss Reserves	Total Incurred (w/exp.)	Deductible	# of Accidents	# of Insured Units	Frequency	Valuation Date
Current									
1 <sup>st</sup> Year Prior									
2 <sup>nd</sup> Year Prior									
3 <sup>rd</sup> Year Prior									
4 <sup>th</sup> Year Prior									

### Loss Information

Losses over \$50,000 must be provided for all lines along with current status.

Date of Loss	Amount Paid	Reserve	Description & Current Status

Applicant:

## Safety Information

1. Safety Director's Name:			
2. Number of Years with Applicant:			
Number of Years in Safety:			
3. Percentage of Time Devoted to Safety Activities:			
4. Describe Duties:			
5. Does Safety Director hire and terminate drivers?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Does Safety Director hold safety meetings?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how often?			
7. Do Driver Selection Include:			
A. Written Applications?		<input type="checkbox"/> Yes <input type="checkbox"/> No	E. Road Test?
B. MVR Review?		<input type="checkbox"/> Yes <input type="checkbox"/> No	F. Physical Exam?
C. Prior Employment Verification?		<input type="checkbox"/> Yes <input type="checkbox"/> No	G. Drug Testing?
D. Written Test?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Does Driver Orientation Include:			
A. Company Rules and Policies?		<input type="checkbox"/> Yes <input type="checkbox"/> No	E. Accident Reporting Procedures?
B. Daily DOT Vehicle Inspection Procedures?		<input type="checkbox"/> Yes <input type="checkbox"/> No	F. Length of Orientation?
C. Equipment and Route Familiarization?		<input type="checkbox"/> Yes <input type="checkbox"/> No	G. Required for Owner Operators?
D. Emergency Procedures?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Does Road Supervision Include:			
A. Satellite Communication?		<input type="checkbox"/> Yes <input type="checkbox"/> No	C. Cell Phones?
B. Radio Dispatch?		<input type="checkbox"/> Yes <input type="checkbox"/> No	D. GPS Tracking?
10. Are drivers required to perform pre-trip inspections on vehicles?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Does applicant have a driver's handbook?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Does applicant maintain written safety program?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how often?			
13. Does applicant offer safety incentives?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Is there an accident review board?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, who reviews?			
15. Does applicant have a disciplinary policy?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, describe:			

Applicant:

## Location & Commodities Information

## Terminal Locations

Street Address	City	State	Construction	Protection	Limit

### Commodities Hauled

**Average Value Per Load:**

Commodities	Percentage of Revenue	Average Value	Maximum Value

### Special Limits by Commodity or Designated Shipper

**Special Limit:**

**Designated Shipper:**

What commodity is being hauled?

## Additional Commodities Being Hauled that Require Special Limits:

Commodities	Percentage of Revenue	Average Value	Maximum Value

**Comments:**

Applicant:

### Coverage & Limits Desired

Liability: _____	Liability (Combined Single Limit)
	Deductible on Liability

Uninsured Motorists: _____	Each Person Bodily Injury
	Each Accident Bodily Injury
	Each Accident Property Damage

Underinsured Motorists: _____	Each Person Bodily Injury
	Each Accident Bodily Injury

Physical Damage: _____	Deductible Comprehensive
	Deductible Specified Perils
	Deductible Collision

Trailer Interchange: _____	Limit
	Deductible

Cargo Coverage: _____	Limit per Vehicle
	Limit Per Occurrence
	Increased Limits – Specified Shipper
	Terminal Limit
	Deductible other than Refrigeration Breakdown
	Deductible for Refrigeration Breakdown
	Debris Removal
	Earned Freight

Perils:	<input type="checkbox"/> Named Perils (including theft)
	<input type="checkbox"/> Broad Form
	<input type="checkbox"/> Mechanical Breakdown
	<input type="checkbox"/> Terminal

Optional Deductibles / Limits:

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