

Primary Auto Application





Primary Auto Submissions Checklist

- ☐ **TRANSPORTATION LIABILITY APPLICATION**
 - Copy attached
- ☐ **AGGREGATE AUTO LIABILITY LOSS SUMMARY**
 - GL, Physical Damage loss summaries also required if coverage requested
 - Losses must be ground up and uncapped
(Incorporated in application but a summary sheet can be used in its place.)
- ☐ **AGGREGATE AUTO PHYSICAL DAMAGE LOSS SUMMARY**
- ☐ **HARD COPY, CARRIER-ISSUED LOSS RUNS FOR AL, GL, MTC & APD; CURRENTLY VALUED, FOR THE LAST 5 YEARS**
- ☐ **DETAILS OF CLAIMS XS \$25,000**
 - If any claims have penetrated in Umbrella/Excess layer, provide hard copy Umbrella/Excess loss runs
- ☐ **DRIVER LIST WITH DOB, YOE AND DOH + CURRENT MVR's in excel**
- ☐ **CURRENT VEHICLE SCHEDULE WITH TIV in excel** (TIV only required if APD needed – current stated values)
- ☐ **MOST RECENT FINANCIALS**
- ☐ **IFTA REPORTS**
- ☐ **CURRENT PROGRAM DETAILS FOR ALL COVERAGES** (Carrier, deductibles, limits and premiums)
- ☐ **COPY OF SAFETY MANUAL**
- ☐ **OTHER**
 1. Full named insured schedule and location schedule
 2. Any prior or prospective material changes in exposures
 3. Filing requirements, if any, for excess layers
(Form available upon request)



General

Named Insured				Years in Business			
Mailing Address							
Garaging Address							
DOT #				MC #			
Website							
Owner or Contact							
Policy Period		From				To	
Description of Operations / Business Type							
Brokerage Operations		Yes No		Last Year's Brokerage Revenue (if any)		\$	
Separate Operating Authority		Yes No		Projected Brokerage Revenue		\$	
If Yes, Name of Brokerage Company							
Business Type		For-Hire Corporation		Private Carrier		Other	
Projected Equipment:		Owned (Company Drivers)		Leased (Owner/Operators)			
Tractors							
Trucks							
P/P Vehicles							
Service Vehicles							
Trailers							
Other							
Equipment Usage & Features:							
Double or Triple Trailers		Yes No		If Yes, indicate percentage		%	
Flatbeds		Yes No		If Yes, indicate percentage		%	
Oversize / Overweight		Yes No		If Yes, indicate percentage		%	
Slip Seating		Yes No		If Yes, indicate percentage		%	
Team Drivers		Yes No		If Yes, indicate percentage		%	
Back Hauling		Yes No		If Yes, indicate percentage		%	
Dead-Heading		Yes No		If Yes, indicate percentage		%	
Radius	0-50 miles	%	51-200 miles	%	201-500 miles	%	501+ miles



Average Length of Haul		Maximum Length of Haul	
Value of Commodities:			
Commodities Hauled	Percentage	Average Value	Max Value
	%	\$	\$
	%	\$	\$
	%	\$	\$
	%	\$	\$
	%	\$	\$
Refrigeration Breakdown	Yes No		
Any Hazardous Commodities	Yes No	If Yes, details	

Projected and Historical Exposures

Policy Period:	Truck Revenue:	Brokerage Revenue:	Miles:	Units:
2025-2026 Projected				
2024-2025				
2023-2024				
2022-2023				
2021-2022				
2020-2021				

GL Exposure

Payroll – Drivers		Payroll – Other than Drivers	
# of Terminals		Payroll - Warehousing	
Confirm no GL losses in the last 5 years	Yes No		
If GL losses in the last 5 years, advise details:			



Non-Owned Auto

How often and for what purpose do employees use their own vehicles for company business?	
Total number of employees	
Total number of employees who regularly drive their own auto on company business	
Mileage reimbursed during the previous year	
Projected mileage reimbursement for the upcoming year	
Are employees who drive their own car for company business required to carry insurance? If so, what limits are required?	

Hired Auto

How often and for what purpose are hired/rented vehicles being used?	
How many short term rentals (less than 30 days) in the last year?	
What is the total amount expensed last year for short term rentals?	
What is the projected amount to be expensed this year for short term rentals?	
Does the insured use subcontractors?	
If so, what's the total expense associated with subcontractors?	
Do subcontractors drive under their own authority?	
Do subcontractors provide their own insurance? If so, what limit is required?	
Is there a hold harmless agreement in place with the subcontractor?	
Does the agreement require our insured to be named as an additional insured?	

Auto Physical Damage Loss Experience (ground up and uncapped)

Policy Period	# of Claims:	Paid:	Expense	Reserve	Recovery	Total Incurred	Deductible +TIV
2024-2025							
2023-2024							
2022-2023							
2021-2022							
2020-2021							



Auto Liability Loss Experience (ground up and uncapped)

Policy Period	# of Claims:	Paid:	Expense	Reserve	Recovery	Total Incurred	Deductible
2024-2025							
2023-2024							
2022-2023							
2021-2022							
2020-2021							

*Please attach details for all liability losses excess \$25k. If any claims penetrated the umbrella/excess layer, please provide those hard copy loss runs.

Motor Truck Cargo (ground up and uncapped)

Policy Period	# of Claims:	Paid:	Expense	Reserve	Recovery	Total Incurred	Deductible
2024-2025							
2023-2024							
2022-2023							
2021-2022							
2020-2021							

Driver and Safety Info

Driver Turnover Percentage	%	Percentage of drivers with less than 1 year with company	%
Do you allow passengers?			Yes No
If Yes, do you have a written passenger program in place, including signing waivers?			Yes No
How often do drivers get home? (Indicate number of days or number of weeks)	Days		Weeks
How long are drivers on the road? (Include number of hours per day / per week)	Hours per days		Hours per week
Min / Max Age of Drivers	Min. Age		Max. Age
Are the owner/operators and/or fleet operators subject to the same rules and regulations as company drivers?			Yes No
Is there a formal safety program?	Yes No	How often are safety meetings held?	
Safety Director Name and Phone #			
Is there a Driver Safety Incentive Program?			Yes No



Explain			
Is there a formal vehicle maintenance program?	Yes	No	
How often is routine maintenance performed?			
Are MVR's checked prior to hiring?	Yes	No	How often thereafter?
Accident Analysis / Correction Action?	Yes	No	
What percentage of drivers are hired from driving schools?	%		
Is there a Driver Orientation and/or training program?	Yes	No	
How are drivers compensated? (% of load, mileage, hourly)			

Technology

Features	Owned (Company Drivers)		% of Units If Yes	Leased (Owned / Operators)		% of Units If Yes	Name of Provider
Roll Stability Control	Yes	No	%	Yes	No	%	
Forward Facing Cameras	Yes	No	%	Yes	No	%	
Driver Facing Cameras	Yes	No	%	Yes	No	%	
Side and Rear Cameras	Yes	No	%	Yes	No	%	
Video Event Recorder	Yes	No	%	Yes	No	%	
LED Headlights	Yes	No	%	Yes	No	%	
Lane Departure Warning Systems	Yes	No	%	Yes	No	%	
Collision Mitigation Braking	Yes	No	%	Yes	No	%	
Governors / Speed Limiters	Yes	No	%	Yes	No	%	
Blind Spot Warning	Yes	No	%	Yes	No	%	
Adaptive Cruise Control	Yes	No	%	Yes	No	%	
Real-Time Vehicle Diagnostics	Yes	No	%	Yes	No	%	
Anti-Lock Braking	Yes	No	%	Yes	No	%	
E-logs	Yes	No	%	Yes	No	%	
Satellite GPS Tracking	Yes	No	%	Yes	No	%	



Expiring Coverages

	Auto Liability	Physical Damage	General Liability	Motor Truck Cargo
Insurance Company:				
Limits:				
Ded / SIR:				
Rate / Premium:				

Coverages Requested

	AL	APD	GL	MTC
Deductibles Requested				
TIV for APD (stated value)	\$			

Insured's Signature:		Date:	
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