



NORMAN·SPENCER

Transportation – Auto Transporters

Below are the complete submission underwriting requirements for our Auto Transporter Program. All of the information being requested is essential to our underwriting analysis and specific to our rating systems. Please provide us with as much detail as you can so that we can work efficiently in quoting and binding this account for your agency!

We require a complete file in order to quote:

1. **AUTO TRANSPORTER APPLICATION**
2. **DRIVER & VEHICLE SCHEDULE** - Accurate and complete vehicle information (year, make, model, VIN#, GVW, radius) and employee info (including experience)
3. **LOSS RUNS** – 5 years currently valued
4. **MOTOR VEHICLE REPORTS** - Current MVR's for all drivers
5. **IFTA's** – Mileage reports last 4 quarters
6. **ACCOUNT INFORMATION** - Expiring / target premium, current carrier and quote need by date
7. **MISCELLANEOUS** - Completed prior employment history form if in business less than 5 years, safety plans for accounts with 10 units or more

Submissions can be directed to **NS_Submissions@norman-spencer.com** or call **800-449-2909 (option #1)**

Norman-Spencer Auto Transporters Application



NORMAN·SPENCER

NOTICE: ANY PERSON WHO KNOWINGLY AND WITH INTENT DEFRAUDS ANY INSURANCE COMPANY OR OTHER PERSON, FILING THIS QUESTIONNAIRE FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

Applicant Information

Agency	Broker	Date	
<input type="checkbox"/> New Business Application <input type="checkbox"/> Renewal Application	Proposed Effective Date	Years with this agency	
Applicant Name		Mailing Address	
Applicant DBA		City	State Zip
Does the insured own any other business? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Names of other operating entity(ies)/list		Phone()	
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other		Date Established	Years Under Present Owner
Website:		Expiring Premium \$	
Owner Name <input type="checkbox"/> Active?	Insurance Contact for the entity.	Phone()	
Associations / Trade Groups - Member Since		Current Insurance Carrier	

Are any motor carrier filings required? (If yes, please complete the information below)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Federal Motor Carrier (MC) Number		Department of Transportation (DOT) Number	
Insured's name and address EXACTLY as filed with authority:			
<input type="checkbox"/> BMC91X (liability) <input type="checkbox"/> BMC34 (Cargo) <input type="checkbox"/> Form E (Liability) <input type="checkbox"/> Form H (Cargo) <input type="checkbox"/> UCR (Liability)			
States Requiring filings			
Is an MCS 90 Endorsement needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, why?		
Do you ever perform secondary tows of hazardous materials <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	Do you ever move hazardous materials on a primary haul basis? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:		
Does Insured have Brokerage Authority or provide a brokerage service? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	Does the Applicant allow anyone to operate under their Permits or Authority? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:		

Description of Operations

	Revenues	% of total income
1. Towing for Hire only <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes you do not need to answer questions 2-17)		
2. Used Car Sales (other than repossessed)/new car sales ? <input type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> • How many cars per month? • Are these sales the results of a lien/sales* operation? ? <input type="checkbox"/> Yes <input type="checkbox"/> No • Is there drive-away used car exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No <p>*lien/sales is defined as selling an unclaimed vehicle after processing the state required paperwork for the title</p>		
3. Multi Car Auto/Boat Hauling <input type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> • How many <input type="checkbox"/>cars/<input type="checkbox"/>boats are hauled at one time? 		
4. Truck/Equipment Hauling: <p>Equipment Hauling Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Does the insured have contracts to haul goods for specific customers? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Are all drivers performing this work CDL Class "A" licensed drivers? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>List all drivers involved in performing this work _____</p> <p>What commodities are hauled? _____</p> <p>Are Safety Chains always used Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Please provide a detailed narrative of this operation _____</p>		
5. Repossessions <p>Are Voluntary Repossessions performed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, who issues the assignment to pick up a car?</p> <p>Does insured confirm that the debtor is properly notified and has agreed to the surrender of the vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are Drive-away Repossessions performed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>No <input type="checkbox"/></p> <p>Are Involuntary Repossessions performed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
6. Do you perform any auto repair, auto body work <input type="checkbox"/> Yes <input type="checkbox"/> No Class code (10073) If yes, please complete the Auto repair and or auto body shop section on the Tow supplement		
7. Do you sell any new parts <input type="checkbox"/> Yes <input type="checkbox"/> No class code (10071)		
8. Do you perform roadside assistance <input type="checkbox"/> Yes <input type="checkbox"/> No		
9. Dismantling/Salvage yard <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please complete Dismantling section on Tow Supplement		
10. Propane, Butane Sales, or Other Liquefied Petroleum Gas-gasoline sales <input type="checkbox"/> Yes <input type="checkbox"/> No		
11. Tire Sales and Service ? <input type="checkbox"/> Yes <input type="checkbox"/> No new <input type="checkbox"/> used <input type="checkbox"/> recap <input type="checkbox"/> class code (18616)		
12. Public Parking-? <input type="checkbox"/> Yes <input type="checkbox"/> No Give details		
13. Do you operate a Service Station operation at any location scheduled on this policy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please complete Tow Supplement		
14. Building Not Fully Occupied by the Insured (45539) (Lessor's Risk Only) <input type="checkbox"/> Yes <input type="checkbox"/> No Square Footage: _____		
15. Vacant Building (68606) (Other than Not for Profit) <input type="checkbox"/> Yes <input type="checkbox"/> No Square Footage: _____		
16. Vacant Land (49451) (Other than Not for Profit) <input type="checkbox"/> Yes <input type="checkbox"/> No Square Footage: _____		
17. All Other Income –Rental <input type="checkbox"/> Yes <input type="checkbox"/> No		
18. Does applicant own or sponsor racing vehicles. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details _____		

Employee Selection and Training

1. What is your minimum hiring age for drivers?	
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2. Do all drivers have two years tow experience?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are Criminal background checks completed before hiring?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you or any of your employees been convicted of a crime in the past five years? i. If yes, please list the employee and the crime	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are applicants road tested in the type of vehicles they will be operating?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are driving records checked before hiring?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. How often are driving records checked after hiring? <input type="checkbox"/> Annually, <input type="checkbox"/> Semi-Annually, <input type="checkbox"/> Monthly	
8. Are copies of current MVR's maintained in employee records?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Are Drivers required to take Drug Test	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Has the owner completed a National Certification Program? i. If yes, identify program	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Are Drivers required to take a "Driver Certification Program"? i. If yes, identify program	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. What level of industry certification training is required for drivers of heavy and/or extra heavy trucks? i. How many years of towing experience are required for drivers to operate a heavy and/or extra heavy truck?	
15. Is personal use of vehicles by employees permitted? i. If yes, is there a written procedure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Do you have a written driver training program?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No
Explain your "new hire" tow training program (include minimum length of supervised training before new hires are permitted to tow vehicles on their own):	
17. Are non-employees permitted to ride in or operate vehicles? i. If yes, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Do you have written safety manual?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Do you hold safety meetings? i. If yes, how often? <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Do you have a written accident review policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Do you have a Written Disciplinary/Termination policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Do you issue any Employee or Independent Contractor a 1099? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Do you provide Workers Compensation for all employees including drivers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Do you have a Risk/Safety/loss control manager?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How are drivers compensated? <input type="checkbox"/> Hourly Wage <input type="checkbox"/> Salary <input type="checkbox"/> Commission	
If you answered "NO" to any of questions 17-25 above, would management implement a program designed to assist them with that item within the first 30 days of the effective date of this insurance? i. If yes, please have the owner initial here:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Miscellaneous

1. Do you subcontract work to others? If yes, please explain?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you provide towing services to any of the following? (check all that apply).	
<input type="checkbox"/> Municipal/City/State Contract What percentage of your operation does this represent	<input type="checkbox"/> Private Enterprise Contract What Percentage of your operation does this represent
<input type="checkbox"/> Highway Contract Municipal/City/State Contract What Percentage of your operation does this represent	<input type="checkbox"/> Other What Percentage of your operation does this represent
3. Are all units equipped with fire extinguishers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Does the insured have a written Maintenance program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Does the insured use cameras in the trucks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Does the insured use Telematics in the trucks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do your drivers perform daily maintenance checks on ALL trucks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Do you maintain maintenance logs on each vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Who provides the routine maintenance on your equipment?	
10. Does the state require an vehicle inspection prior to tags being issued for the unit	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Do you require the use of safety chains on every tow?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Do you require the use of wheel-lift straps on every tow?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Do you require the use of the use of vehicle-towing lights on every tow?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Percentage of trips made. 0 – 50 Miles, 51- 200 Miles, 201 and Over	
15. Do you unload the cargo to clear a wreck? If yes, do you have the proper equipment, on-site to do the unloading/loading of the cargo?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Do drivers check the weights and information on the Bill of Lading prior to any cargo transfer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Is the replacement vehicle appropriate for cargo and/or load?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Does the applicant use airbags in towing and recovery operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No

History / Statement

Has your insurance ever been canceled or not renewed by an insurance company? (MO Applicants - Do not answer this question)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you <u>had any losses</u> in the last four years? If yes, are the drivers still employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes attach loss runs ***If you answered "no", please review this next section very carefully ***		
Statement of Loss History: <u>No Known Loss Statement</u> It is a requirement of Norman-Spencer Insurance Agency that we receive your last four years of insurance company loss runs in order to analyze your operations insurability. If you are unable to obtain the four-year history prior to the inception of coverage and you have less than five vehicles to insure, we are willing to accept your statement of NO losses until you can obtain your insurance company loss runs. By signing this application, you are agreeing to provide a complete statement of all losses pertaining to the coverage requested on this application and within forty-five days from coverage inception provide insurance company loss runs		
Previous Insurance Company Name _____ _____ _____ _____	Year _____ _____ _____ _____	Premiums \$ _____ \$ _____ \$ _____ \$ _____

Personal information about you may be collected from persons other than you. Such information as well as other personal and privileged information collected by agents or us may in certain circumstances be disclosed to third parties without your authorization. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instruction on how to submit a request to us.

By signing this application, I agree to:

- 1. Advise the company of ALL drivers not appearing on the employee list for approval prior to operation of any vehicle insured under this contract at any time during the policy period.**
- 2. To provide a signed and completed UM/UIM and or PIP Selection/ Rejection form.**
- 3. Permit your representative to physically survey our operation.**
- 4. Implement the recommendations and/or training programs suggested to me by the company.**

I, the applicant, understand that this application and all information supplied is part of the application process and will be relied upon by the insurance company in determining whether to provide the insurance coverage herein requested. I hereby represent and confirm that I have read all the questions and answers on the application and that, to the best of my knowledge; all information provided in this application is complete, true and correct. I further represent that I have made and will make the necessary periodic maintenance inspection of the premises and the insured vehicles and that all necessary repairs have been made to ensure that my property and vehicles are and will remain safe and in good working condition. It is understood and agreed that no insurance is in effect NORMAN-SPENCER INSURANCE AGENCY and those companies it represents accept this application.

Notice to Applicant: The broker or producer is your (the applicant's) agent and is not an agent of Norman-Spencer Insurance Agency. No producer or broker shall have the right to bind coverage or to; alter, modify, or discharge this application. The producer or broker shall not have the right to alter, modify, discharge or execute any insurance contracts or policies on behalf of Norman-Spencer Insurance Agency.

Applicant's Signature	Position	Date Signed
Producer's Signature	Agency	Date Signed

Name			<input type="checkbox"/> Loss Payee	<input type="checkbox"/> Additional Insured
Relationship, or other information			<input type="checkbox"/> Mortgagee	<input type="checkbox"/> Certificate Holder
Address			Location #	Building(s)
City	State	Zip	Vehicle numbers(s)	
Name			<input type="checkbox"/> Loss Payee	<input type="checkbox"/> Additional Insured
Relationship, or other information			<input type="checkbox"/> Mortgagee	<input type="checkbox"/> Certificate Holder
Address			Location #	Building(s)
City	State	Zip	Vehicle numbers(s)	
Name			<input type="checkbox"/> Loss Payee	<input type="checkbox"/> Additional Insured
Relationship, or other information			<input type="checkbox"/> Mortgagee	<input type="checkbox"/> Certificate Holder
Address			Location #	Building(s)
City	State	Zip	Vehicle numbers(s)	
Name			<input type="checkbox"/> Loss Payee	<input type="checkbox"/> Additional Insured
Relationship, or other information			<input type="checkbox"/> Mortgagee	<input type="checkbox"/> Certificate Holder
Address			Location #	Building(s)
City	State	Zip	Vehicle numbers(s)	

Auto Transporter Supplemental Operations Questionnaire

Applicant Name: _____

Operations:

- Auto hauling? _____% Towing _____% Hauling of other goods? _____% Radius 50-200 _____% 201-750 _____% Over 750 _____%
- Do you hire, rent, lease or borrow vehicles from others? **Yes**____ **No**____
- If yes, what is estimated annual cost of hire including vehicle and driver \$ _____
- Primary insurance provided by other carrier? **Yes**____ **No**____
- Limits \$ _____
- Are you named on the owner’s policy as an Additional Named Insurance? **Yes**____ **No**____
- Do you allow passengers (non-employees) to accompany the driver **Yes**____ **No**____
- Do you allow non-employees to drive any vehicles to drive any vehicles in your care, custody or control? **Yes**____ **No**____
- If yes, please explain _____
- Do you have a Brokerage Operation? What is the FHWA authority # **Yes**____ **No**____
- If yes, annual brokerage revenue \$ _____
- Does the insured dead-head? **Yes**____ **No**____
- Does the insured ever bobtail? **Yes**____ **No**____
- Does the insured use team drivers? **Yes**____ **No**____
- Is trailer interchange coverage required? If so what limit? **Yes**____ **No**____
- If yes, please submit agreement _____
- Does Insured use any transit/transporter plates? **Yes**____ **No**____ How many? _____ What radius is travelled? _____
- How many years in business under the same authority? _____
- Owner’s total years of experience driving and managing this type of risk? _____
- Any drive-away plates (not transporter plates)? **Yes**____ **No**____ If so how many? _____ Percentage of operation? _____
- Any hired car cost for the last twelve months? **Yes**____ **No**____ If so how much? _____

Cargo

- Cargo Limit/Tractor _____ Highest single car value transported _____
- Deductible _____

Cargo Information

- Any single car transported over \$75000 **Yes**____ **No**____ Value of car _____ % of time hauled _____
- Any vehicles other than cars or small pickups transported? **Yes**____ **No**____ If yes, list type and percentage _____
- Are trailers ever detached from tractor while loaded? _____ If so, how long? _____ Where is it stored? _____

Type	% of Revenue	Maximum Value	Average Value	Highest Value Car Transported
Used Auto/Auction				
Used Auto/Dealer				
New Auto/Dealer				
New Auto/ Manufacturer				
Used Auto/Relocation				
Private Transport				
Other (including commodities other than autos)				

Terminal/Lots

Location	#Of Units Assigned	Controlled Entrance	24 Hour Guard	Fenced
1.				
2.				
3.				
4.				