



PO Box 626
Somerville, NJ 08876

p. 908-253-9484
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TRUCKERS SUPPLEMENT
To be used with Acord

Name incl. DBA's:			
Address:			
Garaging City:		Fax # _____	
Contact Name:		Phone # _____	
Nature of Business:		FEIN#: _____	
You Are a (Check all applicable): <input type="checkbox"/> Contract Carrier <input type="checkbox"/> Common Carrier <input type="checkbox"/> Exempt Carrier <input type="checkbox"/> Freight Broker <input type="checkbox"/> Other			
# of Years In Biz:		MC# _____	DOT # _____
Who does Insured Haul For? _____			

Do you have a DOT safety Rating? Yes No If Yes, what is it?

GENERAL INFORMATION

1. Are all vehicles you use in your business or any affiliated business listed here?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	7. Do you pull Double/Triple Trailers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has your insurance ever been refused, canceled, or non-renewed in past 3 years? (N/A in MO)	<input type="checkbox"/> Yes <input type="checkbox"/> No	8. Do you use any trailers <u>not</u> marked with fluorescent tape?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you haul or have the authority to haul any commodity considered hazardous by the EPA and/or the DOT?	<input type="checkbox"/> Yes <input type="checkbox"/> No	9. Will equipment be loaned/rented to others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you ever hauled to a landfill or treatment facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No	10. Do you trip lease?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you haul Intermodal/Containerized freight? *	<input type="checkbox"/> Yes <input type="checkbox"/> No	11. Do your drivers participate in a formal safety program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you pull Oversized/Overweight loads? *	<input type="checkbox"/> Yes <input type="checkbox"/> No	12. Are passengers permitted in vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		13. Do you always conduct pre-trip inspections?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		14. Have you ever had insurance under another name/entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No

DRIVER SELECTION INFORMATION (ATTACH DRIVER SCHEDULE AND CURRENT MVR'S)

1. Check all practices used by your company in driver selection: MVR Check Road Test Written Application
 Physical Exam Drug Test Reference Check Employment Verification Other _____

2. Describe acceptability requirements for hiring drivers: _____

3. Use Owner/Operators? % of Revenues: _____ Yes No

4. Use team drivers? Number/teams: _____ Yes No

5. Are Motor Vehicle Reports of employed drivers pulled and reviewed? Yes No If Yes, how often? _____ /attach copies.

6. Are all drivers covered by Workers Compensation? Yes No If **Yes**, who is your insurer? _____
 If **No**, explain _____

7. How many were *hired* over the last 12 months? _____ How many drivers *left* your employ over the last 12 months? _____

8. How are Drivers compensated? Hourly wage Payment Per Trip Salary Other _____
 PAY SCALE \$ _____ /HR \$ _____ /Trip \$ _____ /Trip

9. What are the maximum hours driven per day? _____ hours

10. What hours of the day do your drivers operate? 6 AM to 2 PM _____% 2 PM to 10 PM _____% 10 PM to 6 AM _____%

11. Where do your drivers sleep when they are on a trip? At Home Motel In the Cab Other: _____

VEHICLE INFORMATION

TYPE OF CARRIER: % of miles		LENGTH OF HAUL (% of miles)			
_____ % Truckload _____ % LTL		0-50	51-200	201-500	501+
Type	Use %	For local-Intermediate Operations (0-200 mi.), Please list top 10 runs:			
Dry Van	_____	<u>FROM</u>	<u>TO</u>	<u>FROM</u>	<u>TO</u>
Refrigerated	_____	_____	_____	_____	_____
Flatbed	_____	_____	_____	_____	_____
Liquid Tank	_____	_____	_____	_____	_____
Dry Bulk	_____	_____	_____	_____	_____
Containerized	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____
Total	100%				

COMMODITIES HAULED

Commodity / Packaging	% of Revenues	Commodity / Packaging	% of Revenues

OPERATING INFORMATION

YEAR	TRUCKING REVENUES	TOTAL MILEAGE	AVG # OF POWER UNITS	AVG # OF OPERATORS	COST OF HIRE
Current Yr Est.					
1 st Previous					
2 nd Previous					
3 rd Previous					

OTHER INFORMATION

1. Does your operation require filings? Yes* No Provide Docket #: **MC** _____
*If coverage is bound, and filings are required, a **Filing Supplement** must accompany this application.*

2. Do you own any equipment not scheduled on this application? * Yes No *If Yes, explain in Remarks.*

3. Is all equipment operating under your authority scheduled on this application? * Yes No *If No, explain in Remarks.*

4. Do you want liability coverage for semi trailers that are parked or are in excess of the number of tractors (unhooked coverage)?
 Yes No

If **Yes**: a. Are trailers kept isolated from the public? Yes No b. Are trailers fully enclosed by a fence? Yes No

* Owner operators must provide certificate of insurance demonstrating liability limits equal to or greater than the limits of this policy and must name applicant as "Additional Insured".

IN ORDER TO BIND COVERAGE, KINDLY ENSURE THE FOLLOWING INFORMATION IS PROVIDED TO YOUR UNDERWRITER:

1. **Completed and Signed Application.**
2. **Current (within 60 days) MVR's for all operators and owners.**
3. **Three years, currently valued (within 60 days) loss runs.**
4. **Current Vehicle Registrations for all Vehicles to be covered.**
5. **IFTA Log and filing form for any filings.**
6. **State specific UM/UIM Selection Form – Signed.**

THIS APPLICATION SHALL NOT BE BINDING UNLESS AND UNTIL A CONTRACT OF INSURANCE SHALL BE ISSUED AND DELIVERED, AND DOWN PAYMENT OF PREMIUM RECEIVED BY **Northern Star Management, Inc.** AND THEN , ONLY IN ACCORDANCE HEREWITH AND OF THE COMMENCEMENT DATE OF SAID POLICY.

APPLICANT UNDERSTANDS THAT AN INQUIRY MAY BE MADE WHICH WILL PROVIDE APPLICABLE INFORMATION CONCERNING THE APPLICANT THAT THE COMPANY DEEMS NECESSARY IN ORDER TO DETERMINE WHETHER THE COMPANY WILL ACCEPT OR REJECT APPLICANT FOR COVERAGE. UPON WRITTEN REQUEST, ADDITIONAL INFORMATION AS TO THE NATURE & SCOPE OF SUCH INQUIRY, IF ONE IS MADE, WILL BE PROVIDED.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES [NOT APPLICABLE IN CO, HI, NE, OH, OK, OR, IN, ME, AND VA]. INSURANCE BENEFITS MAY ALSO BE DENIED.

SECTION X - SIGNATURES

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR REPRESENTATIVE THEREOF OR WHO FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACTUAL MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

THIS FORM MUST BE SIGNED BY BOTH THE APPLICANT AND PRODUCER.

AS THIS OPTION SELECTOR IS THE LAST PAGE OF OUR APPLICATION FOR COMMERCIAL AUTOMOBILE INSURANCE, YOUR SIGNATURES BELOW ATTEST THAT THE INFORMATION PROVIDED IS COMPLETE AND ACCURATE TO THE BEST OF YOUR KNOWLEDGE AND BELIEF.

SIGNATURE OF FIRST NAMED INSURED

DATE

AGENCY NAME

TITLE: (Owner, Partner, President, Etc.)

ADDRESS

SIGNATURE OF Agent, Broker or Solicitor (PRODUCER)

DATE