



TRUCK FLEET APPLICATION

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1. Name: Phone Number:
Mailing Address:
Garaging Location
Contact Name: Date Business Started: OWNER'S NAME
Applicant is an Individual Partnership Corporation Joint Venture LLC Other:
SAFETY DIRECTOR NAME YEARS WITH COMPANY

2. Type of Motor Carrier: Common Contract Broker DOT No.: Exempt Private
3. Date Coverage Desired: From To New Renewal Rewrite

Table with 4 columns: COMMODITIES, PERCENTAGE, MAXIMUM VALUE, AVERAGE VALUE

5. Radius of Operations: 0 to 50 miles % 51 to 200 miles % 201 to 500 miles % Over 500 miles %

6. Is there a formal safety program in operation? Yes No DETAILS:

7. Do you adhere to a written vehicle maintenance program in operation? Yes No
Details: Does insured employ a mechanic (s) Yes No

8. Does the applicant ever allow any passengers other than company employees? Yes No If Yes, Explain:

9. Does the applicant own or operate any equipment over 10,000 GVW other than that listed in this application or attachments?
Yes No If Yes, Explain:

10. Do you pull double or twin trailers? Yes No If Yes, percentage of loads:
Do you pull triple trailers? Yes No

11. Is any equipment: a. leased, rented or loaned to others? Yes No Explain all Yes answers:
b. leased, rented or borrowed from others? Yes No
c. interchanged with other carriers? Yes No

12. Do you operate as a broker or freight forwarder? Yes No If yes, under what name and MC#
What percentage of total revenue is generated by Brokerage operation? % Freight Forwarder? Yes No

13. In the last three years has any insurance carrier canceled or refused to renew any coverages for which application is being made?
Yes No Please explain

14. DRIVER HIRING, TRAINING AND SAFETY

1. Which of the following is part of your driver screening/hiring process:

- EMPLOYMENT BACKGROUND CHECK ROAD TEST PRE-EMPLOYMENT DRUG TEST
 CRIMINAL BACKGROUND CHECK MOTOR VEHICLE RECORD REVIEW
 PRE-EMPLOYMENT SCREENING PROGRAM (PSP)

2. Minimum Age _____ Maximum Age _____ Number of years Experience _____
Maximum number of violations in 12 months _____ Maximum no. of violations in 3 years _____
Maximum number of: Accidents _____ Major Violations: _____

15. NUMBER OF OWNER OPERATORS: _____

DOES INSURED REPORT OWNER OPERATOR MILEAGE? YES NO

16. **COVERAGES:**

- AUTO LIABILITY LIMIT \$ _____
 UM/UIM LIMIT \$ _____ PIP LIMIT \$ _____
 HIRED AUTO COST OF HIRE \$ _____
 EMPLOYERS NONOWNERSHIP LIABILITY \$ _____

PHYSICAL DAMAGE

COMP DEDUCTIBLE \$ _____
COLLISION DEDUCTIBLE \$ _____

MONTHLY REPORTING OF VALUES YES NO

TRAILER INTERCHANGE LIMIT \$ _____ TRAILER DAYS _____

NON-OWNED HIRED AUTO LIMIT \$ _____

TEMPORARY REPLACEMENT VEHICLE ENDORSEMENT (APPLIES ONLY TO LLOYDS PROGRAM)

CARGO LIMIT \$ _____ DEDUCTIBLE \$ _____

GENERAL LIABILITY

GENERAL AGGREGATE \$ _____ EACH OCC \$ _____
PRODUCTS/COMPLETED OPERATIONS AGG \$ _____
PERSONAL & 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 employees' dispatcher: _____

Other: (Clerical, Warehouse employees) _____

Does insured conduct any other operation(s) other than Trucking? YES NO If yes, please explain

18. Prior carrier and Loss Experience for at least the last FOUR years. (4 YEAR CURRENTLY DATED LOSS RUNS)

INSURANCE CARRIER	FROM	TO	NO. OF UNITS	LOSSES						
				LIABILITY		PHYS. DAM.		CARGO		
				No.	Amount	No.	Amount	No.	Amount	

If loss runs are provided in lieu of the above information all losses not yet recorded on loss runs but of which the insured has knowledge are to be listed above.

19. **SCHEDULE OF VEHICLES – use supplement application if more space is required**

POWER UNITS - TT = TRACTOR ST = STRAIGHT TRUCK HT = HOT SHOT TW -= TOW TRUCK SV = SERVICE VEHICLE

UNIT	YEAR	MANUFACTURER	TYPE	GVW/CCW	VIN NUMBER	STATED AMOUNT	OTC. DED	COLL. DED

PLEASE ATTACH A SEPARATE VEHICLE LIST IF NEEDED

20.

TRAILERS - BODY TYPES VN = VAN RF = REEFER LV = LIVESTOCK TK = TANKER PN = PNEUMATIC CR = AUTO FB = FLATBED

UNIT	YEAR	MANUFACTURER	BODY TYPE	VIN NUMBER	STATED AMOUNT	OTC. DED	COLL. DED

- a. Are all trailers/bodies locked at all times while loaded? Yes No
- b. Is each unit equipped with a fire extinguisher? Yes No
- c. Are loaded vehicles ever left unattended? Yes No
- d. Are vehicles equipped with alarms? Yes No
- e. Is a standard bill of lading used? Yes No

21. HISTORICAL INFORMATION

POLICY PERIOD	#OF UNITS	Mileage	REVENUE	TOTAL.VALUE HISTORY	HISTORICAL DED
Projected 17/18					
2016-17					
2015-16					
2014-15					
2013-14					
2012-13					

22. DRIVER INFORMATION - PLEASE ATTACH A SEPARATE DRIVERS LIST IF NEEDED

DRIVER'S FULL NAME	STATE	LICENSE NUMBER	DATE OF BIRTH	YRS EXP	DATE OF HIRE

SHORT OPERATION NARRATIVE (INCLUDE ANY ADDITIONAL INFORMATION ON SAFETY AND/OR LOSS CONTROL; DRIVER INCENTIVES, DRIVER DISCIPLINARY ACTION)

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.

_____ **X** _____
Date Signed Signature of Applicant Title

_____ **X** _____
Date Signed Signature of Producing Agent Signed at

Agency Name: _____ Address: _____

Telephone Number: _____ FAX Number: _____