

This policy is issued by your risk retention group. Your risk retention group may not be subject to  
all the insurance laws and regulations of your state. State insurance insolvency guaranty funds  
are not available for your risk retention group.

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APPLICATION FOR COVERAGE

Agency: Enter Agency Name

Producer: Producer Name

|  |  |
| --- | --- |
| Name: Click or tap here to enter text. | DBA: Click or tap here to enter text. |
| Mailing Address: Click or tap here to enter text. | Contact Name: Click or tap here to enter text. |
| Phone Number: Click or tap here to enter text. | E-Mail: Click or tap here to enter text. |
| SMS Pin: Click or tap here to enter text. | Target Effective: Click or tap here to enter text. |
| Owners/Executives: Click or tap here to enter text. | Target Premium: Click or tap here to enter text. |
| Owners/Executives Click or tap here to enter text.: | Federal Tax ID Number: Click or tap here to enter text. |
| Owners/Executives: Click or tap here to enter text. | US DOT: Click or tap here to enter text. |
| Owners/Executives: Click or tap here to enter text. | MC Number: Click or tap here to enter text. |

Form of Business:  Sole Proprietor  Partnership  Corporation

Number of Years in Business: Enter Number of years in business

Required Filings: Federal State Other: List Any other required filings

Any Subsidiaries? Yes No If Yes please list details: Enter Subsidiary details.

Has the company ever been under another name or DOT? Yes No

If yes above, please provide details: List details of prior company name or DOT authorities

**Description of Operations:**

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Carrier Type: Common Contract Private Other: If Other please write type here

US DOT: Enter DOT MC Number: Enter MC

Have you been cancelled or non-renewed in the last 3 years? Yes  No

If yes please provide details: List details on cancellations and/or non-renewals.

Is Carrier involved in any non-trucking? Yes  No

Does Carrier Team driver at all? Yes  No

|  |  |
| --- | --- |
| List Commodity and percentage hauled. | List Commodity and percentage hauled. |
| List Commodity and percentage hauled. | List Commodity and percentage hauled. |
| List Commodity and percentage hauled. | List Commodity and percentage hauled. |

Radius by %: 0-100 Miles 101-500 Miles 501-1,000 Miles Over 1,000

Common States and Major Cities :List major cities and common states frequently traveled.

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Coverages and Limits (Any coverages not listed are not offered):

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Liability Limit: $1,000,000

Other Supplementary Coverages: Hired Non-Owned

UM-BI: Reject Accept State Min Limit Other Limit: Other Limit

UM-PD: Reject Accept State Min Limit Other Limit: Other Limit

UIM BI: Reject Accept State Min Limit Other Limit: Other Limit

UIM PD: Reject Accept State Min Limit Other Limit: Other Limit

No-fault: Reject Accept State Min Limit Other Limit: Other Limit

*(PIP/Med Pay)*

PIP Supplementary Coverages: list all supplementary coverages desired

*(Note some state may require a coverage for example Pedestrian PIP for NJ, that will be added automatically)*

**Equipment Schedule:** *(if list doesn’t fit please send as separate document along with this application)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of Equipment** | **VIN** | **Year** | **Make** | **Owner/Operator** |
| Type | VIN | Year | Make | Owner/Operator |
| Type | VIN | Year | Make | Owner/Operator |
| Type | VIN | Year | Make | Owner/Operator |
| Type | VIN | Year | Make | Owner/Operator |
| Type | VIN | Year | Make | Owner/Operator |

**Driver Schedule**:*(if list doesn’t fit please send as separate document along with this application)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **DOB** | **Driver’s License** | **Years of Experience** |
| Name | DOB | License # | Yrs. of Exp |
| Name | DOB | License # | Yrs. of Exp |
| Name | DOB | License # | Yrs. of Exp |
| Name | DOB | License # | Yrs. of Exp |
| Name | DOB | License # | Yrs. of Exp |
| Name | DOB | License # | Yrs. of Exp |
| Name | DOB | License # | Yrs. of Exp |
| Name | DOB | License # | Yrs. of Exp |

**The statements and answers given on this application are true and accurate. The applicant has not wilfully concealed or misrepresented any material fact or circumstance concerning this application.**

|  |  |
| --- | --- |
| **Applicants Name:** Name | **Title:** Title |

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**Applicants Signature:**  ***I understand that checking this box constitutes a legal signature.***

**Date:** date.