TRUCKERS/MOTOR CARRIERS SECTION

AGENCY

PHONE
(A/C, No, Ext):

FAX
(A/C, No):

APPLICANT
(First
Named
Insured)

APPLICATION

EFFECTIVE DATE
EXPIRATION DATE
DIRECT BILL
PAYMENT PLAN
AUDIT
FOR
COMPANY
USE ONLY

DATE (MM/DD/YYYY)

PHONE
(A/C, No, Ext):

FAX
(A/C, No):

CODE:
SUB CODE:

AGENCY
CUSTOMER ID:

PRINCIPAL SHIPPERS

REGULATION

COMMON CARRIER

DOT RATING

CONTRACT CARRIER

DOCKET #:

PRIVATE CARRIER

ICC FILING REQUIRED; DOCKET #:

ATTACH ACORD 194 FOR STATE/FEDERAL FILINGS

COVERAGES/LIMITS

USE ACORD 137 FOR YOUR STATE TO PROVIDE COVERAGES/LIMITS INFORMATION

RECEIPTS, MILEAGE, UNITS

COMMODITIES

GROSS RECEIPTS
TOTAL MILEAGE
# POWER UNITS
COMMODITIES TRANSPORTED
% TOTAL REVENUE
VALUE PER TRUCK LOAD

NEXT YEAR (EST)

$ 

PAST YEAR

$ 

PREV YEAR

$ 

PREV YEAR

$ 

TERMINALS

LOC 
# ZONE 
#

NAME AND ADDRESS OF TERMINALS

# VEH
DIST FROM GARAGE

DRIVER INFORMATION

LIST ALL DRIVERS, INCLUDING FAMILY MEMBERS THAT WILL DRIVE COMPANY VEHICLES, AND EMPLOYEES WHO DRIVE OWN VEHICLES ON COMPANY BUSINESS.

DRIVER 
#

NAME (Include address, if required)

SEX

MAR
STAT

DATE OF BIRTH

YES
EXP

YEAR
LIC

DRIVERS LICENSE NUMBER

SOCIAL SECURITY NUMBER

STATE
LIC

DATE
HIRE

USE
VEH #

% USE

ACORD 132 (2004/03) PLEASE COMPLETE REVERSE SIDE © ACORD CORPORATION 1988
### Equipment

**Vehicle Type**

<table>
<thead>
<tr>
<th>VEHICLE TYPE</th>
<th>COMPANY OWNED</th>
<th>NON OWNED</th>
<th>LONG TERM LEASE</th>
<th>TRIP LEASE</th>
<th>RADIUS (MILES)</th>
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<tbody>
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<td></td>
<td>LOCAL</td>
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<td>INTER ZONE</td>
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<td>MEDIATE</td>
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<td>DISTANCE</td>
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<tr>
<td>Trucks</td>
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<tr>
<td>Tractors</td>
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<tr>
<td>Semi-trailers</td>
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<tr>
<td>Full trailers</td>
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<td>Tank trailers</td>
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<tr>
<td>Refrigerated trailers</td>
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<td>Service trucks</td>
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<tr>
<td>Private passenger autos</td>
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</table>

**Total Vehicles**

**General Information**

1. Is there a vehicle maintenance program in operation? **YES** NO
2. Does applicant obtain MVR verification on drivers? **YES** NO
3. Does applicant have a specific driver recruiting method? **YES** NO
4. Are any drivers not covered by workers compensation? **YES** NO
5. Does applicant own or operate equipment not listed here? **YES** NO
6. Does applicant haul any dangerous, caustic, radioactive or flammable cargo? **YES** NO
7. Does applicant haul target commodities (e.g., stereos, televisions, pharmaceuticals, liquor, meat, seafood, etc.)? **YES** NO
8. Do drivers receive regular physicals? **YES** NO
9. Does applicant hire equipment from others? **YES** NO
10. Does applicant rent or lease vehicles or equipment to others with/without operators? **YES** NO
11. Does applicant haul for other truckers? **YES** NO
12. Do other truckers operate under the permit of the applicant? (Percentage of total number of vehicles so operated) **YES** NO
13. Is coverage required for travel in Canada or Mexico? **YES** NO
14. Are drivers compensated per trip? **YES** NO
15. Any hold harmless agreements? **YES** NO
16. Any drivers with convictions for moving traffic violations? **YES** NO
17. Do any vehicles have special equipment mounted or attached? **YES** NO
18. Does applicant pull double or triple trailers? **YES** NO
19. Does applicant have tow trucks or perform towing? **YES** NO
20. Are vehicles left unlocked when unattended? **YES** NO
21. Are any overage, shortage or damage claims pending? **YES** NO

**Additional Interest/Certificate Recipient**

<table>
<thead>
<tr>
<th>INTEREST</th>
<th>RANK:</th>
<th>NAME AND ADDRESS</th>
<th>REFERENCE #:</th>
<th>CERTIFICATE REQUIRED</th>
<th>INTEREST IN ITEM NUMBER</th>
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<tbody>
<tr>
<td>Additional insured</td>
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<td>Lienholder</td>
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<td>Employee as lessor</td>
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**Item Description:**

**Remarks**