

Excess Liability Application for General Trucking

First Named Insured (Applicant):							
Physical Address:			Mailing Address:				
City:		State:		Zip:		City:	
Effective Date:		USDOT#:		MC#:		Years in Business:	
Limits Requested:							

Submission Requirements:

- A. This Supplemental Application
- B. Acord 125
- C. Umbrella Acord
- D. GL Exposures
- E. Vehicle Schedule
- F. Driver List with DL#, DOBs and Hire Dates
- G. Copy of Driver Hiring Standards
- H. MVRs if Available
- I. Last Four Quarters of IFTA Reports
- J. Five Years Currently Valued Loss Runs for Auto & GL
- K. Complete Copies of Underlying Quotes for Auto & GL
- L. Detail on Any AL or GL Losses Greater than \$50,000

Exposure History

	Current Year	One Year Prior	Two Years Prior	Three Years Prior	Four Years Prior
Miles					
Revenue					
Payroll					
Fleet Summary	INCLUDE OWNED AND LEASED VEHICLES AND EXCLUSIVE OWNER OPERATORS				
PPTs					
Lights					
Mediums					
Heavy Trucks					
Extra Heavy Trucks					
Heavy Tractors					
X Hvy Tractors - Sleeper					
X Hvy Tractors - NonSleeper					
Total # of Units					

1. Does the underlying auto policy contain the broadened auto pollution endorsement? Yes No
2. Is a separate transportation pollution policy maintained? Yes No
 - 2a. What is the limit? N/A \$ _____
 - 2b. Is it a claims-made policy? N/A Yes No
 - 2c. What is the retroactive date? N/A _____ / _____ / _____
3. Is there a routine vehicle maintenance program? Yes No
 - 3a. Is routine vehicle maintenance performed at least monthly? N/A Yes No
 - 3b. What is the maximum number of miles between routine vehicle maintenance sessions? N/A _____ Miles
4. Is there a company safety program? Yes No
 - 4a. Are safety meetings held at least monthly? N/A Yes No
 - 4b. Is there a safety director? N/A Yes No
5. Is there an employee training program for both new and experienced employees? Yes No
6. Is there a DOT compliant drug and alcohol testing policy? Yes No
 - 6a. Is it a "Zero Tolerance" policy? Yes No
7. Are post-accident drug and alcohol tests required in all circumstances? Yes No
8. Are drivers required to report all therapeutic drugs being taken that appear on the DEA Schedules I, II, III, IV or V of CONTROLLED SUBSTANCES? Yes No
9. Are drivers required to stop using alcohol at least 8 hours before driving? Yes No
10. What is the driver turnover ratio? _____ %
11. Are MVRs for all drivers checked BOTH prior to hiring and at least annually thereafter? Yes No
12. When MVRs are checked, is it verified that there are no serious violations for the prior 3 years? Serious violations are considered to be:
 - a. More than 3 combined at-fault accidents and moving violations
 - b. Driving while intoxicated, impaired or under the influence
 - c. Reckless operation Yes No
 - d. Vehicular manslaughter, negligent homicide or other vehicular felony
 - e. Leaving the scene of an accident
 - f. Drag racing
 - g. Fleeing or eluding a police officer
 - h. License suspension (resulting from motor vehicle operation or ownership)
13. Do any employees under the age of 21 use their own vehicles on company business? Yes No
14. Is there a policy restricting the use of company vehicles supplied for the regular use of employees to that employee and his or her immediate family aged 21 or older? N/A Yes No
15. Does the applicant have a distracted driving policy? Yes No
16. Are any recapped or retreaded tires used in the fleet? Yes No
 - 16a. Are recapped or retreaded tires used on steering wheels? N/A Yes No
 - 16b. Are recapped or retreaded tires used on outside wheels? N/A Yes No
 - 16c. Has there ever been an accident arising from the failure of a recapped or retreaded tire? N/A Yes No
17. Are road tests and pre-employment physicals administered to all new drivers? Yes No
18. Are common carriers hired to haul on applicant's behalf? Yes No
 - 18a. Are common carriers required to maintain limits that at least match those being applied for with this application? N/A Yes No



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 West Hartford, CT 06110
www.northeastnational.com

RETURN COMPLETED APPLICATION TO:
truckingsubmissions@northeastnational.com
 541-500-2177
 866-585-NENB (6362)

- 18b. Are common carriers required to name the applicant as an additional insured? N/A Yes No
- 18c. Are certificates of insurance required of common carriers and reviewed regularly? N/A Yes No
- 18d. What percentage of insured's revenue is derived from loads hauled by common carriers? _____%
19. Are there any driver incentives based upon the number of miles driven or the number of deliveries made? Yes No
20. How many miles from the terminal is the most distant point of delivery or pickup? _____ Miles
21. How many trips per year require the driver to be away from the terminal for more than one night? _____ Trips
22. What percentage of trips have a radius of 100 miles or less? _____%
23. What percentage of routes are regular routes? _____%
24. Does applicant have authority to haul hazardous materials? Yes No
- 24a. List the hazardous materials hauled and the quantities of each. _____
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25. Are there any storage operations? Yes No
- 25a. List the commodities and goods stored. _____
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26. List the commodities and goods hauled and the percentage of revenue derived from each. _____
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27. Are Owner Operators used? Yes No
- 27a. Do Owner Operators work exclusively for the applicant? N/A Yes No
- 27b. Are Owner Operators subject to the same maintenance and safety program and requirements as the applicant's vehicles? N/A Yes No
- 27c. Are Owner Operators subject to the same guidelines, rules and discipline as the applicant's employed drivers? N/A Yes No
28. Apart from the hiring of common carriers and owner operators, is any work subcontracted? Yes No
- 28a. Describe the type of work that is subcontracted. _____
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- 28b. What is the annual cost of the subcontracted work? N/A \$ _____
- 28c. Describe the insurance requirements placed upon subcontractors. _____
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- 28d. Are subcontractors required to name the applicant as an additional insured? N/A Yes No
- 28e. Are certificates of insurance required of subcontractors and reviewed regularly? N/A Yes No
29. Is it requested that this coverage sit over the Employers Liability coverage? Yes No
- 29a. What is the name of the Employers Liability carrier? _____
- 29b. Are the Employers Liability limits at least \$1,000,000 / \$1,000,000 / \$1,000,000? N/A Yes No
- 29c. What is the policy period of the Employers Liability policy? _____

Submitting Agency Information

Agency Name:		Producer Code:	
Producer		Account Executive	
Name:		Name:	
E-Mail:		E-Mail:	
Office Phone:		Office Phone:	
Cell Phone:		Cell Phone:	
Street Address:			
City:		State:	Zip:

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. THE APPLICANT WARRANTS THAT THE STATEMENTS CONTAINED HEREIN AND PARTICULARS, TOGETHER WITH ANY ATTACHED OR APPENDED DOCUMENTS OR MATERIALS (THE "APPLICATION"), ARE TRUE AND COMPLETE AND DO NOT MISREPRESENT, MISSTATE OR OMIT ANY MATERIAL FACTS. FURTHERMORE, THE APPLICANT AUTHORIZES NORTHEAST NATIONAL BROKERAGE, LLC (THE "COMPANY") TO MAKE ANY INVESTIGATION AND INQUIRY IN CONNECTION WITH THE APPLICATION AS IT MAY DEEM NECESSARY.

THE APPLICANT AGREES TO NOTIFY THE COMPANY OF ANY MATERIAL CHANGES IN THE ANSWERS TO THE QUESTIONS ON THIS APPLICATION WHICH MAY ARISE PRIOR TO THE EFFECTIVE DATE OF ANY POLICY ISSUED PURSUANT TO THIS APPLICATION AND THE APPLICANT UNDERSTANDS THAT ANY OUTSTANDING QUOTATIONS MAY BE MODIFIED OR WITHDRAWN BASED UPON SUCH CHANGES AT THE SOLE DISCRETION OF THE COMPANY.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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, DC, FL, HI, MA, NE, OH, OK, OR, VT OR WA. INSURANCE BENEFITS MAY ALSO BE DENIED IN LA, ME, TN, AND VA).

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES.

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE INSURANCE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

COMPLETION OF THIS APPLICATION DOES NOT BIND COVERAGE OR COMMIT THE COMPANY TO POLICY ISSUANCE.

Signature of Officer/Manager of Insured Date

Printed Name of Officer/Manager

Title

Signature of Producing Agent Date

Printed Name of Producing Agent

Name of Agency