

Account Checklist

The following is a list of information which is required to be provided along with this FULLY COMPLETED APPLICATION on all fleet of more than eleven (11) revenue producing vehicles:

- Vehicle list with Year, Make, Type, VIN, Garaging Location and Stated Amount
- Driver list with Name, Date of Birth, Date of Hire, Years of Experience, License # and whether the party is an independent contractor
- MVRs for drivers
- IFTAs for current and 1 prior year if operating on interstate basis
- Financial Statements (Balance Sheet & Income Statement) for current and 1 year prior
- Company Loss Runs valued within 45 days for current year plus four (4) years prior
- Details of accidents paid or reserved over \$50,000

You may also want to include a short summary of any pertinent changes to the account which you would like the underwriter to give special consideration to, such as a change in management, new hiring and training practices, changes in or addition of safety and maintenance programs, etc.

Agency Information	
Submitting Agency:	Encova Insurance Agency Inc
Contact Person:	

Applicant Information		
Applicant Name:		Effective Date:
Garaging Address:		DOT #:
City, State, Zip:		Years in Bus:
Mailing Address:		City, State, Zip:
Website (if any):		Name of Parent Company (if any):
List any subsidiaries and affiliated companies below, explain what they do, and mark if they are to be included on the policy. Add attachment if needed		
Company:	Description:	Include? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Company:	Description:	Include? <input type="checkbox"/> Yes <input type="checkbox"/> No

Corporate Personnel			
Owner's Name:	Title:	Phone #:	
Safety Contact:	Title:	Phone #:	
How many years has current management controlled this risk?		How many years has management been in the trucking business?	

Radius of Operations (%)			
0-100 Miles	100-300 Miles	300-500 Miles	500 Miles +
Major cities travelled through:			

Cargo: Commodities Carried				
Commodity	% of Revenue	Full Loads?	Maximum Value	Average Value
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Cargo: Target Commodities (if any)					
Copper	%	Electronics	%	Fur/Silk Garments	%
Tobacco Products	%	Auto Parts & Tires	%	Pharmaceuticals	%
Motorcycles/ATVs	%	Alcoholic Beverages	%	Seafood	%
Watercraft	%				

Cargo: Additional Items		
Is cargo ever stored on dock or terminal over 72 hours (excluding Sunday and Holidays)? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what percentage of time?	
Is cargo ever unattended while in transit? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what percentage of time?	
List your top 3 shippers and indicate type of cargo and percentage of revenues derived from each below		
Name of Shipper:	Type of Cargo:	% of Revenue
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Name of Shipper:	Type of Cargo:	% of Revenue
If standard Bill of Lading is not issued, please attach a copy of the form being used		

Brokerage (if blank, applicant agrees that they do not engage in brokerage activities)		
Do you arrange for the transportation of property, under another carrier's authority? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, identify motor carrier(s) utilized:		
Do you have brokerage authority? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If so, under what name?	DOT Brokerage Number:	
Gross annual brokerage revenue:	Net annual brokerage revenue:	
Do you purchase separate coverage for contingent auto liability? <input type="checkbox"/> Yes <input type="checkbox"/> No	Contingent motor truck cargo? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are certificates of insurance for brokered loads maintained by you and up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What limits do you require for auto liability prior to brokering a load?		
Do you require to be added as an additional insured?		

Trip Leases (if blank, applicant agrees that they do not engage in trip lease activities)	
Do you trip lease drivers & equipment from others to haul freight under your authority? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, indicate total annual Cost of Hire paid for trip leasing:	
How do you locate your trip lessors?	
How do you control the return of your placards?	
Do you inspect lessors' equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you trip lease your drivers and equipment to haul freight under another carrier's authority? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, % of total revenue?
Comments:	

Equipment Summary (attach separate schedule for all owned/operated equipment)				O/O = Independent Contractor leased to applicant		
Vehicle Type	Current Year			Projected in next 12mos		
	Owned	O/O	Total	Owned	O/O	Total
Road Tractors (extra heavy)						
Road Tractors (heavy)						
Yard Tractors (not licensed)						
Semi-Trailers						
Light Trucks (service)						
Medium Trucks						
Heavy Trucks						
Extra Heavy Trucks						
Private Passenger						
Other						
Do you utilize Satellite Tracking Equipment or some type of Communications Devices? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, describe:						

Terminals					
City/State	# Vehicles assigned	Fenced?	Guarded?	Lighted?	Cameras?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Safety: Director/Management	
How many years has Safety Director been with the applicant?	Is Safety Director responsible for hiring? <input type="checkbox"/> Yes <input type="checkbox"/> No
How many years of experience does the Safety Director have?	What percentage of time is devoted to safety?
Who does the Safety Director report to?	What is his/her title?
Does Safety Director have the ultimate authority to hire and fire drivers? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Safety: Maintenance	
Do you have a written maintenance program? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please attach copy.
Do you perform your own repairs? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, do you perform major mechanical work <input type="checkbox"/> Yes <input type="checkbox"/> No
Number of maintenance personnel:	Number of service bays:
Are pre/post trip inspections performed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is independent contractor equipment subject to the same maintenance requirements as company equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe any safety inspection program in place:	

Safety: Drivers & Hiring (attach separate schedule for individual driver info)		
Minimum years of commercial experience:	Min Driver Age:	Max driver age:
Current number of drivers - Company:	Owner Operators:	Total:
Drivers hired in past 12 months:	Drivers Replaced:	Drivers Added:
Average driver compensation - Company:	Owner Operators:	
How often do drivers return home?	Are drivers unionized? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do your driver hiring procedures include: (if blank, applicant states "No" to each of the following)		
Written Application? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reference Checks? <input type="checkbox"/> Yes <input type="checkbox"/> No	Road Test? <input type="checkbox"/> Yes <input type="checkbox"/> No
Prior Employer Interviews? <input type="checkbox"/> Yes <input type="checkbox"/> No	Physical Exam? <input type="checkbox"/> Yes <input type="checkbox"/> No	Drug Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No
O/O Equipment Inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	Written Test? <input type="checkbox"/> Yes <input type="checkbox"/> No	MVR Review? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you hold formal safety meetings? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how often must a driver attend?	
Describe any safety bonus awards:		
Do your new driver training procedures include: (if blank, applicant states no to each of the following)		
Equipment Familiarization? <input type="checkbox"/> Yes <input type="checkbox"/> No	Handling Commodities? <input type="checkbox"/> Yes <input type="checkbox"/> No	Route Familiarization <input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Procedures? <input type="checkbox"/> Yes <input type="checkbox"/> No	Accident Reporting Procedures <input type="checkbox"/> Yes <input type="checkbox"/> No	Training Required for Owner Ops? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are new drivers assigned to a senior driver trainer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, how long will they drive together?	Length of new driver training program?	

Safety: Passenger Policy
Do you allow passengers to accompany driver? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please give details on limitations, restrictions, and general guidelines used when authorizing a passenger or passengers below:
Is a Hold Harmless obtained and kept on file if passengers are allowed to accompany a driver? <input type="checkbox"/> Yes <input type="checkbox"/> No

History: Exposure -- (if no prior coverage, enter "N/A" for appropriate years)				
	# of Power Units	Total Insured Values	Total Mileage	Gross Receipts
Projected Year				
Current Year				
1 Year Prior				
2 Years Prior				
3 Years Prior				

History: Loss Experience -- (if no prior coverage, enter "N/A" for appropriate years)					
Loss history below to be figured on first dollar value with no consideration for deductibles					
		# of Claims	Reserves	Paid	Incurred
Auto Liability	Current Year				
	1 Year Prior				
	2 Years Prior				
	3 Years Prior				
	4 Years Prior				
Phys Damage	Current Year				
	1 Year Prior				
	2 Years Prior				
	3 Years Prior				
	4 Years Prior				
Motor Truck Cargo	Current Year				
	1 Year Prior				
	2 Years Prior				
	3 Years Prior				
	4 Years Prior				

History: Large Losses over \$50,000 incurred	
Provide any information on any losses incurring more than \$50,000 in damages below:	



Auto Liability Coverage	
CSL:	
UM/UIM:	
PIP/No Fault:	
Med Pay:	
*Deductible:	

Physical Damage Coverage	
Total Values:	
<input type="checkbox"/> Comprehensive / Collision	
<input type="checkbox"/> Specified Perils / Collision	
Deductible:	
Alt Deductible:	

Motor Truck Cargo Coverage	
Cargo Limit:	
Terminal Limit:	
<input type="checkbox"/> Reefer Breakdown?	
Deductible:	
Alt Deductible:	

*Liability deductible not available for small fleet accounts

Additional Coverages			
<input type="checkbox"/> Hired Auto	Cost of Hire	<input type="checkbox"/> Trailer Interchange	Limit:
<input type="checkbox"/> Non-Owned Auto	# of Employees	# of Trailers	
<input type="checkbox"/> Truckers GL (99793)	Non-Driver Payroll	# of Days Active	
Provide ACORD 126 to bind	# of Officers	Is a signed interchange agreement in place? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Attention all applicants in the states of AL, AR, AZ, CO, DE, FL, IN, KY, MN, NH, NJ, NY, OH, OK, PA, TN, UT – For your protection, the preceding states’ laws require the following to appear on this form: 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, incomplete, or misleading information, or conceals information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime punishable by incarceration, and shall also be subject to civil penalties.

For risks located in New York, Pennsylvania, and California: Any person who knowingly makes or assists, abets, solicits or conspires with another to make a false or misleading reports or the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, a state department of motor vehicles, or an insurance company, commits perjury or a fraudulent insurance act, which are crimes punishable by incarceration, and shall also be subject to a civil penalty.

The Applicant hereby applies to the Company for a policy of insurance as set forth in this application on the basis of statements contained herein. Applicant agrees that such policy shall be null and void if such information is materially false or misleading so that the Company would have rejected the risk, prior to inception. Applicant understands that an inquiry may be made which will provide applicable information concerning character, general reputation, financial stability and other pertinent financial data, personal characteristics, mode of living or other background information 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 and scope of the inquiry, if one is made, will be provided. The Applicant understands this application is a request for quotation and no information provided herein shall be construed by either party as creating a binding contract for insurance.

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Signature of Applicant

Date

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Print Name

Title

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Signature of Agent

Date