

# Commercial Auto Application

In order to obtain any coverage with Treaty Oak General Agency, LLC, we require the following:



- Completed Commercial Auto Application
- Current Loss Runs – Dated No Later than 30 Days
- Current MVR for each Driver
- Current Listing of all Units, including VIN, Year, Make and Model
- Current Listing of All Drivers, with no less than 2 year's CDL experience

The following is to be completed by a fully licensed agent that currently holds an appointment with Treaty Oak General Agency

## AGENCY INFORMATION

Submitting Agency	Contact Person
_____	_____
Phone	Email
_____	_____

## APPLICANT INFORMATION

Legal Name	Effective Date of Coverage		
_____	_____		
DBA Name (if different)			
_____			
Mailing Address	City	State	Zip
_____	_____	_____	_____
Garaging Address	City	State	Zip
_____	_____	_____	_____
Phone Number	Email	Years in Business	
_____	_____	_____	
MC#	DOT#	Federal ID Number	
_____	_____	_____	
Radius of Operations		Major Cities traveled through	
___ 0-50 Miles ___ 51-200 Miles ___ Over 200 Miles		_____	

## COVERAGE REQUESTED

Auto Liability		Physical Damage	Motor Truck Cargo
CSL		Comprehensive	Limit
UM/UIM		Specified Perils	Deductible
PIP		Collision	Refrigeration Breakdown?
Hired Auto (Cost of Hire)		Deductible:	
Non-Owned Auto (# of Employees)			

## Trailer Interchange

Limit:	Number of Trailers	Number of Days	Is there a signed trailer interchange agreement in place?
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## General Liability

Please send ACCORD's 125 and 126 if General Liability is needed.

**HISTORY**

Operation History						
		Number of Power Units	Total Miles	Gross Receipts		
Projected for this term						
Current Year						
Prior 3 Years						
Loss History						
Auto Liability		Carrier	# of Losses	Reserves	Paid	Total Incurred
Policy Start	Policy End					
Physical Damage		Carrier	# of Losses	Reserves	Paid	Total Incurred
Policy Start	Policy End					
Motor Truck Cargo		Carrier	# of Losses	Reserves	Paid	Total Incurred
Policy Start	Policy End					

**AREA OF OPERATIONS – By Percentage**

Southeast	East	Northeast	Gulf	Midwest
North Central	Mountain	Pacific	New England	

**COMMODITIES - Please be specific**

Commodity	Percentage Hauled	Maximum Value	Average Value

**DRIVERS - Please indicate if Owner/Operator (O) or Employee (E)**

Last Name	First Name	Date of Birth	CDL #	Date of Hire	Owner or Employee?	Number of Accidents or Violations

**VEHICLES – Please list all units, including trailers. These will be verified prior to any coverage being bound.**

Year	Make	Model	Type	VIN	Stated Value

**EXCLUDED OPERATIONS DURING COMPLETE POLICY TERM**

- |                 |                        |                       |                    |                 |
|-----------------|------------------------|-----------------------|--------------------|-----------------|
| Box Trucks      | Dump Trucks            | Trash Trucks          | Logging            | Livery          |
| Hotshots        | Towing                 | Livestock             | Steel Coils        | Overweight      |
| Pickups         | Service Vehicles       | Sand & Gravel         | Oversize           | Frac Sand       |
| Freight Brokers | Household Goods Movers | Mobile Home Transport | Hazardous Material | Concrete Mixers |

I agree that I will not engage in any excluded operations during policy term:            Yes        No

**INSPECTION - Alpine Transportation Insurance RRG, Inc. Auto Liability policies only**

- I agree that I will comply with an inspection of my operations to be conducted by Transportation Compliance Services:            Yes        No

**DESCRIPTION OF OPERATIONS**

Does the applicant have any owned, leased, or operated equipment that is NOT listed on the vehicle schedule?

Yes No If yes, please explain: \_\_\_\_\_

Does the applicant haul ANY hazardous commodities? Yes No If yes, please explain: \_\_\_\_\_

Does the applicant haul partial or full loads of any of the following commodities? Yes No

If yes, please indicate the percentage:

Commodity	Percentage	Commodity	Percentage	Commodity	Percentage
Copper		Electronics		Fur/Silk Garments	
Watercraft		Tobacco Products		Motorcycles/ATVs	
Pharmaceuticals		Auto Parts & Tires		Alcoholic Beverages	
Seafood					

Is there a forward-facing camera installed in every power unit? Yes No If Yes, please list Make(s) and Model(s) \_\_\_\_\_

Is there an Electronic Logging Device in every power unit? Yes No If Yes, please list Make(s) and Model(s) \_\_\_\_\_

Is there a Safety Program in place? Yes No If Yes, please explain \_\_\_\_\_

Is there a Maintenance Program in place? Yes No If Yes, please explain \_\_\_\_\_

Has there been any change in operations, ownership, or management in the past 3 years? Yes No

Has insurance been canceled, declined or non-renewed in the past 3 years? Yes No If Yes, please explain \_\_\_\_\_

Has a loaded trailer ever detached from a tractor? Yes No If Yes, please explain \_\_\_\_\_

Driver hiring criteria: What is the minimum age? \_\_\_\_\_ How many years experience does your company require? \_\_\_\_\_

Does the applicant utilize FMCSA's Pre-Employment Screening Program (PSP)? Yes No

**NEW VENTURE – Complete if applicant has been in business less than 2 full years**

Has the applicant been involved in any accidents in the past 3 years? Yes No If yes, please explain \_\_\_\_\_

Please indicated the date (month and year) applicant first obtained their Commercial Class A license \_\_\_\_\_

How many years' experience does the applicant have hauling these types of commodities with like-kind equipment? \_\_\_\_\_

Does the applicant expect to increase the number of autos within the next 12 months? Yes No

If yes, please explain: \_\_\_\_\_

Have you ever had prior commercial insurance in your or another business name? Yes No If Yes, give details below.

Insurance Carrier: \_\_\_\_\_ Policy Terms: \_\_\_\_\_

Losses: Yes No If yes, details: \_\_\_\_\_

Will you be traveling out of your home state? Yes No If yes, how often \_\_\_\_\_

Have you applied, or will you be applying for your own authority? Yes No If yes which one? \_\_\_\_\_

State Authority: \_\_\_\_\_ Federal Authority \_\_\_\_\_

Has the applicant ever had their own insurance in the past under a different authority? Yes No If yes, give details \_\_\_\_\_

**Prior Experience – Must have 2 years minimum experience.**

<b>Employer</b>	<b>Employment Dates</b>	<b>Type of Unit Operated</b>	<b>Commodity</b>	<b>Radius</b>

**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.**

**For risks underwriting by Alpine Transportation Insurance Risk Retention Group:**

**The policy for which you are applying is issued by a risk retention group. The risk retention group may not be subject to all of the insurance laws and regulations of your state of domicile. State insurance insolvency guaranty funds are not available for risk retention groups.**

Signature \_\_\_\_\_

Title \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

Agent Signature \_\_\_\_\_

Date \_\_\_\_\_