



Proposal For Insurance For Members Of Southern Kentucky Trucking Association

Effective Date:
Company Name:
Address:
Cell Phone Number:
Cargo / Commodities Hauled:
Number of Years in Business:
Radius of Operation:

		Owner's Name (first,last)	
		Email Address:	
		MC Number: _____ DOT Number: _____	

ALL FIELDS MUST BE COMPLETE IN ORDER TO BIND.

Equipment List:

Item #	Year	Make	Type (truck/trailer)	VIN #	Stated Value (USD)
1)					
2)					
3)					
4)					
5)					
6)					
7)					
8)					
9)					
10)					

Driver Information:

Name	D.O.B.	# of Years CDL Held	Major Violations	Drivers License #	# of Points in last 3 years***
1)					
2)					
3)					
4)					
5)					
6)					
7)					
8)					
9)					
10)					

Provide details on your driver hiring/contracting process:

Driver turnover year over year: _____ % **Minimum Age of Drivers:** _____ **Maximum Age of Drivers:** _____

MVRs ordered? **Yes** **No**

* Please provide full details of all Major violations within the last 5 years
 ** If Total points during the last 12 months exceed 3 then please provide copy of MVR at time of quoting.

NON TRUCKING LIABILITY

Is Non Trucking Liability coverage required? YES NO Limit: \$1,000,000

MOTOR CARRIER LEASED TO: _____ DOT NUMBER: _____

No Long Term LEASE AGREEMENT No Coverage. ONLY POWER UNITS SPECIFICALLY SCHEDULED FOR WHICH A PREMIUM IS PAID THAT ARE EITHER OWNED OR ON A SPECIFICALLY WRITTEN LONG TERM LEASE (EXCESS OF 30 DAYS) WITH A MOTOR CARRIER THAT HAS AN ACTIVE MOTOR CARRIER (MC#) ON FILE WITH THE FEDERAL SAFETY ADMINISTRATION WITH A CURRENT ACTIVE MCS 90 ON FILE ARE ELIGIBLE FOR COVERAGE. NO EXCEPTIONS.LEASE AGREEMENTS FOR TERMS OF 29 DAYS OR LESS, WHICH INCLUDES "TRIP LEASING" ARE SPECIFICALLY EXCLUDED FROM ANY AND ALL COVERAGE.

AUTO PHYSICAL DAMAGE

Is Physical Damage coverage required? YES NO

TOWING & CLEANUP LIMIT \$5,000 \$10,000 \$20,000 \$25,000

Deductible Required \$1,000 \$2,500 \$5,000

Automobile Physical Damage Loss Record: (Hard Copy Loss History from your Previous Insurance(s) or a Signed Statement of your Loss History will be required prior to binding).

	Number of Claims	Amount Paid	Amount O/S
Current Year			
1st Prior			
2nd Prior			

Is vehicle(s) owner-driven? Yes No

If more than one vehicle covered, what is the estimated maximum possible terminal loss? \$ _____

Will you ever use hired equipment? Yes No

Will any equipment ever be loaned or rented to others? Yes No

Is equipment regularly inspected/serviced? Yes No

Motor Truck Cargo

Is Motor Truck Cargo Coverage Required?

Yes

No

Type of Carrier

Common:

Contract:

Private:

Commodities Carried

<u>Type of Cargo</u>	<u>Max. Value</u>	<u>Ave. Value</u>	<u>Percentage</u>

Radius of Use approximate **percentage** of trips within:

0-250 Miles _____ % **251-500 Miles** _____ % **Over 500 Miles** _____ %

Limits Required

Per Vehicle \$ _____ Per Occurrence \$ _____

Deductible Required

\$1,000 **\$2,500** **\$5,000**

Is Refridgeration Breakdown Required

Yes

No

Gross Receipt Current Year

\$ _____

Estimated Gross Receipt next 12 months

\$ _____

Is Trailer Interchange Required?

Yes

No

Average Value: \$ _____

If Yes:

Number of Trailers _____ **Number of Days** _____

Max Value: \$ _____

Motor Truck Cargo Loss

(Hard Copy Loss History from your Previous Insurance(s) or a Signed Statement of your Loss History will be required prior to binding)

Current Year
1st Prior
2nd Prior

Number of Claims	Amount Paid	Amount O/S

Provide details on steps taken to secure vehicle whenever left unoccupied.

Who secures the loads?

Do you subcontract loads to other parties ?

Yes No

If so please provide details:

Any of the following commodity types hauled or Exposures as Identified? :

1. Hazardous, Toxic,	Yes	No
2. Medical - Blood or Tissue,	Yes	No
3. Autos, Boats, RVs, Mobile	Yes	No
4. Oil, Coal, Gas, or Fracking	Yes	No
5. Any specialized Delivery?	Yes	No
6. Crane Attached?	Yes	No
7. Escorted Loads?	Yes	No
8. Oversize or Overweight	Yes	No
9. Precious Stones or Metals	Yes	No

Explain if Yes:

10. Tobacco, Tobacco Products or Liquor?	Yes	No
---	------------	-----------

If Yes (liquor/tobacco) then checkmark any of the below that apply

10a. Alarm System for the transport?

10b. Tracking System on the Products?

10c. Check IF Not Any Product Advertisement on Transport Units

Declaration

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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. I/We hereby declare that the statements and particulars given on this form are true to the best of my/our knowledge and belief and that I/we have not suppressed, withheld or modified any material fact(s). I/We agree that should a policy be issued, this form INCLUDING THE DRIVER EXCLUSIONS AS PER QUESTION 12 shall be the basis of the contract, and that any change in the pattern of my/our trade or trade practices shall be advised to the Underwriters as soon as possible who may, at their discretion, vary the terms and conditions of the contract.

Signed: _____

Dated: _____

Position: _____