|  |  |
| --- | --- |
| Agency | AMERIGO INSURANCE AGENCY |
| Producer | PARMJIT DHAMI Producer Code (PSDA01) |
| Email | submissions@aiazone.net  |



**GENERAL INFORMATION**

|  |  |  |
| --- | --- | --- |
| Effective Date: 05/11/2024 | Years in Trucking Industry**: 5** | Years in Business: **New Venture** |

Name: **PARAMJIT BARRING**

DBA: Does named insured include DBA: **☐**

Type of Carrier:

|  |  |  |
| --- | --- | --- |
| FEIN or SS #  | US DOT# **2953951** | ICC # MC # or MX #  |
| State Filings required? **☐** | State:  **CA** | Permit # |
| Mailing Address: **5888 S Cherry Ave**  | City: **Fresno** | State: **CA** | Zip: **93706** |
| Garaging Address:  **4361 S Elm Ave**  | City:  **Fresno** | State:  **CA** | Zip: **93706** |

Is the garaging location Residential? If so, please describe where vehicle is parked and security measures.

Contact Person Name: **PARAMJIT BARRING** E-mail address:

Business Phone:  **(559) 451-6668** Mobile Phone:

**COVERGES AND LIMITS INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Liability** | Limit: **$1,000,000**  | UM Limit: | Medical Limit:  |
| Hired Auto | **☐** | Cost of Hire  | If Any:  |
| Non-Owned Auto | **☐** | Number of Employees: |  |
| **Physical Damage** | Comprehensive and Collision Deductible: | **☐$1,000 ☐$2,500 ☐$5,000** |
| Towing Extension | ☐Yes  | Limit: ☐$5,000.00 ☐$10,000.00 (Coverage is only available on units with physical damage coverage) |
| Trailer Interchange | Limit: | Number of Trailers: |
| Non-Owned Trailer Physical Damage | Limit: | Number of Trailers: |

**DESCRITION OF OPERATIONS**

|  |  |
| --- | --- |
| Type of Operation: | **☒For Hire ☐Private ☐Non-Trucking ☐Other** |
| Range of Transport: | **☒Interstate ☐Intrastate** |
| **Radius** | **Percentage** | **Radius** | **Percentage** | **Radius** | **Percentage** |
| **0-300 mi** | **100** | **300-600 mi** | **0** | **600-900 mi** | **0** |
| **900-1500+ mi** | **0** |  | **Average Radius** |  |

**Please List Operation State and Percentage of Miles in Below**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **State** | **Percentage** | **State** | **Percentage** | **State** | **Percentage** | **State** | **Percentage** |
| **300 miles** | **100** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**COMMODITIES –** Please identify the commodities transported and percentage below

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Commodity** | **Percentage** | **Commodity** | **Percentage** | **Commodity** | **Percentage** |
| **Canned Goods** | **25** | **Paper Products** | **25** | **Plastic Products** | **25** |
| **Fresh Produce** | **25** |  |  |  |  |

**SCHEDULE OF AUTOS** (All Vehicles must be owned by the insured or leased to the insured by the vehicle owner)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Year** | **Make** | **Type\*** | **Vin Number** | **GVW/GCW** | **Stated Value** | **O/L\*\***  |
| **2016** | **Volvo** | **Truck-Tractor**  | **4V4NC9EH7GN965987** |  **33000** |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Trailer Types (Check those that are applicable)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Auto Hauler** | **☐** | **Dump-Bottom** | **☐** | **Pneumatic** | **☐** |
| **Customized** | **☐** | **Dump-End** | **☐** | **Refrigerated** | **☒** |
| **Dry Bulk** | **☐** | **Dump-Side** | **☐** | **Tanker** | **☐** |
| **Dry Van** | **☒** | **Flatbed** | **☐** | **Other: Describe** | **☐** |
|  |  | **Low Boy** | **☐** | **Other: Describe** | **☐** |

**UNITED SPECIALTY INSURANCE COMPANY – TRUCKING APPLICATION**

 **YES / NO**

1. Do you anticipate adding units during the policy term?  **☐ ☒**
	1. If yes, how may units will be added?
	2. How many units will be owned (registered) by named insured?
	3. How many units will be owner-operators working for you?
2. Do you hire other motor carriers or owner-operators to haul for you? **☐ ☒**
	1. Are these scheduled?
3. Do you haul any hazardous material, extra hazardous substances, or waste commodities? **☐ ☒**
4. Are any units equipped with GPS location services? **☐ ☒**

If yes, please describe the type of device and how insured keeps the records in below.

1. Do you pull double trailers? If yes, please describe customary and usual routes in below. **☐ ☒**
2. Do you pull triple trailers? **☐ ☒**
3. Do you haul oversize or overweight loads? **☐ ☒**
4. Do you haul commodities that are subject to tight delivery time constraints? **☐ ☒**
5. Is all the equipment operation under your authority scheduled on this application? **☒ ☐**
6. Is the insured involved in any business activity other than trucking? **☐ ☒**
7. Do you act as a freight -broker or freight-forwarder or arrange loads for others? **☐ ☒**
8. Have you or any business you owned ever filed for bankruptcy? **☐ ☒**
9. Any policy or coverage declined, cancelled, non-renewed during the prior 3 years? **☐ ☒**
10. Is a Truckers Uniform Intermodal Interchange endorsement required? **☐ ☒**
11. Do you carry Worker’s Compensation? **☐ ☒**
12. Is any portion of your operation seasonal? If yes, Explain Below. **☐ ☒**
13. Do you lease your vehicle to others? **☐ ☒**
	1. If yes, who must provide primary liability coverage?
14. Do you have formal safety program in place? **☒ ☐**
15. Do you have a vehicle maintenance program in place? **☒ ☐**
16. Is there personal use of vehicles? **☐ ☒**
17. Is all the equipment operating under your authority scheduled on this application? **☒ ☐**
18. Do you anticipate traveling to outside of the U.S. (Canada or Mexico) during the policy term? **☐ ☒**

|  |
| --- |
| **Please provide additional explanation for any answers needed.**  |

**INSURANCE HISTORY & LOSS EXPERIENCE**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Company** | **Policy Term** | **# of units** | **# of Trlr** | **Premium** | **Incurred Liab** | **Incurred Phys** | **# of claims**  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Note:** Please indicate if there was any lapse in coverage during any policy period. |
| **Loss Descriptions: -**  |

**DRIVER INFORMATION**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Sr. | Driver Name | Date of Birth | License # | State | Yrs of class A | Yrs with Co. | Type of Empl.  |
| **1**  | **Paramjit Singh Barring** | **04/01/1954** | **B5134531** | **CA** | **5** |  **0** | Owner  |
|  |  |  |  |  |  |  |   |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

BY SIGNING THIS APPLICATION, THE APPLICANT WARRANTS AND REPRESENTS THAT THE EACH OF THE FACTS AND ALL INFORMATION CONTAINED IN THIS APPLICATION, ALONG WITH ALL OTHER INFORMATION SUPPLIED BY APPLICANT (COLLECTIVELY THE "FACTS") TO UNITED SPECIALTY INSURANCE COMPANY (THE "INSURER") AND AMERICAN TEAM MANAGERS, INC., ITS MANAGING GENERAL UNDERWRITER

("MGU"), ARE TRUE, COMPLETE AND ACURATE AND UNDERSTANDS AND AGREES THAT THE INSURER AND THE MGU WILL RELY ON THE FACTS SUPPLIED BY THE APPLICANT TO DETERMINE THE ACCEPTABILITY OF THE APPLICANT AND THE RISKS, THE RATES AND THE COVERAGES.

IF THE APPLICANT DISCOVERS, AT ANY TIME, THAT ANY OF THE FACTS MADE IN THIS OR IN ANY OTHER WRITTEN DOCUMENT PROVIDED BY OR ON BEHALF OF THE APPLICANT TO THE INSURER OR THE MGU IS FALSE, MISLEADING OR INACCURATE IN ANY MANNER, THE APPLICANT IS REQUIRED TO IMMEDIATELY PROVIDE THE MGU AND INSURER WITH THE TRUE I NFORMATI ON, IN WRITING, WHETHER THE DISCOVERY OCCURS BEFORE OR AFTER THE INSURANCE POLICY HAS BEEN ISSUED. ANY FALSE OR MISLEADING FACTS GIVEN BY OR ON BEHALF OF THE APPLICANT, OR THE FAILURE TO PROVIDE THE FACTS REQUESTED, SHALL CONSTITUTE GROUNDS FOR RECISSION IF COVERAGE AND DENIAL OF ALL CLAIMS, OR AT THE OPTION OF THE INSURER, THE ASSESSMENT OF SUBTANTIAL ADDITIONAL PREMIUM CHARGES.

I AUTHORIZE THE MGU TO OBTAIN A COPY OF MY MOTOR VEHICLE RECORDFOR RATING/UNDERWRITING THE INSURANCE FOR WHICH I HAVE APPLIED. I ALSO UNDERSTAND THAT A ROUTINE INQUIRY MAY BE MADE PROVIDING INFORMATION CONCERNING MY CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTRISTICS AND MODE OF LIVI NG, AS WELL AS ANY PERTINENT FINANCIAL DATA DEEMED NECESSARY. UPON WRITTEN REQUEST, INFORMATION AS TO THE NATURE AND SCOPE OF THE REPORT WILL BE PROVIDED TO ME.

ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

 Insured Signature: Agent Signature:

 Date: Date:



**New Venture Supplement**

Owner Name: **Paramjit Singh Barring** DBA:

Date Business Established:

Has owner ever operated business under another name? ☐Yes ☒No

If yes, please provide all business names and that owner has owned in the past:

How many years of experience in similar business?

When was the vehicle on the application acquired?

**Driver Employment History** (Please Complete a separate page for each driver)

If you have not had insurance for the past two years in your name, provide three years employment history for each driver. Do not indicate “self-employed” unless you have had insurance in your name. (For additional drivers, please attached separate page)

**Please note that below information must be provided as 1 per driver. (All scheduled drivers must provide)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date of Employment** | **Prior Employment DBA and Full Address** | **MC#** | **Job Duty** | **Type of Unit** | **License Class** | **Vin or Plate** |
|  |  |  |  |  |  |  |

**Driver Loss History**

If you have had any accident, claim or loss in last three years, please provide information.

Please also include personal auto accident history in MVR with explanation. (For additional history, please attach separate page)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Date of Accident** | **Amount Paid** | **Open Reserve** | **Description** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |

I certify that the above information is true, based on Company Records.

Print Name Title

Signature Date