



FLEET APPLICATION

Please complete sections 1-4 below.

SECTION 1: UNDERWRITING QUESTIONS

	Yes	No
1) Does the business have more than 40 total units, counting tractors and trailers individually (e.g., 1 tractor with 1 trailer equals 2 units)? Note: Each tractor is assigned a trailer. If no owned trailer is provided, a non-owned trailer is added.	<input type="radio"/>	<input type="radio"/>
2) Has the business been operating for fewer than 3 years?	<input type="radio"/>	<input type="radio"/>
3) Does the company require a hazardous materials placard?	<input type="radio"/>	<input type="radio"/>
4) Does the company charge a fee for passenger transportation?	<input type="radio"/>	<input type="radio"/>
5) Are any of the listed vehicles rented or leased to others?	<input type="radio"/>	<input type="radio"/>

SECTION 2: CHECKLIST

- Acord application form 125—Commercial Insurance Application.
- Acord application form 127—Business Auto Section. Driver information must include driver name, date of birth, license number, and license state. Vehicle information must include VIN, body type, full garaging address, stated amount, radius of operation, and coverages/deductibles.*
- Acord application form 137—Coverages Limits Section. All policies are issued as scheduled auto or symbol 7.*
- Three-year hard copy loss runs with no lapse from prior and current carriers valued within 75 days of desired effective date. The name on the loss runs must match the named insured. If they are different, please provide explanation of why.
- IFTAs need to be provided if federal filings are required and requested radius is not unlimited.
- Three years of company financial statements, including balance sheets and income statements, need to be provided if Any Auto or Hired Auto coverage is requested.

*If the insured has vehicles garaged in multiple states, you must provide a vehicle list, driver list, and Acord application form 137 for each policy state requested.

SECTION 3: GENERAL INFORMATION

All policies cover 1 named insured and 1 EIN. They must match. Any additional business names may be added as a DBA or additional insured.

1) Agency name:
2) Name of business being quoted: _____ DBA: _____
3) FEIN:
4) Business owner's name:
5) Year business was established:
6) Number of employees (including listed drivers and all other employees):
7) Policy effective date:
8) Policy state(s):
9) Describe your business (e.g., excavation contractor):
10) If you haul for hire, list all commodities:
11) Are any vehicles used to remove debris for a fee? <input type="radio"/> Yes <input type="radio"/> No
12) If any of the vehicles are pickup trucks, do they have a hitch? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A If yes, provide a separate list with the hitch type for each pickup (fifth wheel, tow boom, ball at bumper, ball in bed, gooseneck).
13) Are any of the vehicles used for personal use? <input type="radio"/> Yes <input type="radio"/> No If yes, provide a list with the % of personal use for each vehicle.
14) Does the business have a USDOT number? <input type="radio"/> Yes <input type="radio"/> No If yes, what is the USDOT number? If you answer no and we locate a DOT for the business, it will be used in quoting.
15) Are filings required? <input type="radio"/> Yes <input type="radio"/> No If yes, what type?
16) Is the customer subject to the ELD mandate for hours-of-service monitoring? <input type="radio"/> Yes <input type="radio"/> No If yes, who is the ELD vendor?
17) Does the customer have a fleet management system? <input type="radio"/> Yes <input type="radio"/> No
18) Is the insured being nonrenewed by the current carrier? (Missouri applicants select N/A.) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A If yes, please provide reason for the nonrenewal.

SECTION 4: RATING QUESTIONS

1) Number of power units: _____ Number of trailers: _____
2) Number of drivers (include company-employed and leased/owner-operator/contractor):
3) Number of jobsites visited per day per vehicle:
4) Does the insured have a GL policy or BOP? <input type="radio"/> Yes <input type="radio"/> No

SECTION 5: MVR

___ Motor vehicle report (MVR) for all drivers.
