

ACORD TRUCKERS SECTION

DATE (MM/DD/YY)

PRODUCER **PHONE**
(A/C, No, Ext):

CODE: **SUB CODE:**

AGENCY CUSTOMER ID:

APPLICANT
(First Named Insured)

EFFECTIVE DATE **EXPIRATION DATE** **DIRECT BILL** **PAYMENT PLAN** **AUDIT**

AGENCY BILL

FOR COMPANY USE ONLY

TERRITORY/ZONE **REGULATION**

COMMON CARRIER STATE/FEDERAL FILINGS

CONTRACT CARRIER

PRIVATE CARRIER

DOCKET #:
 ICC FILING REQUIRED
DOCKET #:

COVERAGES/LIMITS														
COVERAGES	COVERED AUTO SYMBOLS			LIMITS			PHYSICAL DAMAGE							
LIABILITY	41		46	<input type="checkbox"/> CSL	<input type="checkbox"/> BI	EA PER \$	COMPREHENSIVE	42		46				
	42		47	BI EACH ACCIDENT \$				43		47				
	43		50	PROPERTY DAMAGE \$										
PERSONAL INJURY PROTECTION	44			OR EQUIVALENT DEDUCTIBLE			SPECIFIED CAUSES OF LOSS	42		46	<input type="checkbox"/> SCL	<input type="checkbox"/> FT	<input type="checkbox"/> LSP	
	46			NO-FAULT COVERAGE \$				43		47	<input type="checkbox"/> T	<input type="checkbox"/> FTW		
ADDITIONAL P.I.P.	44			TOTAL W/C \$			COLLISION	42		46				
	46			\$ M/E \$				43		47				
MEDICAL PAYMENTS	42	<input type="checkbox"/>	46	EACH PERSON \$			TOWING & LABOR	46						
	43													
UNINSURED MOTORIST	42	<input type="checkbox"/>	46	<input type="checkbox"/> CSL	<input type="checkbox"/> BI	EA PER \$	TRAILER INTERCHANGE							
	43			BI EACH ACCIDENT \$			COVERAGES	SYMBOL	# TRAILERS	STATE	# DAYS	RADIUS	DEDUCTIBLE	
	45			PROPERTY DAMAGE \$			COMPREHENSIVE	48						
UNDERINSURED MOTORIST	42	<input type="checkbox"/>	46	<input type="checkbox"/> CSL	<input type="checkbox"/> BI	EA PER \$	SPECIFIED CAUSES OF LOSS	49						
	43			BI EACH ACCIDENT \$				48						
	45			PROPERTY DAMAGE \$				49						
NON-TRUCKERS HIRED/BORROWED	STATES			COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$			COLLISION	48						
HIRED/BORROWED LIABILITY	STATES			COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$			HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH	COVERAGE/DEDUCTIBLE			
NON-OWNED AUTO LIABILITY	STATES			GROUP TYPE		NUMBER OF		COMP \$	SPEC C OF L \$	COLL \$				
				EMPLOYEES										
				VOLUNTEERS										
			PARTNERS						COVERAGE IS: PRIMARY SECONDARY					
OTHER							OTHER							

ENDORSEMENTS

COVERED AUTO SYMBOLS

(41) ANY AUTO (44) OWNED AUTOS SUBJECT TO NO-FAULT (46) SPECIFICALLY DESCRIBED AUTOS (49) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT

(42) OWNED AUTOS ONLY (45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW (47) HIRED AUTOS ONLY (48) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT (50) NON-OWNED AUTOS ONLY

(43) OWNED COMMERCIAL AUTOS ONLY

RECEIPTS

GROSS RECEIPTS

PAST 12 MONTHS	ESTIMATED NEXT 12 MONTHS
\$	\$

PRINCIPAL SHIPPERS

TERMINALS			
#	NAME AND ADDRESS OF TERMINALS	# VEH	DIST FROM GARAGE

EQUIPMENT (Attach vehicle schedule ACORD 129 for owned units)								
VEHICLE TYPE	PER VEHICLE TYPE ENTER THE "NUMBER OF" WITHIN EACH CATEGORY							PROPERTY HAULED (Per vehicle type)
	COMPANY OWNED	NON OWNED	LONG TERM LEASE	TRIP LEASE	RADIUS (MILES)			
					0-50	50-200	OVER 200	
TRUCKS								
TRACTORS								
SEMI-TRAILERS								
FULL TRAILERS								
TANK SEMI-TRAILERS								
TANK TRAILERS								
REFRIGERATED TRAILERS								
SERVICE TRUCKS								
PRIVATE PASSENGER AUTOS								
TOTAL VEHICLES								

ADDITIONAL INTERESTS/CERTIFICATE RECIPIENTS (Attach ACORD 45 for additional names)					
INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
ADDITIONAL INSURED					LOCATION: BUILDING:
LOSS PAYEE					VEHICLE: BOAT:
MORTGAGEE					SCHEDULED ITEM NUMBER:
LIENHOLDER					OTHER
EMPLOYEE AS LESSOR					
ITEM DESCRIPTION:					

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
ADDITIONAL INSURED					LOCATION: BUILDING:
LOSS PAYEE					VEHICLE: BOAT:
MORTGAGEE					SCHEDULED ITEM NUMBER:
LIENHOLDER					OTHER
EMPLOYEE AS LESSOR					
ITEM DESCRIPTION:					

GENERAL INFORMATION					
EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?			8. DO DRIVERS RECEIVE REGULAR PHYSICALS?		
2. DOES APPLICANT OBTAIN MVR VERIFICATION ON DRIVERS?			9. DOES APPLICANT HIRE EQUIPMENT FROM OTHERS?		
3. DOES APPLICANT HAVE A DRIVER RECRUITING METHOD?			10. DOES APPLICANT RENT OR LEASE VEHICLES OR EQUIPMENT TO OTHERS WITH/WITHOUT OPERATORS?		
4. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?			11. DOES APPLICANT HAUL FOR OTHER TRUCKERS?		
5. DOES APPLICANT OWN OR OPERATE EQUIPMENT NOT LISTED HERE?			12. DO OTHER TRUCKERS OPERATE UNDER THE PERMIT OF THE APPLICANT? (Percentage of total number of vehicles so operated)		
6. DOES APPLICANT HAUL ANY DANGEROUS, CAUSTIC, RADIOACTIVE OR FLAMMABLE CARGO?			13. IS COVERAGE REQUIRED FOR TRAVEL IN CANADA OR MEXICO?		
7. DOES APPLICANT HAUL TARGET COMMODITIES (ie: stereos, televisions, pharmaceuticals, liquor, meat, seafood, etc)			14. ARE DRIVERS COMPENSATED PER TRIP?		
REMARKS	15. ANY HOLD HARMLESS AGREEMENTS?				