



PHONE: 405-848-8888  
 TOLL FREE: 877-848-8883  
 FAX: 405-848-8891

**COMMERCIAL TRUCKING  
 SMALL/MEDIUM FLEET APPLICATION**

AGENCY: \_\_\_\_\_ PRODUCER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

PROPOSED EFFECTIVE DATE: \_\_\_\_\_ DATE QUOTE DESIRED: \_\_\_\_\_

NEW  RENEWAL

**APPLICANT INFORMATION:**

NAME: \_\_\_\_\_ TAX ID (FEDERAL ID OR SS#): \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

YEARS IN TRUCKING INDUSTRY: \_\_\_\_\_ YEARS OPERATING UNDER BUSINESS NAME: \_\_\_\_\_

**DESCRIPTION OF OPERATIONS:**

CARRIER TYPE:  COMMON  CONTRACT  PRIVATE  BROKERAGE  OTHER: \_\_\_\_\_

IF CONTRACT, FOR WHOM: \_\_\_\_\_

US DOT NUMBER: \_\_\_\_\_ LATEST DOT RATING: \_\_\_\_\_ YEAR: \_\_\_\_\_

MC NUMBER: \_\_\_\_\_ IS CARRIER INVOLVED IN ANY NON-TRUCK BUSINESS?  YES  NO

IF YES, EXPLAIN: \_\_\_\_\_

**OWNERSHIP INFORMATION:**

NAME	POSITION/TITLE	NO. OF YEARS	% OWNERSHIP
1)			
2)			
3)			

LOSS CONTROL SERVICES CONTACT PERSON NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ CONTACT EMAIL ADDRESS: \_\_\_\_\_

**TERMINAL, PLANT OR WAREHOUSE LOCATIONS (ADDRESS, CITY, STATE, ZIP):**


*LIST ADDITIONAL LOCATIONS IN THE "COMMENTS" SECTION, OR ATTACH SEPARATE PAGE IF NECESSARY*

**SCOPE OF OPERATIONS**

RADIUS BY %: 0-50 MI \_\_\_\_\_ 51-200 MI \_\_\_\_\_ 201-500 MI \_\_\_\_\_ 501+ MI \_\_\_\_\_

AREAS:  EAST COAST  SOUTHEAST  SOUTHWEST  MIDWEST  WEST COAST  NORTHEAST  NORTHWEST

RANGE OF TRANSPORT: INTERSTATE \_\_\_\_\_ INTRASTATE \_\_\_\_\_

OPERATIONS LESS THAN 300 MILE RADIUS (LIST CITY DESTINATIONS): \_\_\_\_\_

**OPERATIONS BEYOND 300 MILE RADIUS - IDENTIFY METROPOLITAN AREAS TRAVELED THROUGH OR INTO**

- |                                    |  |                                       |                                      |  |   |  |
|------------------------------------|--|---------------------------------------|--------------------------------------|--|---|--|
| <input type="checkbox"/> ATLANTA   | <input type="checkbox"/> CINCINNATI      | <input type="checkbox"/> HOUSTON      | <input type="checkbox"/> LOUISVILLE  | <input type="checkbox"/> NEW ORLEANS   | <input type="checkbox"/> PHOENIX        | <input type="checkbox"/> SAN DIEGO     |
| <input type="checkbox"/> BALTIMORE | <input type="checkbox"/> CLEVELAND       | <input type="checkbox"/> INDIANAPOLIS | <input type="checkbox"/> MEMPHIS     | <input type="checkbox"/> NEW YORK CITY | <input type="checkbox"/> PITTSBURGH     | <input type="checkbox"/> SAN FRANCISCO |
| <input type="checkbox"/> BOSTON    | <input type="checkbox"/> DALLAS/FT WORTH | <input type="checkbox"/> JACKSONVILLE | <input type="checkbox"/> MIAMI       | <input type="checkbox"/> OKLAHOMA CITY | <input type="checkbox"/> PORTLAND       | <input type="checkbox"/> SEATTLE       |
| <input type="checkbox"/> BUFFALO   | <input type="checkbox"/> DENVER          | <input type="checkbox"/> KANSAS CITY  | <input type="checkbox"/> MILWAUKEE   | <input type="checkbox"/> OMAHA         | <input type="checkbox"/> RICHMOND       | <input type="checkbox"/> TAMPA         |
| <input type="checkbox"/> CHARLOTTE | <input type="checkbox"/> DETROIT         | <input type="checkbox"/> LITTLE ROCK  | <input type="checkbox"/> MINNEAPOLIS | <input type="checkbox"/> ORLANDO       | <input type="checkbox"/> ST. LOUIS      | <input type="checkbox"/> TULSA         |
| <input type="checkbox"/> CHICAGO   | <input type="checkbox"/> HARTFORD        | <input type="checkbox"/> LOS ANGELES  | <input type="checkbox"/> NASHVILLE   | <input type="checkbox"/> PHILADELPHIA  | <input type="checkbox"/> SALT LAKE CITY |  |

CITIES OTHER THAN ABOVE OR REGULAR ROUTES: \_\_\_\_\_

LONGEST TRIP ONE WAY: \_\_\_\_\_ MILES: \_\_\_\_\_

**COMMODITIES HAULED:**

TYPE OF MERCHANDISE HAULED: (AVOID SUCH TERMS AS "GENERAL MERCHANDISE"). STATE APPROXIMATE PERCENTAGE OF AGGREGATE AND MAXIMUM LOAD VALUE. (100% CO-INSURANCE APPLIES. BE CERTAIN AMOUNT OF INSURANCE EQUALS MAXIMUM LOAD VALUE.)

COMMODITY	%	MAXIMUM VALUE	COMMODITY	%	MAXIMUM VALUE	COMMODITY	%	MAXIMUM VALUE	COMMODITY	%	MAXIMUM VALUE
Air Freight			Coal			Gas, Oil, Bulk, LPG, Butane, Propane			Pipe, Steel, PVC		
Alcoholic Liquors			Containers			Government Explosives			Poultry (live)		
Anhydrous Ammonia			Cotton (bailed)			Government Sensitive			Poultry (refrigerated)		
Appliances			Corrosive Material			Grain, Rice, Soy			Radioactive Materials		
Arms & Munitions			Cryogenic Fluid			Liquids			Reefer Freight		
Asphalt			Dry Van Freight			Livestock, Sheep, Hogs			Sand, Gravel		
Auto Hauler			Dynamite			Logging or Pulpwood			Scrap or Waste Materials		
Auto Parts			Eggs (shell)			Lumber, Ply, Panel			Seafood (general)		
Auto (Make)			Electronic Goods			Machinery			Shrimp, Crabs, Oysters, Scallops		
Blasting Agents			End Dump			Mail			Steel, Iron		
Bottom Dump			Etiologic Agents			Meat (packed)			Steel Products		
Building Materials			Explosives			Meat (swinging)			Tanker Operation		
Bulk Materials			Farm Products (non-perishable)			Merchandise (describe)			Textiles (cloth)		
Candy			Fertilizers			Milk, Cream			Tires (new and/or used)		
Canned Goods			Fireworks			Modular or Mobile Homes (single)			Tobacco (hogshead)		
Caustic Material			Flammable Solids			Modular or Mobile Homes (double)			Tobacco (leaf)		
Cement			Flatbed Freight			Nuts (domestic or imported)			Tobacco Products		
Chemicals			Fruit & Produce			Noxic or Toxic Materials			Toys		
Chlorine Gas			Frozen Food			Oilfield Equipment			Other:		
Class A, B or C Explosives			Furniture (Mfg)			Oversize or Overweight Loads			Other:		
Clothing (Mfg)			Garbage			Paper Products			Other:		

AVG LOAD VALUE: \_\_\_\_\_ MAXIMUM LOAD VALUE: \_\_\_\_\_ DEDUCTIBLE DESIRED: \_\_\_\_\_

DESCRIBE COMMODITIES: \_\_\_\_\_

**COMMODITY (CHECK ALL THAT APPLY) - ATTACH HAZARDOUS MATERIAL SUPPLEMENTAL APPLICATION IF APPLICABLE**

- |   |   |
|---|---|
| <input type="checkbox"/> HAZARDOUS MATERIALS REQUIRING \$1,000,000 LIABILITY LIMITS OR LESS     | <input type="checkbox"/> REFUSE / WASTE / GARBAGE |
| <input type="checkbox"/> HAZARDOUS MATERIALS REQUIRING LIABILITY LIMITS HIGHER THAN \$1,000,000 |   |

EXPLAIN: \_\_\_\_\_

**PRE-HIRING:**

DRUG TEST     ROAD TEST     WRITTEN TEST     MVR REVIEW     CHECK PRIOR EMPLOYMENT     MEDICAL CERT

MINIMUM AGE: \_\_\_\_\_ MINIMUM EXPERIENCE REQUIRED: \_\_\_\_\_  
 CURRENT MVR'S ATTACHED:     YES     NO    Max Violations: \_\_\_\_\_ Max # Accidents: \_\_\_\_\_  
 LIST OF DRIVERS ATTACHED:     YES     NO (INCLUDED HIRE DATE AND YEARS EXPERIENCE)    TEAM DRIVERS     YES     NO

**SAFETY PROGRAM: (ATTACH WRITTEN SAFETY PROGRAM)**

WRITTEN SAFETY PROGRAM?     YES     NO    COMMENTS: \_\_\_\_\_  
 SAFETY MEETINGS HELD?     YES     NO    FREQUENCY: \_\_\_\_\_  
 DRIVER ORIENTATION?     YES     NO    DESCRIPTION: \_\_\_\_\_  
 DRIVER INCENTIVES?     YES     NO    DESCRIPTION: \_\_\_\_\_  
 FULL TIME SAFETY DIRECTOR?     YES     NO    NAME: \_\_\_\_\_ YEARS EXPERIENCE: \_\_\_\_\_  
 DRIVER TURNOVER RATIO: \_\_\_\_\_

**MAINTENANCE PROGRAM:**

REPAIR SHOP?     YES     NO    TYPES OF REPAIRS:    MINOR    MAJOR    BODY  
 INSPECTIONS?     YES     NO    FREQUENCY: \_\_\_\_\_  
 MAINTENANCE RECORDS KEPT ON INDIVIDUAL VEHICLES?     YES     NO    NUMBER OF MECHANICS: \_\_\_\_\_  
 COMMENTS: \_\_\_\_\_

**PRIOR LOSS EXPERIENCE:**

	POLICY PERIOD CARRIER NAME/VALUE DATE	NUMBER OF ACCIDENT	LOSSES PAID	LOSS RESERVE	TOTAL INCURRED WITH EXPENSE
CURRENT					
1ST YR PRIOR					
2ND YR PRIOR					
3RD YR PRIOR					
4TH YR PRIOR					

**SCHEDULE OF EQUIPMENT:**

	NUMBER OWNED	LONG TERM LEASE		TOTAL NUMBER OF UNITS	AVERAGE AGE OF UNITS
		LEASE W/O DRIVER	OWNER OPERATOR		
<b>TRACTORS</b>					
<b>TRAILERS (BY TYPE)</b>					
DRY VAN					
REEFER					
FLATBED					
OTHER:					
<b>LIGHT TRUCKS</b>					
<b>HEAVY TRUCKS</b>					
TOTAL:					

**EQUIPMENT/REVENUE/MILEAGE HISTORY:**

YEAR	NUMBER OF UNITS	GROSS REVENUE	GROSS IFTA MILEAGE
CURRENT YEAR			
1ST YR PRIOR			
2ND YR PRIOR			
3RD YR PRIOR			
4TH YR PRIOR			

**EQUIPMENT VALUES: (ONLY IF QUOTING PHYSICAL DAMAGE COVERAGE)**

TYPE OF EQUIPMENT	NUMBER OF UNITS	TOTAL VALUE	HIGHEST VALUED UNIT
TOTAL:			

**ADDITIONAL UNDERWRITING QUESTIONS:**

1. DOES INSURED BACKHAUL?  YES  NO  
IF "YES", EXPLAIN: \_\_\_\_\_
2. DOES INSURED UTILIZE EMPLOYEE LEASING?  YES  NO  
IF "YES", EXPLAIN: \_\_\_\_\_
3. HAS INSURED EVER BEEN CANCELLED OR NON-RENEWED BY A PREVIOUS INSURANCE CARRIER?  YES  NO  
IF "YES", EXPLAIN: \_\_\_\_\_
4. DO YOU ACT AS A FREIGHT-BROKER OR FREIGHT-FORWARDER OR ARRANGE LOADS FOR OTHERS?  YES  NO  
IF "YES", PROVIDE BROKERAGE NAME: \_\_\_\_\_  
BROKER MC#: \_\_\_\_\_  
IF YES, IDENTIFY THE NAME AND POLICY NUMBER OF INSURANCE CARRIER PROVIDING TRUCK BROKER CONTINGENT LIABILITY COVERAGE: \_\_\_\_\_  
(Furnish copy of Dec Page. If coverage is written we will require 30 day certificate to be issued to TIP National, Inc.)
5. IS ALL EQUIPMENT OPERATED UNDER THE APPLICANT'S AUTHORITY SCHEDULED ON THE APPLICATION?  YES  NO  
IF "NO", EXPLAIN: \_\_\_\_\_
6. IS ALL OWNED EQUIPMENT SCHEDULE ON THIS APPLICATION?  YES  NO  
IF "NO", EXPLAIN: \_\_\_\_\_
7. DO YOU HIRE OTHER COMPANIES OR INDEPENDENT OWNER-OPERATORS TO HAUL FOR YOU?  YES  NO  
IF "YES", ANSWER QUESTIONS A AND B BELOW. IF "NO", SKIP TO QUESTION #11.
- A. ARE HIRED VEHICLES PERMANENTLY LEASED TO YOUR COMPANY?  YES  NO  
IF "YES": 1) ARE THESE VEHICLES LISTED ON THE APPLICATION?  YES  NO  
2) ARE THESE VEHICLES LEASED WITH DRIVERS?  YES  NO  
3) DO YOU REQUIRE LEASED VEHICLE OWNERS TO PURCHASE NON-TRUCKING LIABILITY COVERAGE?  YES  NO
- B. DO YOU HIRE ADDITIONAL DRIVERS OR EQUIPMENT TO HAUL FOR YOU UNDER A TRIP LEASE OR SUBHAUL AGREEMENT?  YES  NO  
IF "YES": 1) INDICATE ESTIMATED NUMBER OF TRIPS: PER MONTH: \_\_\_\_\_ PER YEAR: \_\_\_\_\_  
2) INDICATE ESTIMATED ANNUAL COST OF HIRE: PER MONTH: \_\_\_\_\_ PER YEAR: \_\_\_\_\_
8. DO YOU LEASE TO OTHERS?  YES  NO  
IF "YES", WHO MUST PROVIDE PRIMARY INSURANCE?  YOU  OTHER: \_\_\_\_\_  
IF YOU PROVIDE INSURANCE, IS COVERAGE DESIRED FOR LESSEES?  YES  NO
9. DO YOU PROVIDE OUTSIDE SERVICE WORK FOR OTHERS?  YES  NO
10. DO YOU ALLOW PASSENGERS?  YES  NO  
IF YES, DOES APPLICANT HAVE SEPARATE PASSENGER LIABILITY COVERAGE?  YES  NO
11. DO YOU PULL DOUBLES AND/OR TRIPLES?  YES  NO  
IF "YES", SPECIFY: \_\_\_\_\_
12. DO YOU OPERATE ANY MOBILE EQUIPMENT SUBJECT TO COMPULSORY OR FINANCIAL RESPONSIBILITY LAW OR OTHER MOTOR VEHICLE INSURANCE LAW IN THE STATE WHERE IT IS LICENSED OR PRINCIPALLY GARAGED?  YES  NO

**ADDITIONAL NOTES / COMMENTS:**



INSURANCE FILINGS REQUIRED: INSURANCE FILING REQUEST FORM ATTACHED  
FEE NEEDED FOR THE FOLLOWING: TX - \$100 TEXAS DEPT OF TRANSPORTATION (ONLY IF ALLOWED TO LAPSE)  
NM - \$15 NEW MEXICO PUBLIC REGULATION COMMISSION  
BC - \$30 INSURANCE CORPORATION OF BRITISH COLUMBIA

\_\_\_\_\_  
INSURED SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRODUCER SIGNATURE

\_\_\_\_\_  
DATE

**IMPORTANT - PLEASE READ BEFORE SIGNING**

I AUTHORIZE TIP NATIONAL, LLC TO OBTAIN COPIES OF MOTOR VEHICLE REPORTS IF NECESSARY FOR UNDERWRITING THE INSURED THAT I HAVE APPLIED FOR. I ALSO UNDERSTAND THAT A ROUTINE INSPECTION WILL BE DONE REGARDING MY OPERATIONS. I AGREE TO PROMPTLY REPORT AND FURNISH THE NAME, DRIVERS LICENSE NUMBER, AND DATE OF BIRTH FOR ALL DRIVERS I HIRE AND EMPLOY AFTER COMPLETION OF THIS APPLICATION. I UNDERSTAND THAT ALL ACCIDENTS ARE TO BE REPORTED PROMPTLY REGARDLESS OF SEVERITY OR FAULT. I ALSO UNDERSTAND THAT I HAVE NO COVERAGE UNTIL SUCH TIME THE COMPANY ACCEPTS THIS APPLICATION OR AUTHORIZES COVERAGE TO BE BOUND.

**DISCLOSURE:** IN CONNECTION WITH THIS APPLICATION FOR COMMERCIAL AUTOMOBILE INSURANCE, WE MAY REVIEW CREDIT REPORT OR OBTAIN OR USE A CREDIT-BASED INSURANCE SCORE OR THE INFORMATION CONTAINED IN THAT CREDIT REPORT. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF THE INSURANCE SCORE. YOUR CREDIT REPORT/CREDIT-BASED INSURANCE SCORE WILL NOT BE USED FOR ANY PURPOSE OTHER THAN THE UNDERWRITING OF THE COMMERCIAL AUTOMOBILE INSURANCE POLICY FOR WHICH YOU HAVE APPLIED.

**UNDER NO CIRCUMSTANCES CAN THE CREDIT-BASED INSURANCE SCORE, THE LACK THEREOF, OR THE REFUSAL TO AUTHORIZE THE OBTAINING OF A CREDIT REPORT OR A CREDIT-BASED INSURANCE SCORE BE A FACTOR IN DETERMINING YOUR ELIGIBILITY FOR COMMERCIAL AUTOMOBILE INSURANCE, INCLUDING CANCELLATION OR NONRENEWAL, IF A POLICY IS ULTIMATELY ISSUED.**

I AUTHORIZE TIP NATIONAL, LLC TO OBTAIN A CREDIT REPORT, INCLUDING BUT NOT LIMITED TO A CREDIT-BASED INSURANCE SCORE BASED ON PERSONAL INFORMATION PROVIDED. THIS AUTHORIZATION IS VALID FOR FUTURE REPORTS OBTAINED FOR RENEWAL POLICIES WITH TIP NATIONAL, INC.

I HEREBY CERTIFY THAT THE FOREGOING STATEMENTS AND ANSWERS ARE A JUST, FULL AND TRUE EXPOSITION OF ALL THE FACTS AND CIRCUMSTANCES WITH REGARD TO THE RISK TO BE INSURED, INSOFAR AS SAME ARE KNOWN TO ME, AND THE SAME ARE HEREBY MADE AS THE BASIS AND CONDITION OF THE INSURANCE. IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS. BY SIGNING BELOW, I AFFIRM FULL KNOWLEDGE OF AND ADHERENCE TO CURRENT D.O.T. SAFETY REGULATIONS, AND HEREBY APPLY FOR INSURANCE WITH RESPECT TO THE COVERAGES STATED HEREIN.

I/WE DECLARE THAT THE ABOVE STATEMENTS AND PARTICULARS ARE TRUE AND THAT I/WE HAVE NOT OMITTED, SUPPRESSED OR MISSTATED ANY MATERIAL FACTS AND AGREE THAT THIS APPLICATION FORM SHALL BE ON THE BASIS OF ANY POLICY OF INSURANCE WHICH MAY BE ISSUED BY THE COMPANY AND SHALL BE DEEMED A PART THEREOF.

\_\_\_\_\_  
PLEASE PRINT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE (MUST BE OFFICER OR OWNER)

I HEREBY CERTIFY THAT THE SIGNATURE OF THE APPLICANT IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND FURTHER WARRANT THAT THE ANSWERS, STATEMENTS, AND INFORMATION REFLECTED HEREON WAS GIVEN BY THE APPLICANT TOGETHER WITH INFORMATION FROM MY RECORDS, IF ANY.

\_\_\_\_\_  
PRODUCER (AGENT SIGNATURE)

\_\_\_\_\_  
PRODUCER AGENT - PRINT NAME

**FRAUD WARNING NOTICE**

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THE INFORMATION PROVIDED TO OBTAIN THIS COVERAGE IS ACCURATE TO THE BEST OF THEIR KNOWLEDGE, THIS INCLUDES ANY APPLICATIONS, LOCATIONS SCHEDULES, VALUATION STATEMENTS, LOSS HISTORY INFORMATION AND ENGINEERING REPORTS.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM 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 AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.