

Applicant's Representative **New application**

Address **Renewal of policy number**

Effective date

1 Name of applicant (List only qualified self-insureds.)

2 Provide the following for all owned or leased vehicles

TYPE OF VEHICLE	NO. OF VEHICLES	AVG. NO. OF EMP. EACH VEHICLE	NO. OF DRIVERS	NO. OF DRIVER TEAMS	AVG. RADIUS OF TRAVEL	PRIMARY STATES	MAX. RADIUS OF TRAVEL	PRIMARY STATES	NO. OF UNITS			AVG. NO. OF WEEKLY TRIPS			
									L	I	LH	L	I	LH	
Heavy & X-Heavy Trucks															
Truck Tractors															
Other*															
Shuttle Vans & Buses**															
Vans, Light & Medium Trucks															
Passenger Cars															
Total															

* Golf Carts, ATV's, Trams, etc.
 ** Applies to transportation of employees to and from any worksite or work location

L = Local
 I = Intermediate
 LH = Long Haul

3 Does applicant contract with owner operators? yes no If "yes," complete the following

- A. Number of owner operators?
- B. What is total payroll applicable to these drivers? **YES NO**
- C. Is applicant responsible for workers' compensation coverage for owner-operators?
- D. If "yes," was owner-operator payroll included in calculation of Manual Premium?
- E. Are certificates of insurance required if owner-operators obtain workers' compensation coverage?
- F. If "yes," does applicant agree to provide copies of certificates to excess carrier upon demand?

4 Does applicant hold licenses to haul for others? yes no

If "yes," interstate intrastate

5 Does applicant transport toxic chemicals, hazardous materials, gases, gasoline or flammables, explosives or explosive materials? yes no

6 List all types of goods hauled or back-hauled

7 Describe any driver safety or incentive programs

8 Explain "other" vehicles or provide general comments

This is NOT a binder of coverage. The application must be signed by the applicant or the applicant's representative. The applicant represents that all statements made in this application are complete and true and that all material facts have been fully disclosed.

Applicant's Representative **Applicant Signature**

Date **Title**