PATTERSON INSURANCE COMMERCIAL TRUCK INSURANCE APPLICATION

"Covering our neighbors, Covering Texas"

NO COVERAGE IS EFFECTIVE UNTIL APPROVED BY THE AGENT or by SIGNED AND FULLY ACCEPTED AGREEMENT OF APPROVED CARRIER

Effective Date: _____ Quote Needed By: _____

Contact Person: _____

SUBMITTED BY:

Patterson-Insurance
420 N. Green Street, Suite D
Longview, TX 75601
Office: 817-704-3905 Toll Free: 888-501-1901
Agent E-mail: keith.p@patterson-insurance.com

GENERAL INFORMATION:

Name of Risk: _____
Building address: _____
Fax No: _____
Phone No: _____
MC #: _____

Mailing address: _____
E-mail address: _____
Inspection contact: _____
FEIN or Social Security #: _____
Operations began: _____

PERSONNEL:

Owner/President: _____
Maintenance Manager: _____
Claims Contact: _____

Safety Supervisor: _____
Accounting Manager: _____
Telephone Number: _____

DESCRIPTION OF OPERATIONS:

☐ Reefer ☐ Dry Van ☐ Flatbed ☐ LTL ☐ Heavy Hauler ☐ Farm to Market ☐ Other (describe)

_____

_____

POLICY INFORMATION:

Inception Date: _____ Risk is: ☐ Individual ☐ Partnership ☐ Corporation

Any policy cancellations/non-renewals in the last three years? ☐ No ☐ Yes, If yes why _____ Has the risk filed for bankruptcy in the last five years? ☐ No ☐ Yes, has it been discharged? ☐ No ☐ Yes

CURRENT DOT SAFETY RATING: _____ Please explain "any" rating other than "Satisfactory"

_____

_____

_____

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COVERAGE LIMITS LIABILITY:

Liability $ _____ Medical Payments $ _____

UM/UIM $ _____ GL Payroll $ _____

PIP $ _____ GL Deductibles: $ _____

Hired Auto ☐ Yes cost $ _____

GL payroll – all employees except the drivers (Uninsured Motorist Coverage) ☐ Yes

GL available only for "Truckers" class/operations

PHYSICAL DAMAGE DEDUCTIBLES:

Collision _____ Spec Perils: _____

Tractors values: _____ Trailer values: _____

Total Insured: _____ Maximum value one (tractor/trailer)

TRAILER INTERCHANGE:

Number of trailers used daily: _____ Limit $ _____

Or ☐ Maximum $ Number days trailers are used weekly: _____

Deductible _____ Or ☐ Std.

CARGO:

Per vehicle: $ _____ Per Occurrence/Disaster $ _____

Terminal limit & location: $ _____ Address: _____

DEDUCTIBLES:

Non-refrigerated operations $ _____ Refrigerated units $ _____

☐ Minimum

OPERATIONS:

This section applies for all lines of business Nearest metropolitan city: _____

Authorities held: ☐ CONTRACT ☐ COMMON ICC docket #: _____

Brokerage Name: _____ Docket #: _____

Annual brokerage revenue: $ _____

Certificates of insurance required from other carrier? ☐ No ☐ Yes

Total trip lease revenue: $ _____ Percentage under applicant's authority: _____ %

RADIUS OF OPERATION:

Operations from Headquarters	0-50 miles	51-200 miles	201-500 miles	Unlimited
Percentage of total mileage	%	%	%	%

PRINCIPAL STATES OF OPERATION: _____

MAJOR METRO AREAS ENTERED WITH %: _____

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MAJOR SHIPPERS: _____

COMMODITIES HAULED:

Commodities	% Of Revenue	Average Value	Maximum Value
	% $	$	$
	% $	$	$

EXPOSURE HISTORY:

Year	Revenue	Mileage	Units	Fleet Value
	$			
	$			
	$			

Estimate for coming year Revenue: $ _____ Mileage: _____

EQUIPMENT SUMMARY:

	Tractors	Trailers	Straight Trucks
Owned Units			
Owner / Operator Units			

Do your owner–operators carry non-trucking liability? ☐ No ☐ Yes, Please provide copy of their standard lease.

SCHEDULE OF EQUIPMENT: (if over four units attach page with this same information)

Year	Make/Model	17-digit Identification Number	Value	GVW

Remember to attach a list of drivers and include DATE OF HIRE

Do you allow non-employees to travel with your drivers? ☐ No ☐ Yes

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EXPERIENCE SUMMARY:

LIABILITY:

Coverage Year	Carrier	Loss Reserves	Total Incurred (include expense)	Deductible	Number of accidents	# Of Insured units	Frequency	Valuation date
		$	$	$				
		$	$	$				
		$	$	$				
		$	$	$				

Comments – Losses over $50,000 – Provide additional information where necessary.

Date of Loss	Amount: Paid	Reserve	Description
	$	$	
	$	$	
	$	$	

PHYSICAL DAMAGE: (identical table structure as Liability — 5 rows of blanks)

CARGO: (identical table structure as Liability — 5 rows of blanks)

SPECIAL EXPOSURES:

Do you pull "double" or "triple" trailers? ☐ No ☐ Yes

Oversize/Overweight? ☐ No ☐ Yes If "yes", percentage of revenue: _____ %

"Haz Mat" ☐ No ☐ Yes If "yes", percentage of revenue: _____ % with placarding _____ %

TYPICAL "HAZ MAT" ITEMS ARE:

• Applicant owns or leases vehicles not specified in this application? ☐ No ☐ Yes • Applicant hires vehicles from others? ☐ No ☐ Yes • Applicant hauls for other truckers? ☐ No ☐ Yes • Applicant rents/leases vehicles or equipment to others with or without drivers? ☐ No ☐ Yes, % revenue _____ • Other truckers operate under the authority of the applicant? ☐ No ☐ Yes, % of revenue _____ % units

DRIVERS:

All Drivers must meet the company's guideline, which will be provided with our quote. Attach a list of drivers, which includes their date of hire (DOH) and (if available) each driver's years of experience as a class A CDL driver.

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SAFETY:

Safety meeting held: ☐ No ☐ Yes How often? _____

Forward mandatory DOT Driver Signature Attendance List Bonus for safety driving: ☐ No ☐ Yes

Accidents reviewed for preventability: ☐ No ☐ Yes

Minimum driver age and experience: _____

Current number of drivers: _____

Hired last twelve months: _____ Terminated: _____

MAINTENANCE:

Written P/M program: ☐ No ☐ Yes

Send copy of Preventative Maintenance Checklist Service/Repair done: ☐ No ☐ Yes

By whom: _____ Number of mechanics: Fulltime _____ Part time _____

Work for others performed? ☐ No ☐ Yes

EQUIPMENT INSPECTIONS:

Pre-trip: ☐ No ☐ Yes Periodic: ☐ No ☐ Yes

every _____ Miles Service records maintained: ☐ No ☐ Yes

Where: _____

COVERAGE ELECTIONS – Go to for Uninsured Motorists and/or No Fault (attach ACORD election form(s))

FILINGS:

Address (if different than shown) _____ Zip _____

Base State: _____

FRAUD STATEMENT NOTICE:

ANY PERSON WHO KNOWINGLY AND WITH THE INTENT TO DEFRAUD ANY INSURANCE COMPANY, OR OTHER PERSON WHO FILES AN APPLICATION FOR INSURANCE, OR MAKES A STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING ANY INFORMATION CONCERNING ANY MATERIAL FACT, THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

THE SCHEDULE OF VEHICLES (TRACTORS, TRUCKS AND TRAILERS) IN THIS APPLICATION INCLUDES ALL VEHICLES REGISTERED IN THE NAME OF THE NAMED INSUREDS ON THIS APPLICATION INCLUDING ALL VEHICLES LEASED TO OR FROM THIRD PARTIES.

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DO NOT SIGN THIS APPLICATION UNTIL YOU COMPLETELY READ AND FULLY UNDERSTAND IT.

Date: _____

X _____ (Insured's Signature)

Date: _____

X _____ (Agent's Signature)