

MAINE

COMMERCIAL AUTO FLEET INSURANCE APPLICATION

Entire application must be completed and signed

NEW ENGLAND EXCESS EXCHANGE

PO Box 219 Montpelier VT 05601 Telephone 802-229-5066 800-548-4301 Fax 802-229-5364 www.neee.com

GENE	RAL I	NFORMAT	ION	☐ Indiv	idual	☐ Corpo	ration	☐ Pa	rtnership	[Other_										
Name									Yrs. in Ti		l	Yrs. Opera									
Mailing Address										Industry Federal ID # or SSN			in Your Name U.S. DOT Number								
IVIAIIIII	y Auu	1692							reuerai	110#(JI JJIN	0.3. 001	Number								
City						State Zip			Date Coverage Desire			d: TO									
Garag	ing Lo	cation(s) if d	ifferen	t:		City			tate ZIP			Phone									
		. ,			_							()									
DESC	RIPTI	ON OF OP	ERATI	ONS	□ F	For Hire			☐ Non-Trucking ☐ Other (explain)												
		nsport		modity																	
	☐ Intei☐ Intra			operty (no		ous) Refuse/Waste/Garbage aces requiring \$1,000,000 liability limits or less															
Ļ		isiaie					g liability limits				0 (if check	ked, attach ex	xplanation)								
OPER	ATION	S LESS THA									•										
		0	PERA1	TIONS BE	YOND	300 MILE	RADIUS: Ide	ntify (Cities Tra	veled	Through	Or Into									
☐ Atlaı	nta	[Cleve	eland		☐ Jackso	nville	☐ Milwaukee		[☐ Philade	lphia 🔲 San Diego									
☐ Balt	-Wash	ington [☐ Dalla	as/Ft. Wor	th	☐ Kansas	City	□Мр	ls./St. Pau	ul [] Phoeni	X	San Francisco								
☐ Bost	ton	Ţ	☐ Denv	/er		☐ Little R	ock	Nashville] Pittsbu	gh	☐ Seattle								
☐ Buffalo ☐ Detroit						Los Angeles		New Orleans		3 [Portland		☐ Tulsa								
☐ Charlotte ☐ Hartford					Louisville		New York City		ty [Richmond		Eastern Zone									
☐ Chicago ☐ Houston				☐ Memphis		Oklahoma City		ity [☐ St. Louis		☐ Gulf Zone										
☐ Cincinnati ☐ Indianapolis			napolis		Miami		☐ On	☐ Omaha ☐ Sa		☐ Salt La	ke City	Southeast Zone									
Other t	han ab	ove																			
	COMMODITIES TRANSPORTED																				
Commodity Percent of Loads						Maximum Value			Commodity			Percent of Loads	Maximum Value								
YES	NO					ļ															
		1. Are filing	gs requ	ired? If ye	es, com	plete form I	N-71 0, Filing	Infor	mation.			Docket #-									
_		-		-			warder or arr			others?											
				le Brokera								Docket #-									
		Annu	al Brok	erage Re	venue:	\$															
		3. Are all o	wned ti	railers equ	ا jpped	Nith reflect	ive tape? If r	o, atta	ach a list o	of those	trailers v	vhich are no	t.								
		4. Is all equ	uipmen	t operated	d under	the applica	nt's authority	sche	duled on t	the app	lication?	If no, attach	explanation.								
		5. Is all ow	ned eq	uipment s	chedule	ed on this a	pplication? I	f no, a	ttach expl	lanatior	٦.										
		6. Is all of t	he sch	eduled ed	Juipmer	nt owned by	you? If no,	attach	explanati	ion.											
										nently	Leased	☐ Trip	Leased								
		ו you you ו	a. If permanently leased, is it scheduled on this application?																		
		-		•	, is it so	heduled or	this applica	tion?	Yes	יו 🗀 י	b. If permanently leased, are autos hired with drivers? Yes No If yes, complete form T-376.										
		a. If per	manen	tly leased			7.7					complete for	m T-376.								
		a. If per	manen manen	tly leased tly leased	, are au	tos hired w	7.7					complete for	m T-376.								
		a. If per b. If per c. If trip	manen manen leased	tly leased tly leased , provide	, are au	tos hired w	ith drivers?	□ re: \$_	Yes 🔲 N	No	If yes,		rm T-376.								
		a. If per b. If per c. If trip 8. Do you le	manen manen leased ease to	tly leased tly leased , provide o others?	, are au the ann If yes, v	itos hired w ual estima vho must p	rith drivers? ted cost of h	re: \$_ ry inst	Yes 🔲 Nurance?	No You	If yes,										
		a. If pen b. If pen c. If trip 8. Do you l If you pr	manen manen leased ease to rovide i	tly leased tly leased , provide o others? nsurance,	, are au the ann If yes, v is cove	itos hired w ual estima who must p erage desire	rith drivers? ted cost of hi rovide prima	ire: \$ _ ry inst Named	Yes Nurance?	No You	If yes,	her									

LIENHOLDER INFORMATION Attach All Lienholder Information For Each Power Unit.															
LEASED OR HIRED Attach Samples of Agreements.															
Does Applicant/Insured do trip leasing to the extent that it comprises more than 5% of his gross receipts?															
Is equipment leased or hired?															
With Without Avg. Avg. # of Est. Trip Ins. Provided By: With Hold Harmless															
	Dr	river	Driver	of a	ation Trip ase	Trip Lease Per Year	L	ease Payme Per Year	ents	Lessor	Les	see	Na As Ad	ming Other Part dditional Insured?	
From Others	;												Ţ	☐ Yes ☐ No	
To Others													Ţ	⊒ Yes 🔲 No	
Under whose Bill of Lading is shipment moved when leased to others? From Others? What % of DEADHEADING? Total miles deadheading															
What % of D	EADHE	ADIN	G?		_ Total	miles deadhea	ding								
Do they back	khaul?	☐ Ye	es 🔲 No		What	t do they backh	aul?								
What are res	striction	s on b	ackhauling	!?											
SCHEDULE	E OF E					Number, GV	nedu W, S	le of equipme tated Amount	ent to , and	Radius of Op	erati	on.	Year, ⊺		
Туре			Owned		ed w/o	Owner Operators	Local					Long Haul		TOTAL UNITS	
Light Trucks	s														
Medium Tru															
Heavy Truc	ks														
Tractors Semi Traile															
		AND	MUEAC	 	Actua	l and Estimate									
UNITS REVENUE AND MILEAGE Actual and Estimated. Period Units Revenue Mileage															
Projected		Pei	iou		iiilo	s Revenue Mileage									
Current															
1 st Prior															
2 nd Prior															
3 rd Prior															
SUMMARY		QUIPI	MENT VA	LUES											
Total Fleet V					No. of					Average V					
Total Tractor					No. of					Average V					
Total Trailer	Value				No. of	f Units				Average V	alue				
Highest Trac	tor Valu	ıe	H	lighest 7	railer V	alue	L	owest Tracto	r Val	ue		Low	est Tra	iler Value	
INSURANC	E HIS	TORY	& LOSS	EXPE	RIENCI	E Provide	e the	following ins	uran	ce and loss ir	nform	ation	for the	past three years.	
				CANCE	ELED O	R NONRENEW	/ED	YOUR POLI	CY II	N THE LAST	THI	REE Y	EARS	?	
☐ Yes ☐ N	lo If ye		olain. OLICY HIS	TORY						LOSS	HIST	ORY			
Policy Term	lr		nce Co.		Policy	Number							10	Driver(s)	
FROM TO	FROM TO (if ava		(if avai		#	Loss Amt	#	Loss Amt	#		Amt	Involved in Loss			
EXPERIENCE INFORMATION: Furnish currently valued (must be value dated within the last 4 months) Insurance Company produced detailed loss and experience auto liability, physical damage and cargo loss runs for current year plus at least two (2) full policy years. Describe any claim with payment or reserves over \$25,000.															

DF	RIVER, SAFETY AND MAINTENANCE	. N	Name, title, phone number of person responsible for safety (specify other duties):							er duties):	
Α	Are hazardous materials/wastes transpo	ted?	Yes No (if yes, attach e			n explai	xplanation.)				
В	·	☐ No		_		, ,		,			
С	Truck Fleet - No. of drivers: Regu	larly En	nployed		Part	Time	_ 0\	wner/Operator	ī		
	Leas	ed			Casu	ıal		O.T.A.I			
D	Drivers Hired or Leased Last Year			Com	pany Dri	vers		Leased Own	ers/Op	erators	
	1. Number replaced										
	2. Number increased										
Е	Age of Drivers:		Min		Max.		Mi	n !	Max		
	1. Number under 25										
	2. Number over 65						_				
F											
	and Years of Driving Experience.										
G	Is it the policy of the company to allow p	assenge	ers to ride in	the t	ruck-tract	or with the dri	vers?	☐ Yes [_ No		
H											
	Time: hours Distance: Is this one way or turnaround?										
64	FETY MEASURES										
32	IFETT MEASURES										
									Yes	No	
1.	Are you operating your trucks with sp	eed go	vernors?								
	If yes, what speed are they set at?										
2. Are electronic log programs used to audit driver log books?											
	3. Are your trucks equipped with fender mirrors?										
4 Does your safety program include safe driving incentive awards?											
	CURRENT CARRIER										
Po	rrent Carrier Namelicy Number		Pr	licy	Dates.			To			
Po	licy Limits		Gr	oss I	Receipts	Rate/Premi	ım of F	Prior Carrier			
Po	licy Deductibles: BI					PID					
Re	newal Rate Offered		Lir	mits_							
Na	me of Carrier Offering										
EIN	NANCED VALUE The Stated Valu	of ea	ch auto mu	et he	a Agual t	o or greater	than	the outstand	ing fina	ncial	
	NANCED VALUE The Stated Value obligation for that	t auto	in order for	the I	Financed	l Value Cove	erage t	o apply.	ing iina	ilolai	
	VERAGES										
		EMDI (OVEDS NON	10\\/!	VIEDONID	I IADII ITV (#	of omn	loyees	1		
_	_					,	or emp	<u>. </u>			
□ LIABILITY FOR NONTRUCKING USE Leased to:											
LIIV					nor	agaidant		eductible φ	oooh		
l	☐ Split Limits BI \$ p	er perso)II \$ <u> </u>		per	accident	PD	\$	eaci	accident	
분	HIRED AUTO LIABILITY DUCTIBLE REIMBURSEMENT LIMIT			г .	TDAILED	INITEDOLIANI	⊃E (pro	vido a conv of	agroom	ont)	
DEDUCTIBLE REIMBURSEMENT LIMIT ☐ TRAILER INTERCHANGE (provide a copy of agreement) ☐ Liability ☐ Physical Damage ☐ Cargo Maximum trailer value # trailer days											
		CARGO				NED DEDUCT		RENTAL RE		•	
	Comprehensive OR \$ l	imit	\$		Coveraç	ge included ur	nless	☐ Selected	Units [☐ All Units	
	·	eductik	ole \$		decline	d.		Amt. Per Da	ıy \$_		
	•		Hired Auto		│ □ Decli					30 🔲 120	
						L PAYMENTS	}				
						IAL INJURY F					
1 —	verage selection/rejection form(s) for Uninsur										
	uired by state law) must be completed and s								23.3110	- (

In order to furnish a qu	ote, the foll	owing infor	mation is nec	essary:			
a. Complete driver list, be social security number	ooth compan er, date of h	y and owner ire and mos	r operator, sho t recent MVR:	owing full name, date s.	of birth, driv	vers license ni	umber,
b. Complete list of all eq and owner operated.		uding compl	lete serial num	nber and gross vehicl	e weight, in	cluding owned	d or leased
c. Provide a description	of all safety	activities an	d incentives. I	nclude Passenger Po	olicy, if appli	cable.	
d. Pro-rata (Schedule 13)) Mileage She	eet.					
e. Copy of Insured's aut	thority.						
f. Current Annual Fina	ncial Statem	ent including	ı both profit an	d loss statements.			
SIGNATURES	This is a	□ New	☐ Renewal i	n our agency.			
					· '	e, and Address of this insurance:	of individual
I hereby certify that the for exposition of all the facts a as same are known to me	and circumsta , and the sam	o be insured, insofar usis and condition of	☐ MR.	☐ MRS.	☐ Ms.		
the insurance. It is a crime information to an insurance Penalties may include imp	ie company.	Name					
					Title		
below, I affirm full knowleds hereby apply for insurance					Address		
APPLICANT'S SIGNATURE A	ND TITLE			DATE	City/StatefZip	o	
PRODUCER'S NAME, ADDRE	ESS & PHONE	#					
PRODUCER'S SIGNATURE				DATE			