

PLATINUM EXCESS TRUCKING

Excess Transportation Application



BROKER INFORMATION

Broker Name & Lic. Number: _____

Mailing Address: _____

Phone Number: _____

UW Name & Lic. Number: _____

OVERVIEW

Proposed Effective Date: _____ New Renewal - Previous Policy No.: _____

Loss Runs Attached Commercial Umbrella Application is Attached

APPLICANT INFORMATION

Individual Corporation LLC Joint Venture Other: _____

Named Insured: _____ IF PARTNERSHIP, LIST ALL PARTNERS' NAMES. FMCSA Number: _____

Physical Address: _____

City/State/Zip: _____ County: _____

Mailing Address *(if different)*: _____ City/Co Tax Codes *(if applicable)*: _____

City/State/Zip: _____

Business Phone: _____ Cell: _____ After Hours #: _____ Fax: _____

Email: _____ Contact Person: _____ Fed ID/Soc. Sec. No.: _____

If application is for a SINGLE FULL-TIME REVENUE GENERATING POWER UNIT, please provide the following on the individual owner:

First Name: _____ Last Name: _____ DOB: _____ Last 4 SSN: _____

DRIVER INFORMATION LIST ALL PART-TIME, FULL-TIME, FAMILY OR OCCASIONAL DRIVERS (See attached GWC2597 if more than 8 drivers.)

LAST NAME, FIRST NAME	MI	GENDER	LIC. #	STATE	PENDING HIRE	DATE OF HIRE	DATE OF BIRTH	# OF YEARS COMM. DRIVING	% OF TOTAL MILES DRIVEN

COMMERCIAL EXCESS LIMITS OF INSURANCE

Excess Liability: _____

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SCHEDULE OF HAZARDS

LOCATION (ADDRESS, CITY, STATE, ZIP)	CLASSIFICATION	CLASS CODE	TERRITORY	PREMIUM BASIS	EXPOSURE

TRIPS

Percent of time you pick up and deliver within: (Must total 100%)

50 mi: _____ 51 200 mi: _____ 200+

States/areas selected in zones: _____

List the metropolitan areas into which you pick up or deliver: _____

Please attach copies of most recent Pro Rate Sheets/IFTA miles.

ZONE DESCRIPTIONS

Zone 1	CT, DE, DC, FL, LA, ME, MD, MA, MS, NH, NJ, NY, RI, VT, WV <i>*Zone 1 includes metropolitan areas of: Riverside, CA and Austin, Beaumont, Corpus Cristi, Dallas, El Paso, Ft. Worth, Galveston, Houston and San Antonio, TX. Zone 01 also includes the counties of: Alameda, Los Angeles, Orange, San Diego, San Francisco and San Mateo, CA.</i>
Zone 2	AL, AZ, AR, CA(*), GA, IL, IN, MO, OH, PA, TX(*), VA, WA
Zone 3	CO, KY, MN, NV, NC, OK, OR, SC, TN, WI
Zone 4	ID, IA, KS, MT, NE, NM, ND, SD, UT, WY

COMMODITIES

Complete the commodity category hauled with the maximum load value and the percentage of each commodity category hauled.

COMMODITY CATEGORY	MAX VALUE PER LOAD	%	COMMODITY CATEGORY	MAX VALUE PER LOAD	%	COMMODITY CATEGORY	MAX VALUE PER LOAD	%
Agricultural Products			Food - Frozen			Mobile/Modular Homes		
Auto/Machinery Parts			Food - Refrigerated			Motorized Vehicles		
Beverages			Food - All Other			Nursery Stock		
Building Materials			Generators/AC Units			Paper/Plastic Products		
Chemical/Petroleum			Grain, Feed, Hay, Cotton			Pharmaceuticals		
Construction Aggregate			Hazardous Materials			Scrap Metal		
Containers			Livestock			Wood		
Dry Freight			Mail			*Other		
Electronics/Appliances			Mobile Equipment					

*If OTHER, list commodities hauled:

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QUESTIONNAIRE

Completed full years in business with own authority: _____ My DOT rating is: _____

YES NO

Do you transport any hazardous commodities/waste? If yes, explain: _____

Have you had any bodily injury, property damage or collision losses in the past 2 years?

Have you had any other losses in the past 2 years?

Has your insurance ever been cancelled / non-renewed? If yes, explain: _____
(Do NOT answer if you are a Missouri applicant)

Do you pull doubles?

Do you pull triples?

Do you use any subhaulers to haul freight?

Do you loan, lease or rent vehicles to others with or without drivers? If yes, explain: _____

Do you lease onto another motor carrier? If yes, list name of motor carrier: _____

N/A Does the lease agreement require you to provide primary liability insurance?

N/A If yes, do you want excess coverage over the owner/operator insurance?

Do you operate as a broker or freight forwarder? *(If yes, complete Brokerage/Freight Forwarder Coverage Application)*

N/A Are all employees covered by workers' comp?

Name of current workers' comp carrier? _____

Are there any other operations under your control or authority? (i.e., garage, truck wash, farm, towing operations, freight forwarders, brokers). If yes, explain: _____

Any moving or non-moving violation for any driver in the past 3 years?

Do you participate in a drug testing program?

Do your driver files conform to DOT requirements?

Do you utilize PSP (Pre-Employment Screening) as part of your hiring process?

Do you allow passengers? If yes, explain: _____

Is all commercial or mobile equipment that you own or operate under your authority described in the application? If no, explain: _____

Do operations involve distributing, storing, treating, discharging, applying, disposing or transporting of hazardous or radioactive material? (e.g. landfills, waste, fuel, tanks, etc.) If yes, explain: _____

Were any operations sold, acquired or discontinued in the last 5 years? If yes, explain: _____

Were any of your employees covered under State Fund policies in MT, ND, OH, WA or WY?
If yes, list states: _____

Do you operate a trailer washout facility? If yes, explain: _____

PRIMARY LIABILITY QUESTIONS

GENERAL LIABILITY QUESTIONS

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QUESTIONNAIRE *continued*

Complete following Primary Liability questions only for 5+ unit accounts:

Name of Safety Director: _____

Average number of loaded trailers on premises owned, leased or rented to you? _____

List special equipment mounted or attached: _____

Describe your vehicle maintenance program: _____

Has there been a significant change in operations in the past 12 months? Yes No

If yes, explain: _____

Does management review all incidents resulting in a loss? Yes No If yes, what do your reviews include? _____

EXPERIENCE *(1-9) Unit Applicants only need to complete Next Year and Current Year.*

	REVENUE	MILEAGE	UNITS
NEXT YEAR			
CURRENT YEAR			
1ST PREVIOUS YEAR			
2ND PREVIOUS YEAR			
3RD PREVIOUS YEAR			
4TH PREVIOUS YEAR			

INSURANCE INFORMATION - MINIMUM 3 YEARS <i>(if applicable)</i>			# OF LOSSES AND TOTAL AMOUNT PAID PLUS CURRENT RESERVES			
FROM	TO	COMPANY	LIABILITY	PHYSICAL DAMAGE	CARGO	OTHER

LOCATIONS

LOCATION #	ADDRESS, CITY, STATE & ZIP	TERMINAL	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

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