



**CTC Transportation Insurance Services, LLC**  
 12707 High Bluff Drive, Suite 200  
 San Diego, CA 92130  
 Phone: (858) 350-4370  
 Fax: (858) 430-9456

AGENCY NAME: \_\_\_\_\_  
 PRODUCER: \_\_\_\_\_  
 E-MAIL: \_\_\_\_\_  
 FAX NUMBER: \_\_\_\_\_

## LARGE TRUCK FLEET APPLICATION (FMC-1)

There are six supplements to this application. You **MUST** complete this (FMC-1) portion of the application, the Schedule of Drivers Supplement (FMC-2), the Schedule of Vehicles Supplement (FMC-3) and any of the following supplements that apply:

- ▶ General Liability Supplement
- ▶ Physical Damage Supplement
- ▶ Motor Truck Cargo Supplement
- ▶ Insurance for Non-Commercial Use

### A. GENERAL INFORMATION

New  Renewal of \_\_\_\_\_ Date Coverage Desired \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

1. Name (show name exactly as it should appear on policy) \_\_\_\_\_
2. Physical Address \_\_\_\_\_
3. Mailing Address \_\_\_\_\_
4. Principal garaging location \_\_\_\_\_  
Street Address City County State Zip
5. Other terminals or locations \_\_\_\_\_
6. Applicant is a(n):  Corporation  Partnership  Joint Venture  Individual  Other (describe) \_\_\_\_\_
7. How many years has the Applicant been in business with primary truck liability insurance in its own name? \_\_\_\_\_ years
8. Type of carrier :  Motor Carrier  Private Carrier  Truck Broker  Freight Forwarder  Exempt  Other \_\_\_\_\_
9. Are there any affiliated entities that share either a minority or majority ownership interest?  Yes  No  
 If yes, explain. \_\_\_\_\_
10. Has Applicant ever operated under any other name?  Yes  No  
 If yes, explain. \_\_\_\_\_
11. Is Applicant engaged in any other type of business?  Yes  No  
 If yes, explain. \_\_\_\_\_
12. Inspection Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ E-mail: \_\_\_\_\_
13. Claim Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ E-mail: \_\_\_\_\_
14. Accounting Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ E-mail: \_\_\_\_\_
15. Website Address: \_\_\_\_\_

### B. OPERATIONS SECTION

1. Specific commodities hauled and percentages of each - No general terms. \_\_\_\_\_
2. Are **ANY** of the following commodities transported?
 

<input type="checkbox"/> Boats	<input type="checkbox"/> Hay	<input type="checkbox"/> Munitions
<input type="checkbox"/> Coke or Coal	<input type="checkbox"/> House	<input type="checkbox"/> Oversize or Overweight Loads
<input type="checkbox"/> Contaminated Dirt	<input type="checkbox"/> Household Goods	<input type="checkbox"/> Sand and/or Gravel
<input type="checkbox"/> Fireworks	<input type="checkbox"/> Livestock	<input type="checkbox"/> Scrap, Waste, Garbage, Trash or Refuse
<input type="checkbox"/> Gasoline, LPG, Butane or Propane	<input type="checkbox"/> Logging or Pulpwood	<input type="checkbox"/> Swinging Meat

3. Are **ANY** of the following commodities transported in quantities requiring placarding?

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Anhydrous Ammonia  | <input type="checkbox"/> Etiologic Agents              | <input type="checkbox"/> Poison A or B  |
| <input type="checkbox"/> Chemicals          | <input type="checkbox"/> Explosives or Blasting Agents | <input type="checkbox"/> Radioactive Materials                                  |
| <input type="checkbox"/> Corrosive Material | <input type="checkbox"/> Explosives, Class A, B or C   | <input type="checkbox"/> Any Material that is classified as Toxic by Inhalation |
| <input type="checkbox"/> Cryogenic Liquid   | <input type="checkbox"/> Flammable Solids              |   |

4. Does Applicant engage in **ANY** of the following?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Automobile Dismantling          | <input type="checkbox"/> Drive-Away Contracting                                  | <input type="checkbox"/> Oilfield Operations            |
| <input type="checkbox"/> Catering                        | <input type="checkbox"/> Driver Training School                                  | <input type="checkbox"/> Public Livery                  |
| <input type="checkbox"/> Circus or Carnival Operation    | <input type="checkbox"/> Emergency Transportation                                | <input type="checkbox"/> Rigging or Using Mobile Cranes |
| <input type="checkbox"/> Deliveries Using Armored Trucks | <input type="checkbox"/> Messenger, Courier, or Other Time Constraint Deliveries | <input type="checkbox"/> Towing Other Vehicles For Hire |
| <input type="checkbox"/> Demolition                      | <input type="checkbox"/> Mix-In-Transit  | <input type="checkbox"/> Truck Leasing or Truck Rental  |

5. Describe the percentage of business by the following trailer types / commodities. Note that the percentage of business **MUST** total 100.0%.

FLATBED	
General Commodities .....	_____ %
Steel .....	_____ %
Pipe .....	_____ %
Building Materials .....	_____ %
Containers/Intermodal .....	_____ %
DRY VAN	
General Commercial (Truck Load) .....	_____ %
General Commercial (Less than Truck Load) .....	_____ %
Carpet/Garment .....	_____ %
Food Stuff .....	_____ %
Alcohol/Tobacco .....	_____ %
DRY BULK .....	_____ %
TANKER	
Food Grade .....	_____ %
Bulk Liquids (Non-hazardous) .....	_____ %
AUTOMOBILE CARRIERS .....	_____ %
REFRIGERATED	
Produce .....	_____ %
Meat & Seafood .....	_____ %
Other Refrigerated .....	_____ %
BEVERAGE DISTRIBUTOR .....	_____ %
FARM RELATED	
Grain .....	_____ %
Livestock .....	_____ %
OTHER (Identify)	
_____	_____ %
_____	_____ %
_____	_____ %
TOTAL .....	<u>100.0</u> %

6. Does the Applicant operate Private Passenger type vehicles?  Yes  No If so, are they insured under a separate policy?  Yes  No

If yes, please identify the insurer. \_\_\_\_\_

- 7. Does the Applicant allow relatives or passengers to accompany drivers?  Yes  No
- 8. Does Applicant primarily engage in:  Truck Load or  Less than Truck Load hauling?
- 9. Does the Applicant haul containerized freight?  Yes  No  
If yes, are **ONLY** specialized container chassis used?  Yes  No

- 10. If fertilizer is hauled, is it:  Bagged  Dry Bulk  Liquid?

Give specific generic chemical name of all types of fertilizer carried: \_\_\_\_\_

- 11. Are tandem or twin trailers ever used?  Yes  No If yes, what percentage? \_\_\_\_\_ %
- 12. Are triple trailers ever used?  Yes  No If yes, what percentage? \_\_\_\_\_ %
- 13. If livestock is hauled, what types of trailers are used?  Single Deck  Double Deck  Triple Deck
- 14. Names of principal shippers: \_\_\_\_\_

**C. AREAS OF OPERATION**

- 1. Please project expected total mileage for the next twelve months: \_\_\_\_\_ miles
- 2. Maximum radius operated by any vehicle: \_\_\_\_\_ miles
- 3. Does Applicant ever enter Canada?  Yes  No
- 4. Please enter projected mileage by radius category. *Note that total miles must match C.(1.) above.*

LINEHAUL

National Radius (Over 500 miles) ..... \_\_\_\_\_ miles  
 Intermediate Radius (200 to 500 miles) ..... \_\_\_\_\_ miles  
 Regional Radius (50 to 200 miles) ..... \_\_\_\_\_ miles

LESS THAN TRUCKLOAD ..... \_\_\_\_\_ miles

TANKERS ..... \_\_\_\_\_ miles

LOCAL RADIUS ..... \_\_\_\_\_ miles

Light/Medium Vehicles (Up to 20,000 lbs GVW) ..... \_\_\_\_\_ miles  
 Heavy Vehicles (20,001 to 45,000 lbs GVW) ... \_\_\_\_\_ miles  
 Extra Heavy Vehicles (Over 45,000 lbs GVW) ..... \_\_\_\_\_ miles

TOTAL MILES - *must match C.(1.) above* ..... \_\_\_\_\_ miles

- 5. Are there regular routes of travel?  Yes  No If yes, please explain. \_\_\_\_\_

**D. EQUIPMENT SECTION**

- 1. Equipment (List number of owned or leased units of each type.)

CLASSIFICATION	TRUCKS	TRACTORS	SEMI-TRAILERS	FULL TRAILERS	OTHER
Company Owned or Leased					
Long Term Lease with Drivers					
Other - Define					
Totals					

- 2. Does Applicant ever use hired or loaned equipment?  Yes  No If yes, annual cost of hire –non-scheduled vehicles (last 12 months): \$ \_\_\_\_\_  
 Projected cost of hire – non-scheduled vehicles (next 12 months): \$ \_\_\_\_\_

3. Is **ALL** power equipment operating under the Applicant's authority included in the attached Vehicle Schedule?  Yes  No If no, attach explanation.
4. Is **ALL** owned or leased power equipment included in the attached Vehicle Schedule?  Yes  No If no, attach explanation.
5. Is **ANY** equipment listed in Vehicle Schedule leased to others?  Yes  No If yes, also attach explanation and copies of the lease agreements.

**E. FINANCIAL INFORMATION**

1. Please complete:

FISCAL YEAR	REVENUE	MILEAGE	PAYROLL	AVERAGE NUMBER OF POWER UNITS
Projection for Next Year				
Current Year				
One Year Prior				
Two Years Prior				
Three Years Prior				
Four Years Prior				

2. Do operations have a seasonal pattern?  Yes  No If yes, describe. \_\_\_\_\_
3. Percentage of deadhead miles \_\_\_\_\_ %
4. Number of days per week vehicles are operated \_\_\_\_\_ days

**F. FILINGS SECTION** PLEASE NOTE: Filings will not be made until we receive this information in writing from the Applicant.

This section is to be used to list all filings required by the Applicant.

1. Are USDOT or State filings required?  Yes  No
2. Does Applicant have Brokerage authority?  Yes  No If yes, under what name and Docket Number? \_\_\_\_\_  
Insurance Carrier: \_\_\_\_\_
3. Are any special (oversize / overweight or city permits) filings required?  Yes  No  
Canadian Province(s): \_\_\_\_\_

**Motor Carrier Act Statement:**

- The Motor Carrier Act does not apply to the Applicant because \_\_\_\_\_
  - The Motor Carrier Act applies to the Applicant. Attach the Motor Carrier Endorsement to the Applicant's policy and obtain coverage for the Applicant as a Carrier of:
    - Type 1 Non-hazardous Commodities  Type 2 Hazardous Commodities  Type 3 Hazardous Commodities
4. Exact name and address of the Applicant as shown on the filings:  
Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
  5. Is a USDOT filing required?  Yes  No If yes, what is the Docket Number? \_\_\_\_\_
  6. Type of USDOT filing required?  Primary Auto Liability  Cargo
  7. Base Registration State for "Single State Registration System" \_\_\_\_\_  
A copy of the USDOT Filing (BMC 91X) will be sent to this state.

8. Indicate states where auto liability filings are required for "Intrastate" authorities or USDOT exempt carriers. Authority numbers if applicable: \_\_\_\_\_

- AK    AL    AR    AZ    CA    CO    CT    DC    DE    FL    GA    IA    ID  
 IL    IN    KS    KY    LA    MA    MD    ME    MI    MN    MO    MS    MT  
 NE    NH    NJ    NM    NV    NY    NC    ND    OH    OK    OR    PA    RI  
 SC    SD    TN    TX    UT    VA    VT    WA    WI    WV    WY

**G. PREVIOUS INSURANCE SECTION**

1. Loss Experience

A. Prior Insurance Information - 5 years - Policy Information

	From	To	Insurance Company Name	Policy Number	Number of Power Units	Premium Paid
	Month / Year	Month / Year				Liab. & Med.
a.						
b.						
c.						
d.						
e.						

B. Prior Insurance Information - 5 years - Policy and Loss Information

	Auto Liability			Valued As of Month / Year	No. of Accidents	Losses Paid - Liability & Medical	
	Limit	Deductible	Gross Receipts Rate			No.	Amount
a.							
b.							
c.							
d.							
e.							

2. Has the Applicant been cancelled, non-renewed or refused by any Insurer in the last three years?  Yes  No If yes, explain. \_\_\_\_\_
3. Attach a narrative description of each auto liability loss / claim of \$50,000 or more.
4. List all drivers involved in losses. \_\_\_\_\_

**H. COVERAGE INFORMATION SECTION - *Must complete any required state supplemental application.***

1. Liability Coverages and Limits:

- Full Liability \$ \_\_\_\_\_ CSL  
 Medical Payments \$1,000 Maximum \$ \_\_\_\_\_  
 Uninsured Motorist Statutory Min. Only \$ \_\_\_\_\_ CSL  
 Underinsured Motorist Statutory Min. Only \$ \_\_\_\_\_ CSL  
 PIP Options Statutory Min. Only \$ \_\_\_\_\_  
 Pollution  
 Hired Auto Annual Cost of Hire \$ \_\_\_\_\_  
 Non-Owned # of Employees \_\_\_\_\_ #  
 Lessee coverage 10% \_\_\_\_\_ 20% \_\_\_\_\_ 30% \_\_\_\_\_ of operations

2. Liability Self-Insured Retention

- \$100,000    \$125,000    \$150,000    \$175,000  
 \$200,000    \$225,000    \$250,000

**I. SAFETY SECTION**

Maintenance

- 1. Does Applicant have a written maintenance program?  Yes  No If yes, attach a copy.
- 2. How often is equipment serviced? \_\_\_\_\_
- 3. By whom is it serviced? \_\_\_\_\_
- 4. How many mechanics does the Applicant employ? \_\_\_\_\_ #
- 5. Does vehicle maintenance program include:
  - A service record of each vehicle?  Yes  No
  - Controlled inspection frequency?  Yes  No
  - Vehicle daily condition report? (Attach copy.)  Yes  No
  - The above for leased vehicles?  Yes  No
- 6. How often are these various reports reviewed by management? \_\_\_\_\_
- 7. Does Applicant maintain a formal safety program?  Yes  No
- 8. Describe safety program. \_\_\_\_\_  
\_\_\_\_\_
- 9. If a DOT audit has been conducted, what is the rating? \_\_\_\_\_
- 10. Does Applicant ever allow relatives or others to ride?  Yes  No
- 11. Does road supervision include:
  - Mechanical recording devices?  Yes  No
  - Computer / Satellite tracking?  Yes  No
  - Radio dispatch?  Yes  No
- 12. Does Insured investigate and review all accidents?  Yes  No
- 13. Are accident investigation records maintained?  Yes  No
- 14. Do review procedures include disciplinary procedures?  Yes  No  
If yes, explain. \_\_\_\_\_

**J. LEASING / TRUCK BROKER**

- 1. Does Applicant trip lease to other carriers?  Yes  No  
If yes, list carriers. \_\_\_\_\_
- 2. Revenue when trip leased past 12 months? \$\_\_\_\_\_ Estimate next 12 months: \$\_\_\_\_\_
- 3. Do other carriers trip lease to Applicant?  Yes  No
- 4. Revenue paid to hired trucks past 12 months: \$\_\_\_\_\_ Estimate next 12 months: \$\_\_\_\_\_
- 5. Is Applicant full-time leased?  Yes  No If yes, to whom? \_\_\_\_\_
- 6. Is Applicant responsible for Primary Insurance Coverage?  Yes  No
- 7. Does Applicant operate as a broker?  Yes  No If yes, explain.  
\_\_\_\_\_

**K. REQUIRED ATTACHMENTS – Must be attached to receive quote:**

1. Schedule B (fuel tax) mileage by state (*last 12 months*)
2. Latest DOT or applicable state authority inspection reports, if such inspections are made.
3. CBIP-2 Schedule of Drivers Supplement (CBIP-2)
4. Schedule of Vehicles Supplement (CBIP-3)
5. Additional Interest and Insureds:
 

Name	Address	Interest
<hr/>		
<hr/>		
6. Last five years of previous Insurer loss runs (*current year and four prior years*), including narrative description of each loss / claim of \$50,000 or more.
7. Sample owner operator lease agreement.
8. Current and prior year Insured financial statements (*income statement, source and uses of funds, balance sheet, and notes to financial statements*).

**AUTHORIZATION FOR INFORMATION VERIFICATION AND REQUEST FOR POLICY ISSUANCE**

I hereby authorize the Company and/or the Producer to obtain from the proper authority a copy of an investigative report for use in rating and/or underwriting the insurance for which I do hereby apply and any renewal thereof. I understand that in obtaining such a report, a consumer reporting agency may be used by the Insurer and I do hereby authorize such use. I hereby certify that the named drivers under this policy (names specified on this application and/or drivers hired during the term of this insurance) have or will have authorized me to consent on their behalf for the Insurer to obtain Motor Vehicle Reports for rating and/or underwriting and I hereby certify that the information above is true. I also agree that if a policy issued pursuant to this application, this application and any restrictive and/or Exclusion Endorsement text, which is included on the application and signed by me, shall become a part of such policy.

This application shall not be binding unless and until a policy shall be issued and then only as of the commencement date of said policy and in accordance with all the terms thereof. The applicant further agrees that the foregoing statements and answers are true and correct and requests the Company to issue the insurance policy and any renewals thereof in reliance thereon.

If the laws or regulations of any City, County, regulatory body, State or States in which the undersigned applicant intends to operate or the Interstate Commerce Commission require a special endorsement or rider to be attached to the policy, the applicant hereby agrees as an inducement to the Company for the issuance of the policy, that if the Company shall be obliged to pay any claim which it would not have been required to pay except for said endorsement, the applicant shall reimburse the Company for any and all claims and disbursements of every kind, including loss payments, costs, and expenses which it shall have paid in connection with such claims, plus expenses incurred by the Company in enforcing the terms of this agreement. The terms of this agreement shall apply not only to the original policy or policies issued in connection with this application, but also to any renewal or extensions thereof.

<hr/>	<hr/>	<hr/>
Signature of Applicant	Title	Date
<hr/>	( )	( )
Person to contact for financial data	Telephone Number	FAX Number

**PRODUCER/BROKER INFORMATION**

<hr/>		<hr/>	
Name of Principal Company Contact		Company Name	
<hr/>	<hr/>	<hr/>	<hr/>
Street Address	City	State	Zip Code
<hr/>	<hr/>	<hr/>	<hr/>
Signature of Producer/Broker	Date	Telephone Number	Fax Number

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