



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

PURCHASING GROUP: _____
 PRODUCER: _____
 E-MAIL: _____
 FAX NUMBER: _____

PURCHASING GROUP OWNER OPERATOR AND SMALL FLEET AUTO LIABILITY APPLICATION

THIS APPLICATION MUST BE COMPLETED IN FULL FOR ALL SUBMISSIONS.

New Renewal of _____ Date Coverage Desired: _____ / _____ / _____

1. Name and address of Applicant _____
2. Has this business ever operated under any other name? Yes No If yes, please explain. _____
3. Principal garaging location _____
Street Address City County State Zip
4. Are there any other terminals or locations? _____
5. Applicant is a(n) Corporation Partnership Joint Venture Individual Other _____
6. Years in "this" business _____
7. Type of carrier Common Contract Private Other _____
8. Has the applicant been canceled or refused by any Insurer in the last three years? Yes No If yes, **Attach Explanation.**
9. Are tandem or twin trailers ever used? Yes No
10. Are triple trailers ever used? Yes No
11. If trucks are being insured (as opposed to tractors), do the trucks ever pull trailers? Yes No
12. Is the applicant engaged in interstate commerce? Yes No
13. Is the applicant engaged in intrastate commerce? Yes No
14. **IF HAZARDOUS COMMODITIES ARE TRANSPORTED, WHICH OF THE FOLLOWING ARE HAULED?**
 Explosives Gasoline Munitions LPG Fireworks Chemicals Radioactive Materials Anhydrous Ammonia Other _____
15. Specific commodities hauled and percentages of each - No general terms

16. a.) Does the applicant haul containerized freight? Yes No b.) If yes, are **ONLY** specialized container chassis used? Yes No
 If no, please explain. _____
17. a.) Is fertilizer hauled? Yes No b.) If yes, is it Bagged Dry Bulk Liquid
 Give specific generic chemical name of all types carried _____
18. Maximum radius operated by any vehicle _____ miles
19. Please complete:

FISCAL YEAR:	Current Year	One Year Prior	Two Years Prior	Three Years Prior
Gross Receipts				
Mileage				

20. **Please provide fuel tax reports - last 12 months.**
21. a.) Are vehicles used for wholesale or retail delivery? Yes No b.) If yes, please describe. _____
22. Does the applicant hire **ANY** drivers under age 21 or over age 72? Yes No
23. Are Owner Operators used? Yes No If yes, are all Owner Operators & equipment scheduled on our application? Yes No

24. Schedule of drivers:

Name	Date of Birth	State of Licensing and License Number	Three Year Accident and Violation History*	Years Exper.**

* Attach Explanation of ALL accidents & violations ** Driving experience in the same type of vehicle as is being applied for

25. Prior 4 YEARS Carrier Information for all coverages requested.
 Must be completed to receive quote.

Prior Automobile Liability Carrier Information					
Policy Year Mo / Year	Carrier Name	Policy Premium	No. of Power Units	No. of Claims	Loss Amounts

Attach Explanation for all losses over \$1,000
In the absence of hard copy loss runs, it is required that we have a letter from the Insured stating premium and loss history for the prior 4 years.

26. NEW VENTURES - If you HAVE NOT had insurance of the same type as currently being applied for in your own name for the past two years, complete the following:

Previous Employer	Address	Employment Dates	Type Vehicle	Loaded Weight	Radius of Operation
_____	_____	___ / ___ to ___ / ___	_____	_____	_____
_____	_____	___ / ___ to ___ / ___	_____	_____	_____

During the past three years, have you had a minimum of one year of full time over-the-road driving experience? Yes No

Did you have any claims with previous employer(s)? Yes No If yes, attach explanation.

Do you object to our verifying the above information? Yes No

27. Vehicle Schedule:

Owned/Leased Unit	Model Year	Trade Name	Model	Vehicle Type	Serial Number	GVW	Maximum Radius
1.							
2.							
3.							
4.							
5.							

COVERAGE INFORMATION SECTION

28. Liability Coverages and Limits:

- | | |
|--|---|
| <input type="checkbox"/> Full Liability \$ _____ CSL | <input type="checkbox"/> Hired Auto
Cost of Hire _____ |
| <input type="checkbox"/> Uninsured Motorist \$ _____ CSL
Statutory Min. Only | <input type="checkbox"/> Non Owned |
| <input type="checkbox"/> Underinsured Motorist \$ _____ CSL
Statutory Min. Only | # of Employees _____ |

NOTE: a. Each insured has a \$1,000 per occurrence auto liability deductible.
 b. Each purchasing group collectively has a \$25,000 per occurrence auto liability deductible shared among all members.

PRIMARY TRUCK LIABILITY SUPPLEMENT - MUST BE COMPLETED FOR A PRIMARY TRUCK LIABILITY QUOTE

1. Do you ever allow relatives or others to ride? Yes No
2. Are you complying with U S DOT driver regulations? Yes No
3. Gross receipts current year \$ _____ Projected gross receipts for next year \$ _____
4. Do you ever use hired or loaned equipment? Yes No If yes, what is estimated annual cost of hire? \$ _____
5. Are ICC or State filings required? Yes No If yes, list, including docket #: _____
6. Do you have truck brokerage authority? Yes No If yes, under what name and Docket Number? _____
 Insurance Carrier: _____
7. Are any other filings required? Yes No If yes, please provide details: _____

8. Does the Insured ever operate as a Freight Forwarder? Yes No
9. Are any special (oversize, overweight or city permits) filings required? Yes No If yes, list: _____
10. Is **ALL** equipment operating under the applicant's authority scheduled in the General Section? Yes No If no, **Attach Explanation.**
11. Is **ALL** owned and leased equipment, including trailers, scheduled in the General Section? Yes No If no, **Attach Explanation.**
12. Is **ANY** equipment listed in the General Section leased to others? Yes No If yes, are the leases Permanent Trip
 If yes, also **Attach Explanation** of the lease agreements.

**CTC TRANSPORTATION INSURANCE SERVICES, LLC
PURCHASING GROUP O/O-SMALL FLEET APPLICATION**

PURCHASING GROUP: _____
PRODUCER: _____

THIS PAGE MUST BE PHYSICALLY ATTACHED TO PAGES 1, 2, AND 3 OF THIS APPLICATION WHEN SIGNED BY THE INSURED AND THE PRODUCER

1. **DATE COVERAGE DESIRED:** ____ / ____ / ____ **TERM:** _____

2. **NEW** **RENEWAL** of _____

3. **RADIUS OF OPERATION** - List number of units in each group.

Radius in miles	0 to 50	51 to 200	201 and over
Trucks	_____	_____	_____
Tractors	_____	_____	_____
Semi-Trailers	_____	_____	_____
Full-Trailers	_____	_____	_____
Service Vehicles	_____	_____	_____

4. MAINTENANCE PROGRAM

Do you have a written maintenance program? Yes No

How often is equipment serviced? _____

By whom is it serviced? _____

How many mechanics do you employ? _____

5. **SAFETY PROGRAM** Do you maintain a formal safety program? Yes No

Please describe safety program. _____

Do you order MVRs on **ALL** new drivers prior to hiring? Yes No

What is the **MAXIMUM** number of hours your drivers will operate a vehicle within a 24 hour period? _____ Hours

Are drivers accompanied by a helper or second driver? Yes No How many new drivers did you employ in the last year? _____

DRIVER REPORTING

The drivers listed in this application are a complete list of all drivers. I understand that I must report all new full time or part time drivers in a timely manner. Failure to report all drivers is grounds for non-renewal of this policy.

Signature of Applicant

Title

____ / ____ / ____
Date

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 United States Department of Transportation 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.

Signature of Applicant

Title

____ / ____ / ____
Date

Person to contact for financial data

Telephone Number

FAX Number

E-Mail address

PRODUCER/BROKER INFORMATION

Name of Principal Company Contact

Company Name

Street Address

City

State

Zip Code

Signature of Producer/Broker

____ / ____ / ____
Date

Telephone Number

E-Mail address

TRUCK APPLICATION - DRIVER & VEHICLE SUPPLEMENT

This page is to be used to list additional Drivers and Vehicles.
 It may be duplicated and attached to this application to list vehicles in excess of the eight on this page.

1. Schedule of drivers:

Name	Date of Birth	State of Licensing and License Number	Three Year Accident and Violation History*	Years Exper.**
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

* *Attach Explanation of ALL accidents*

** *Driving experience in the same type of vehicle as is being applied for*

2. Vehicle Schedule:

Owned/Leased Unit	Model Year	Trade Name	Model	Vehicle Type	Serial Number	GVW	Maximum Radius
1. _____	_____	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____	_____	_____	_____

3. Additional Interests and Insureds:

Name	Address	Interest
_____	_____	_____
_____	_____	_____
_____	_____	_____