

OWNER-OPERATOR NON-TRUCKING LIABILITY AND AUTO PHYSICAL DAMAGE Underwriting Questionnaire



Requested Effective Date:

Target Quote Date:

POLICYHOLDER INFORMATION

Motor Carrier's Name:

Street Address:

City:

State:

Zip Code:

Additional Terminal Locations:

Website:

USDOT Number:

Contact Person:

Contact Person's Title:

Telephone:

Email:

OPERATIONS

Years in Business: What type of cargo do drivers haul?

Radius of Operation (total must be 100%): 0-50 miles: % 51-200 miles: % 201-300 miles: % 301+ miles: %

Distribution of Equipment (total must be 100%): Dry Van: % Flatbeds: % Tankers: % Refrigerated: % Intermodal Container: % Dump: % Other (describe) : %

Number of Power Units Owned by: Owner-Operator(s): Motor Carrier: (only include those seeking coverage) Lease to Purchase: Other, Describe :

Does the motor carrier haul any hazardous materials? Yes No If yes, describe:

Describe any changes in the motor carrier's operations, including growth/downsizing, commodities, territories, equipment, and driver recruitment.

In the last 5 years:

Anticipated in the next 3 years:

DRIVERS

Owner-Operator Minimum Standards Minimum Age: Maximum Age: Maximum number of accidents permitted: in the past years Maximum number of violations permitted: in the past years

How frequently are MVRs being run for owner-operators? Annually Only at initial recruitment Other Never

SAFETY AND LOSS CONTROL

Safety Manager Name: Years with Motor Carrier: Telephone: Email: Experience in Loss Prevention:

Details of in force safety program:

CURRENT INSURANCE PLAN DESIGN					
Current sponsored Non-Trucking Liability Insurer:				In Force Rate: \$	
If in force, program participation: %				If not in force, how is coverage being addressed?	
Current sponsored Vehicle Physical Damage Insurer:				In Force Rate: %	
If in force, program participation: %				If not in force, how is coverage being addressed?	
Has the motor carrier's NTL or APD coverage been cancelled or non-renewed in the last 5 years? Yes No					
Exposure History: Provide current listing of all independent contractor vehicles to be insured, including year, make, model, VIN, current stated value, where garaged and licensed.					
Term	NTL Unit Count	NTL Rate	VPD Total Insured Values	VPD Rate	VPD Deductible
Current Term					
1 Year Prior					
2 Years Prior					
3 Years Prior					
Experience: Provide the last three (3) years of Non-Trucking Liability and Vehicle Physical Damage coverage loss runs on insurance company letterhead. Please provide an explanation of all Non-Trucking Liability losses over \$10,000.					
Current Primary Auto Liability Insurer:			Effective Date:		Limits:

REQUESTED PLAN DESIGN				
NON-TRUCKING LIABILITY				
Total Units:	Combined Single Limit:	\$500,000	\$1,000,000	Other \$
Rejection of minimum statutory UM/UIM/PIP limits where rejection is not allowed are provided in the proposal. If the motor carrier is requesting any other limit for UM/UIM/PIP Coverage, please explain:				
Additional Coverage Requested:				

VEHICLE PHYSICAL DAMAGE					
Total Insured Value: \$	Deductible:	\$500	\$1,000	\$2,500	Other \$
Number of Power Units:	Power Units TIV:	Number of Trailers:	Trailer TIV:		
Additional Coverage Requested					
Loan/Lease Gap	Currently included in the loss experience?	Yes	No		
Truck Rental	Currently included in the loss experience?	Yes	No		
	Limit: \$	Deductible: \$			
Personal Contents	Currently included in the loss experience?	Yes	No		
	Limit: \$	Deductible: \$			
Mechanical Breakdown Towing	Currently included in the loss experience?	Yes	No		
	Limit: \$	Deductible: \$			
Other	Currently included in the loss experience?	Yes	No		
	Limit: \$	Deductible: \$			
Other Additional Coverage Requested (include limits, deductibles, and if included in the loss experience):					

PRODUCER INFORMATION			
Licensed Agent:	Name of Firm:		
Street Address:	City:	State:	Zip Code:
Telephone:	Email:		
Is the broker the Broker of Record for this risk?	Yes	No	
Is the broker licensed in the contract situs state?	Yes	No	

SIGNATURE	
Questionnaire completed by:	Title:
I prefer to electronically sign this form and will do so by checking the box for "ELECTRONIC SIGNATURE AND ACCEPTANCE" and typing my name and the date. Furthermore, I hereby consent and agree that the use of my keypad, mouse or any other device to check the box constitutes my signature and acceptance and agreement as if I actually signed in writing and has the same effect as a signature affixed by my hand.	
Signed:	Date:

SUBMISSION REQUIREMENTS

Please provide supplemental information required to fully underwrite:

Currently Valued Loss Runs: Provide 3-5 years

Drivers List: A complete list including name, driver's license number, driver's license state and date of birth.

Lease Agreement: A copy of the lease agreement currently being used for the Independent Contractors.

Equipment Schedule: A complete list of the Independent Contractor's equipment. This will include year, make, model, vehicle identification number and stated value with garaging location (City, State, Zip Code).

IFTAs: Four Quarters (only if average radius is greater than 300 miles)

A completed, signed underwriting questionnaire must be received in order to bind coverage.