



# MISSOURI COMMERCIAL AUTO FLEET INSURANCE APPLICATION

*Entire application must be completed and signed.*

<b>GENERAL INFORMATION</b>						<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other _____																																																																																									
Name						Yrs. in Trucking Industry _____ Yrs. Under Business Name _____																																																																																									
Mailing Address						Federal ID # or SSN			U.S. DOT Number																																																																																						
City			State		Zip		Date Coverage Desired:			FROM TO																																																																																					
Garaging Location(s) if different:				City		State		ZIP		Phone ( )																																																																																					
Loss Control Services Contact Person Name									Contact's Phone ( )																																																																																						
Loss Control E-Mail Address																																																																																															
<b>OWNER / PRINCIPAL / PRESIDENT</b>																																																																																															
Name (First, Middle, Last)						Title																																																																																									
SS #			Home Address						Apt. #																																																																																						
City			State		Zip Code			Business Phone ( )																																																																																							
<b>DESCRIPTION OF OPERATIONS</b>						<input type="checkbox"/> For Hire <input type="checkbox"/> Private <input type="checkbox"/> Non-Trucking <input type="checkbox"/> Other (Explain) _____																																																																																									
<b>Range of Transport</b>			<b>Commodity</b>																																																																																												
<input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate			<input type="checkbox"/> Property (nonhazardous) <input type="checkbox"/> Refuse/Waste/Garbage <input type="checkbox"/> Hazardous Materials requiring \$1,000,000 liability limits or less <input type="checkbox"/> Hazardous Materials requiring liability limits in excess of \$1,000,000 (if checked, attach explanation)																																																																																												
<b>OPERATIONS LESS THAN 300 MILE RADIUS - List City Destinations Below</b>																																																																																															
1		2			3			4																																																																																							
<b>OPERATIONS BEYOND 300 MILE RADIUS: Identify Metropolitan Areas Traveled Through Or Into</b>																																																																																															
<input type="checkbox"/> Atlanta		<input type="checkbox"/> Cleveland		<input type="checkbox"/> Jacksonville		<input type="checkbox"/> Milwaukee		<input type="checkbox"/> Philadelphia		<input type="checkbox"/> San Diego																																																																																					
<input type="checkbox"/> Balt-Washington		<input type="checkbox"/> Dallas/Ft. Worth		<input type="checkbox"/> Kansas City		<input type="checkbox"/> Mpls./St. Paul		<input type="checkbox"/> Phoenix		<input type="checkbox"/> San Francisco																																																																																					
<input type="checkbox"/> Boston		<input type="checkbox"/> Denver		<input type="checkbox"/> Little Rock		<input type="checkbox"/> Nashville		<input type="checkbox"/> Pittsburgh		<input type="checkbox"/> Seattle																																																																																					
<input type="checkbox"/> Buffalo		<input type="checkbox"/> Detroit		<input type="checkbox"/> Los Angeles		<input type="checkbox"/> New Orleans		<input type="checkbox"/> Portland		<input type="checkbox"/> Tulsa																																																																																					
<input type="checkbox"/> Charlotte		<input type="checkbox"/> Hartford		<input type="checkbox"/> Louisville		<input type="checkbox"/> New York City		<input type="checkbox"/> Richmond		<input type="checkbox"/> _____																																																																																					
<input type="checkbox"/> Chicago		<input type="checkbox"/> Houston		<input type="checkbox"/> Memphis		<input type="checkbox"/> Oklahoma City		<input type="checkbox"/> St. Louis		<input type="checkbox"/> _____																																																																																					
<input type="checkbox"/> Cincinnati		<input type="checkbox"/> Indianapolis		<input type="checkbox"/> Miami		<input type="checkbox"/> Omaha		<input type="checkbox"/> Salt Lake City		<input type="checkbox"/> _____																																																																																					
Cities other than above or regular routes _____																																																																																															
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<b>Commodity</b>			<b>Percent of Loads</b>		<b>Maximum Value</b>			<b>Commodity</b>		<b>Percent of Loads</b>		<b>Maximum Value</b>																																																																																			
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**YES NO**

a. Are hired vehicles permanently leased to your company?  Yes  No  
 If yes, are these vehicles listed on the application?  Yes  No  
 If yes, are these vehicles leased with drivers?  Yes  No  
 If yes, do you require leased vehicle owners to have non-trucking liability coverage?  Yes  No

b. Are vehicles hired on an "as needed" basis?  Yes  No  
 If yes, what is the estimated number of trips: per month \_\_\_\_\_ per year \_\_\_\_\_  
 If yes, what is the estimated annual cost of hire: per month \$ \_\_\_\_\_ per year \$ \_\_\_\_\_

7. Do you lease to others? If yes, who must provide primary insurance?  You  Other  
 If you provide insurance, is coverage desired for:  Named Lessee(s) OR  All Lessees (Blanket Basis)  
 If Named Lessee(s), attach a list of Name and Address for each lessee.

8. Do you pull doubles?  Yes  No Triples?  Yes  No

9. Do you haul containers or containerized freight?

10. Do you allow passengers other than company employees? If yes, attach copy of passenger program or explain program (frequency, requirements), etc.

11. Do you operate more than one terminal? If yes, provide the following:

Location(s)	# Units	Address, City, State

12. Do you use any team, hot seat, slip seating or relay driver operations?

13. Do you sign contracts with shippers that give the shipper the right to determine cargo salvage values or declare cargos a total loss regardless of actual damage in the event of a loss? If so, attach a copy of the contract.  
 \_\_\_\_\_  
 \_\_\_\_\_

14. Do you operate mobile equipment subject to compulsory or financial responsibility law or other motor vehicle insurance law in the state where it is licensed or principally garaged? If yes, and need Liability Coverage, complete N-467.

**LIENHOLDER INFORMATION** Attach All Lienholder Information For Each 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?  Yes  No  
 If Yes, explain operation in detail: \_\_\_\_\_  
 \_\_\_\_\_

Is equipment leased or hired?  Yes  No Attach explanation and examples of agreements.

	With Driver	Without Driver	Avg. Duration of a Trip Lease	Avg. # of Trip Lease Per Year	Est. Trip Lease Payments Per Year	Ins. Provided By		With Hold Harmless Naming Other Part As Additional Insured?
						Lessor	Lessee	
From Others								<input type="checkbox"/> Yes <input type="checkbox"/> No
To Others								<input type="checkbox"/> Yes <input type="checkbox"/> No

Under whose Bill of Lading is shipment moved when leased to others? \_\_\_\_\_  
 From Others? \_\_\_\_\_  
 What % of DEADHEADING? \_\_\_\_\_ Total miles deadheading \_\_\_\_\_  
 Do they backhaul?  Yes  No What do they backhaul? \_\_\_\_\_  
 What are restrictions on backhauling? \_\_\_\_\_

**SCHEDULE OF EQUIPMENT OPERATED** Provide a schedule of equipment to include "Make," Model, Year, Type, VIN Number, GVW, Stated Amount, and Radius of Operation.

Type	Owned	Leased w/o Drivers	Owner Operators	Local	Inter.	Long Haul	TOTAL UNITS
Light Trucks							
Medium Trucks							
Heavy Trucks							
Tractors							
Semi-Trailers							





