CLEAR FORM

ONE80 INTERMEDIARIES

Transportation Application

Auto Physical Damage and MTC Application ed.02262024

Account Information

Named Insured

Address

Select a State

City State Zip Code

Address of Terminal

Effective Date Expiration Date

Claims History:

Date of Loss	Description of Loss	Loss Amount	Status
		$	Select
		$	Select
		$	Select
		$	Select

☐ New venture*

*I hereby attest that I had no known losses or incidents that could result in a claim from the following dates:

from _____ to _____ - Initials _____

Federal Employer Identification Number (FEIN): _____

Years in Business: _____ years *If less than 3, how many years in similar business? _____ years

Annual Revenue / Current Year: _____ Prior Year: _____

Radius of Operation: ☐ 0 - 100 ☐ 100 - 250 ☐ 250 - 500 ☐ 500+

Type of Cargo Carried: ☐ Hazardous Material ☐ Heavy Machinery ☐ Home Goods ☐ Aggregate Material ☐ Refrigerated Goods ☐ Paper Goods ☐ Flatbed Freight ☐ Tanker/Liquid ☐ Livestock

Additional Information

Type of Company:

☐ Common Carrier ☐ Private Carrier ☐ Contract Carrier ☐ Owner of Cargo

Do you need Filings:

☐ Yes* ☐ No *ICC / MC #: _____

*Check all that apply:

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

Coverage Information

Current Insurance Carrier: _____

Auto Liability Carrier: _____

Has your insurance been non renewed or cancelled recently?

☐ Yes* ☐ No *If yes, please explain why:

☐ Physical Damage Coverage

General Information

Maximum Value at Terminal: $ _____

Please answer yes or no to the following (explain if yes):

1) MVR(s) ordered ..... ☐ Yes* ☐ No _____

2) Is equipment regularly inspected and serviced? ..... ☐ Yes* ☐ No _____

3) Vehicle(s) owner-driven? ..... ☐ Yes* ☐ No _____

4) Do drivers operate units in excess of 26,000 GVW? If so, do the drivers have CDLs? ..... ☐ Yes* ☐ No ☐ N/A (No vehicles over 26,000 lbs) _____

5) Is driver file maintained? ..... ☐ Yes* ☐ No _____

6) Is equipment serviced by certified mechanics? ..... ☐ Yes* ☐ No _____

7) Is any of your equipment loaned or rented to others? ..... ☐ Yes* ☐ No _____

Please answer yes or no to the following (explain if no):

1) Do you have driver eligibility guidelines for new hires? ..... ☐ Yes ☐ No* _____

2) Are MVR's checked on new hires? ..... ☐ Yes ☐ No* _____

3) Is the safety program reviewed with new hires? ..... ☐ Yes ☐ No* _____

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Vehicle Information

Total Fleet Insured Value: $_____ *# of Power Units:* _____ *# of Trailers:* _____ *Collision Deductible:* $_____

Historical Power Unit Count / Prior Year: _____ *2yr Prior:* _____

Please list the vehicles you would like coverage for:

Veh #	*Year*	*Make and Model*	*Type*	*Vehicle Identification Number (Vin #)*	*Amount of Insurance (Stated Amount)*
1					$
2					$
3					$
4					$
5					$
6					$
7					$
8					$
9					$
10					$
11					$
12					$

Loss Payee's

Veh #	*Payee Name*	*Address*	*City*	*State*	*Zip Code*
				Select a State	
				Select a State	
				Select a State	
				Select a State	
				Select a State	

☐ Motor Truck Cargo Coverage

Coverage Information

Cargo Limit: $_____ *Cargo Deductible:* $_____

Do you want the following:

- *Trailer Interchange* ..... ☐ *Yes** ☐ *No* **Limit:* $_____
- *Earned Freight* ..... ☐ *Yes* ☐ **No**
- *Unattended Vehicle* ..... ☐ *Yes** ☐ *No* **Limit:* $_____
- *Reefer Breakdown* ..... ☐ *Yes* ☐ *No*
- *Pollution Clean Up* ..... ☐ *Yes* ☐ *No*

Terminal Information

Please answer yes or no to the following questions:

Terminal Coverage: ..... ☐ *Yes* ☐ *No** *(*If no, skip below questions)*

**Limit at Terminals:* $_____

Terminal fence locked? ..... ☐ *Yes* ☐ *No*

Terminal is a building? ..... ☐ *Yes** ☐ *No* - *Alarmed:* ☐ *Yes* ☐ *No* - *Sprinkled:* ☐ *Yes* ☐ *No*

Terminal has 24 hour watchman or cameras ..... ☐ *Yes* ☐ *No*

Operational Information

Do your operations include any of the following: ☐ *Chemical* ☐ *Double - Triples* ☐ *Gasoline Hauling* ☐ *LPG Butane* ☐ *Snow Removal* ☐ *Crane Operations* ☐ *Circus/Amusement* ☐ *Drive Away* ☐ *Instructional Training* ☐ *Oil Field* ☐ *Waste/Refuse*

If yes to any of the above, please note % of total operations dedicated to these hauls: _____%

Enter the number of vehicles you have:

- *Light Truck < 10,000 GVW* _____
- *Medium Truck - 10,001 to 20,000 GVW* _____
- *Heavy - 20,001 to 26,000 GVW* _____
- *Extra Heavy >26,000 GVW* _____
- *Trailers* _____

Gross Receipts (Last Year): $_____ *Gross Receipts (Projected this Year):* $_____

Commodities Hauled:

Commodity	*Average Value per Load*	*Maximum Value per Load*	*% of Total Loads*
Dry Goods	$	$	
Flatbed Goods	$	$	
Refrigerated Goods	$	$	
Hotshots	$	$	
Aggregate / Sand & Gravel Haulers	$	$	
Cattle Livestock	$	$	
Mobile Home	$	$	
*Liquor (*not beer and wine)*	$	$	
Seafood	$	$	
Cosmetics	$	$	
Consumer Electronics	$	$	
Clothing – Garments	$	$	
Auto - Boat Haulers	$	$	
Household Good Movers	$	$	

General Information

Mark the following statements as yes or no:

- *Are MVR's checked on new hires?* ☐ *Yes* ☐ *No*
- *Do you have driver eligibility guidelines for new hires?* ☐ *Yes* ☐ *No*
- *Do drivers operate units in excess of 26,000 GVW?* ☐ *Yes** ☐ *No* ☐ *N/A (No vehicles over 26,000 lbs)*
  - **If yes, do you collect proof of insurance* ☐ *Yes* ☐ *No*
- *Do you have a written contract for your customer?* ☐ *Yes* ☐ *No*
- *Is equipment regularly inspected and serviced?* ☐ *Yes* ☐ *No*
- *Do you secure vehicles when left unattended?* ☐ *Yes* ☐ *No*
- *Is the safety program reviewed with new hires?* ☐ *Yes* ☐ *No*
- *Do you operate at a shipping port?* ☐ *Yes* ☐ *No*
- *Is there any personal use of vehicles?* ☐ *Yes* ☐ *No*
- *Do you subcontract work to others?* ☐ *Yes** ☐ *No*
  - **If yes, do you collect proof of insurance* ☐ *Yes* ☐ *No*

(Continue signature on the following page)

I/we hereby declare that the statements and particulars given on this form are true to the best of my/our knowledge and belief and that I/we have not suppressed, withheld or modified any material facts.

I/we agree that should a policy be issued, this form shall be the basis of the contract, and that any change in the pattern of my/our trade or trade practices shall be advised to the Underwriters who may at their discretion, vary the terms and conditions of the contract.

_____

Applicant Name

_____

Applicant's Job Position

_____ _____

Date **Signature**