



**MOTOR CARRIER QUESTIONNAIRE  
FOR  
TRUCKERS INSURANCE  
FOR  
NON-TRUCKING LIABILITY AND  
VEHICLE PHYSICAL DAMAGE COVERAGE**

Applicant: \_\_\_\_\_ City, State: \_\_\_\_\_

Proposed Effective Date: \_\_\_\_\_ Proposed Expiration Date: \_\_\_\_\_ Date Quote Required: \_\_\_\_\_

Broker/Agency: _____	Agent Name: _____
Address: _____ _____	E-Mail Address: _____
Phone: _____	CSR: _____
Fax: _____	E-Mail Address: _____
Are you the incumbent broker? Yes <input type="checkbox"/> No <input type="checkbox"/>	CSR: _____
If Yes, for how long? _____	E-Mail Address: _____

**Underwriting Checklist**

To underwrite this application, the following materials must be provided and attached to this application:

- \_\_\_\_\_ **Loss Runs:** Provide documented loss experience, valued within the past 90 days, from prior insurers for all lines of coverage requested for the current year and prior 3 years. Provide an explanation of all Non-Trucking Liability losses over \$10,000. Also, provide details on all owner-operator physical damage losses in excess of \$25,000.
- \_\_\_\_\_ **Equipment Schedule:** Attach current listing of all owner-operator vehicles to be insured, including year, make, model, VIN, current stated value, where garaged and licensed.
- \_\_\_\_\_ **Drivers List:** Attach listing of all owner-operators to be covered by insurance. Include full name of driver, date of birth, state of license issued, driver's license number, and date of hire. **Copies of the most recent motor vehicle reports (MVRs) are required.**
- \_\_\_\_\_ **Owner-Operator Lease Agreement:** Provide sample copy of Owner-Operator lease agreement used by applicant.

Strategic Insurance Underwriters is the managing general agent for the OneBeacon Non-Trucking Liability and Vehicle Physical Damage program. The policy may be underwritten by member companies of OneBeacon Insurance Group, LLC including Atlantic Specialty Insurance Company or Homeland Insurance Company of New York whose principal executive office is located at 601 Carlson Parkway, Suite 600, Minnetonka, MN 55305.

**MOTOR CARRIER INSURANCE PROGRAM QUESTIONNAIRE**

Applicant Name: \_\_\_\_\_ USDOT# \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ (800) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Year Applicant Company Began Business: \_\_\_\_\_ Current management has been in the trucking business since: \_\_\_\_\_ (year).

Current primary Liability insurer: \_\_\_\_\_ Effective date: \_\_\_\_\_

Primary Liability Limits: \_\_\_\_\_

Is the applicant a subsidiary of another entity?  Yes  No Does the applicant have any subsidiaries?  Yes  No

**OPERATIONS**

Segments: \_\_\_\_\_% Truckload \_\_\_\_\_% Less than Truckload  
\_\_\_\_\_ % Dry Van \_\_\_\_\_ % Refrigerated \_\_\_\_\_ % Flatbed \_\_\_\_\_ % Containerized  
\_\_\_\_\_ % Liquid Tank \_\_\_\_\_ % Dry Bulk \_\_\_\_\_ % Other (describe) \_\_\_\_\_

Radius (% of Miles) Up to 100 \_\_\_\_\_ % 101-300 \_\_\_\_\_ % 301-500 \_\_\_\_\_ % Over 500 \_\_\_\_\_ %

Average Length of Haul: \_\_\_\_\_ miles. Maximum Length of Haul: \_\_\_\_\_ miles.

Are owner-operators under exclusive lease to applicant?  Yes  No

Does Applicant use a standard lease agreement for all its Independent Contractors?  Yes  No

Does applicant use owner-operator driver teams?  Yes  No If Yes, \_\_\_\_\_ % of tractors seated with owner-operator teams.

Does applicant currently sponsor a Non-Trucking Liability or Physical Damage program?  Yes  No

If Yes, NTL program participation: \_\_\_\_\_% of drivers. Physical Damage program participation: \_\_\_\_\_% of drivers.

Do owner-operators utilize Satellite/Tracking Equipment, Communication Devices, or Alarms?  Yes  No

Please answer the following questions. If you answer "Yes" to any question, please describe in the **Explanations** section below:

Has applicant ever been cancelled or non-renewed within the last 5 years? .....  Yes  No

Has applicant filed for bankruptcy protection within the last 5 years? .....  Yes  No

Does applicant allow passengers to accompany owner-operators?  Yes  No

Describe **ANY MAJOR CHANGES** in the applicant's operations over the last 5 years and planned for the next 2 – 3 years.

Include growth / downsizing, commodities, customers, territories, equipment, driver hiring, personnel, financial, etc.

**Explanations**, if any: \_\_\_\_\_  
\_\_\_\_\_

**DRIVERS**

Minimum driver age: \_\_\_\_\_ Maximum driver age: \_\_\_\_\_ Minimum driving experience with like equipment: \_\_\_\_\_

Maximum number of accidents permitted \_\_\_\_\_ in past \_\_\_\_\_ years. Maximum number of violations permitted \_\_\_\_\_ in past \_\_\_\_\_ years.

Annual turnover rate of owner-operators: \_\_\_\_\_ % How often do owner-operators return home? \_\_\_\_\_

**EXPOSURE HISTORY & PROJECTIONS**

Period	From Mo/Yr To Mo/Yr	Avg. # company drivers	Avg. # Owner-Operators	Avg. Owner-Operator mileage per unit	Equipment Values
Next 12 Mos.	1. _____				
Current Year	2. _____				
1 Year Prior	3. _____				
2 Years Prior	4. _____				
3 Years Prior	5. _____				

**COMMODITIES CARRIED**

Top 5 Commodities Transported by Owner-Operators

**TERMINALS**

(provide attachment, if more than 5)

City, State

Are any hazardous materials hauled under the applicant's operating authority?  Yes  No (If, "Yes", please describe, below.)

**LOSS EXPERIENCE SUMMARY**

Coverage	Policy Dates	Insurer	Total \$ Incurred	Total # Incurred	Deductible	Limits	Premium
Non-Trucking Liability	_____ to _____	_____	_____	_____	_____	_____	_____
	_____ to _____	_____	_____	_____	_____	_____	_____
	_____ to _____	_____	_____	_____	_____	_____	_____
	_____ to _____	_____	_____	_____	_____	_____	_____
Owner-Operator Physical Damage	_____ to _____	_____	_____	_____	_____	N/A	_____
	_____ to _____	_____	_____	_____	_____		_____
	_____ to _____	_____	_____	_____	_____		_____
	_____ to _____	_____	_____	_____	_____		_____

Provide an explanation of all NTL losses over \$10,000. Also, provide details on all owner-operator physical damage losses in excess of \$25,000. Provide attachment, if necessary.

**COVERAGE REQUESTED**

Option 1 Quote

Option 2 Quote

Coverage	Limit	Deductible	Limit	Deductible
<b><u>Non-Trucking Liability</u></b>	\$ _____	N/A	\$ _____	N/A
<b><u>O/O Physical Damage</u></b>				
Values = \$ _____				
<input type="checkbox"/> Loan Gap <input type="checkbox"/> Spec Equip	Deductible	\$ _____	Deductible	\$ _____
<input type="checkbox"/> Personal Contents	Towing Limit	\$ _____	Towing Limit	\$ _____
<input type="checkbox"/> Glass <input type="checkbox"/> Emergency				
<input type="checkbox"/> Truck Rental <input type="checkbox"/> Ext Repair				

**UM/UIM COVERAGE SELECTION  
(APPLICANT MUST MAKE A SELECTION AS PART OF THE APPLICATION PROCESS)**

Coverage	Limit
<b><u>Non-Trucking Liability</u></b>	Applicant (on behalf of insured drivers):
UM/UIM Coverage *	REJECTS UM/UIM COVERAGE: <input type="checkbox"/> Yes <input type="checkbox"/> No
	If " <b><u>Yes</u></b> " sign: _____
	If " <b><u>No</u></b> " select either:
	• Applicant selects the Minimum Statutory Limit <input type="checkbox"/> Yes <input type="checkbox"/> No
	OR
	• Applicant selects a Different UM/UIM Limit    \$ _____
	(no greater than the NTL limit requested above) <input type="checkbox"/> Yes <input type="checkbox"/> No

\* If no selection is made, the policy provides for Minimum Statutory Limits. If the UM/UIM limits do not comply with the applicable law, the UM/UIM shall conform to applicable law.

**IN ORDER TO BIND COVERAGE, APPLICANT MUST COMPLETE AND SIGN THE APPROPRIATE UM/UIM REJECTION/SELECTION FORM.**

**IMPORTANT NOTICE:**

Any person who knowingly and with intent to defraud any insurance company or another person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and (NY: substantial) civil penalties. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied.)

In Colorado, it is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

In the **District of Columbia**, WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

In **Florida**, any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

In **Hawaii**, for your protection, the law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

In **Kansas**, any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

In **Massachusetts, Nebraska, Oregon and Vermont**, any person who knowingly and with intent to defraud any insurance company or another person, files an application for insurance or statement of claim, containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

In **Minnesota**, any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

In **Ohio**, any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deception statement is guilty of insurance fraud.

In **Oklahoma**, WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

In **Washington**, it is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

The Applicant hereby applies to Atlantic Specialty Insurance Company (the "Company") for a policy of insurance as set forth in this Questionnaire on the basis of statements contained herein. Applicant agrees that such policy shall be null and void if such information is materially false or misleading so that the Company would have rejected the risk, prior to inception. Applicant understands that an inquiry may be made which will provide applicable information concerning character, general reputation, financial stability and other pertinent financial data, personal characteristics, mode of living or other background information the Company deems necessary in order to determine whether the Company will accept or reject Applicant for coverage. Upon written request, additional information as to the nature and scope of the inquiry, if one is made, will be provided. The Applicant understands this Questionnaire is a request for quotation and no information provided herein shall be construed by either party as creating a binding contract for insurance.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_\_.

By: \_\_\_\_\_  
Signature Title

\_\_\_\_\_  
(Print Name)

For: \_\_\_\_\_  
(If insured is other than a sole proprietorship)  
If a partnership or corporation, signatory must be empowered by Articles of Incorporation, et al, to bind insurance agreements.

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