



Jackson Sumner & Associates
Excess & Surplus Lines Broker
www.jsausa.com

Agent Name: _____
Agent Email: _____
Agency Name: _____
Agent # _____

Truck Application

General Information Section

Applicant Name: _____

Mailing Address: _____ Location Address: _____

Owner's Name: _____ DOB: _____ CDL: Yes No

Applicant is: Individual Partnership Corporation Joint Venture LLC
 Nonprofit Other (Specify): _____

DOT #: _____ MC #: _____

Years Insured Under This Name: _____ Years Experience: _____ Renewal Date: _____

Description of Risk/Operations: _____

Narrative: (Target premium/How JSA can help you write the account) _____

- | | | |
|---|------------------------------|-----------------------------|
| 1. Has the applicant been cancelled or non-renewed in the last three years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Any lapse in coverage in the past three years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Any indictments or convictions of fraud, bribery or arson in the last five years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Any bankruptcies, tax or credit liens against the applicant in the past five years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Any auto liability losses over \$250,000 in the past 5 years, including any names or authorities that the insured has previously operated under? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Does the applicant transport hazardous materials including but not limited to fuel, oil, gasoline chemicals or hazardous waste? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Does the applicant cross state lines? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Does the applicant haul for hire? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Are all vehicles owned, operated or leased to the applicant listed on this application? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Does the applicant use owner / operators? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Does the insured rent any units on a short term basis? Eg: Enterprise, Penske | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Does the applicant's operation use team drivers or slip seating? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Explain all yes answers for questions 1-5: _____

Radius of Operations: (include farthest states traveled, regular routes, or cities traveled regularly, Provide IFTAs if available) _____

Coverages and Limits

Auto Liability Limits: _____ UM/UIM Limits: _____
 Hired Auto: Yes No Non-Owned Auto: Yes No
 Physical Damage Deductible: _____
 Cause of Loss: Comprehensive Collision Specified
 Cargo Limits: _____ Deductible: _____
 Refrigeration Breakdown: Yes No
 Trailer Interchange Limits: _____ Deductible: _____
 Written agreement in place: Yes No
 General Liability Limits: _____ Payroll: _____ Receipts: _____
 Medical Payments Limits: _____
 Other _____

Power Unit Information

Year	Make	Body Type (Tractor, Box Truck, Flatbed Truck, Dump Truck etc.)	VIN#	Actual Cash Value	Owned, Leased, or Owner Operator	Additional Insured – Lessor?

Trailer Information

Year	Make	Body Type (Dry Van, Refrigerated, Flatbed, Equipment etc.)	VIN#	Actual Cash Value	Additional Insured – Lessor?

Driver Information

Driver Name	DOB	State	License #	# of years CDL experience	Owner / Operator	Violation/accident history for previous 36 months

CDL experience begins when the full CDL is obtained, not the permit. If MVRs are available please provide them.

Commodity Information

Commodities	Percent Hauled	Average Value	Maximum Value

For Commodities note that no more than 15% can be used for "General Dry Freight"

Prior Carrier Information (prior 3 years)

Policy Period	12 month term with no cancellation?	Insurance Company	Line of Business	Policy Number	Number of Power units / Total Insured Value	# of Claims	Losses Paid Incl Reserves

Line of Business Key: AL – Auto Liability, PD – Auto Physical Damage, MTC – Cargo, GL – General Liability

Additional Remarks: (Describe any lapses in coverage, list any contract or certificate requirements, or any other helpful information)

Fraud Warning:
Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties.

Fraud Warning: (TN & VA)
It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

Applicant's Name & Title (Please Print): _____

Applicant's Signature: _____ Date: _____

Agent's Signature: _____ Date: _____

Agency Address: _____

Agent's Phone #: _____ Agent's Fax #: _____