



2307 Menoher Blvd.
 Johnstown, PA 15905
 (814) 255-7878 Fax: (814) 255-6010

General Information:

Name Insured: _____ DBA: _____

Policy Period:

Effective Date: _____ Expiration Date: _____

Mailing Address:

	MC#
	DOT#:
	CAB Rating:

Description of Operations: _____

Names of any other affiliated companies to be included for insurance and operations. (Attach an explanation of the Relationship and operations of each entity.)

Name	Relationship
1.	
2.	
3.	

Commodities Hauled (Please be Specific):

Commodity	% of Total Revenue	Commodity	% of Total Revenue
1.		4.	
2.		5.	
3.		6.	

HAZMAT or Explosives: Yes No

If, "Yes" please describe HAZMAT hauled: _____

Fleet Equipment & Radius of Operations:

Power Units	Owned	Non Owned	Local 0-50	Int. 51-200	Regional 201-400	Long 401+
PPT			%	%	%	%
Light			%	%	%	%
Medium			%	%	%	%
Heavy Truck			%	%	%	%
X-H Trucks			%	%	%	%
Heavy Tractors			%	%	%	%
X-H Tractors			%	%	%	%
Trailers			%	%	%	%
Service/Spares			%	%	%	%

What is your projected annual mileage? _____ What was last years annual mileage? _____

Is there a formal safety program? Yes No

Is there a formal maintenance program? Yes No

How often is maintenance done? _____
 MCS-90 endorsement required or any other excess filings: Yes No

Primary:

	<u>AL</u>	<u>GL</u>	<u>EL</u>	<u>Expiring Excess</u>
Carrier				
Effective Date				
Limit				
Premium				

Loss History:

	<u>Count</u>	<u>Loss Aggregate</u>	<u>Reserve</u>	<u>Number Open</u>
2009				
2008				
2007				
2006				

Description of losses over \$250,000: _____

Owner/Operators:

Owner Operators: Yes No If "Yes," how many: _____
 Owner Operators under same Safety, Hiring and Maintenance Programs: Yes No
 Owner Operators under long term lease: Yes No
 Sub-Haulers used: Yes No If "Yes," what is cost? _____ How many are used? _____
 Are certificates of insurance required? Yes No
 Insurance requirement for subs: _____
 Storage/Warehouse operations: Yes No
 Do you tripe lease: Yes No

Any person who knowingly and with intend 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, HI, NE, OH, OK, OR, VT; in DC, LA, ME, TN and VA insurance benefits may also be denied).

Applicable only in Indiana, Louisiana and New Hampshire: _____ Other State: _____
 If the company to which I am applying offers uninsured motorists (UM) (and underinsured motorists (UIM) in Indiana) coverage in my state, I acknowledge that (UM) (and UIM in Indiana) coverage has been explained to me, and I have been offered the option of selecting UM or UIM (IN) limits equal to my liability limits, UM or UIM 9IN) limits lower than my liability limits, or to reject UM or UIM (IN) coverage entirely.

1. I select UM limits indicated on this application. _____ (Initials) Or 2. I reject UM coverage in its entirety. _____ (Initials)

Applicable only in Indiana:
 1. I select UIM limits indicated on this application. _____ (Initials) Or 2. I reject UIM coverage in its entirety. _____ (Initials)

Applicable only in Vermont: If the company to which I am applying offers UM coverage, I acknowledge that I have been offered UM coverage equal to my liability limits. I have selected the limits indicated in this application.

IMPORTANT- The statements (answers) given above are true and accurate. The applicant has not willfully concealed or misrepresented any material fact or circumstance concerning this application. This application does not constitute a binder.

Applicants Signature: _____ Date: / /