

United States Liability Insurance Group

Commercial Umbrella and Auto Excess Supplementary Application

TRUCKERS, HEAVY COMMERCIAL AUTOMOBILE and LIVERY ACCOUNTS

APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT

SUBMISSION MUST ALSO INCLUDE THE FOLLOWING IN ORDER FOR US TO CONSIDER:

- | | |
|--|---|
| <input type="checkbox"/> USLI OR ACORD UMBRELLA/AUTO EXCESS APPLICATION | <input type="checkbox"/> FIVE YEARS OF RECENTLY VALUED COMPANY LOSS RUNS FOR ANY RADIUS OF OPERATION OVER 50 MILES, FOR ALL FLEETS OF 6 OR MORE VEHICLES AND FOR ALL LIVERY ACCOUNTS. |
| <input type="checkbox"/> CURRENT SCHEDULE OF ALL OWNED AND OWNER OPERATORS' VEHICLES | |

Name of Applicant: _____ # of yrs. in Business _____
 Main Terminal Address*: _____

**Umbrella application must include addresses of all terminal locations*

Operating Information:

Number of Employed Drivers _____
 Number of Owner Operators _____
 Number of drivers hired during the past 12 months _____
 Average Annual Driver Turnover Rate (%) _____
 Annual Miles Driven _____
 Average Length of Haul _____
 Gross Receipts Current Year \$ _____
 Gross Receipts Last Year \$ _____

Commodities Hauled:

TYPE	% OF TOTAL
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Number of Vehicles by Maximum Radius of Operation:
(including all owned and owner operators' vehicles)

Vehicle	Up to 50 miles	Up to 200 miles	Up to 500 miles	Over 500 miles
Extra heavy / Heavy Load**				
Extra Heavy / Standard Load				
Heavy if Heavy Load**				
Heavy - with Standard Load				
Medium				
Light				
Private Passenger				
Limo or 0- 15 Pass. Bus				
16-44 Pass. Bus				
45+ Pass Bus				

*** Heavy Load includes sand, gravel, cement, logs, coal, heavy machinery, automobiles, tank trucks.*

Primary Policy Information:

Are all owned vehicles scheduled on the primary? Yes No
 Are all owner operators' vehicles scheduled? Yes No
 Are any drivers excluded due to driving record? Yes No
 Is the primary policy adjustable? Yes No

If "Yes", on what basis?

- Miles driven Annual Receipts
 Other (describe) _____

Any acids, corrosives, explosives or flammables? Yes No
 Any oversize loads? Yes No
 Any time-sensitive deliveries? Yes No
 Any Special Permits required? Yes No
 Any installation or rigging done? Yes No
 Is backhauling allowed? Yes No
 Are double trailers hauled? Yes No
 Are triple trailers hauled? Yes No
 Are all routes regular? Yes No

Filing Information:

Will a filing be required for this Umbrella/Excess Policy? Yes No
 ICC # _____ Docket# _____
 Filing Form _____

Type of Authority:

- Contract Carrier Common Carrier Private Carrier

Indicate which of the following "Metropolitan Areas" are entered or traveled through?

"Metropolitan Areas" Note: This is not limited to city limits only-

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Atlanta | <input type="checkbox"/> Houston | <input type="checkbox"/> New York City |
| <input type="checkbox"/> Balt/Wash | <input type="checkbox"/> Jacksonville | <input type="checkbox"/> Oklahoma City |
| <input type="checkbox"/> Boston | <input type="checkbox"/> Kansas City | <input type="checkbox"/> Omaha |
| <input type="checkbox"/> Buffalo | <input type="checkbox"/> Little Rock | <input type="checkbox"/> Philadelphia |
| <input type="checkbox"/> Chicago | <input type="checkbox"/> Los Angeles | <input type="checkbox"/> Phoenix |
| <input type="checkbox"/> Cleveland | <input type="checkbox"/> Louisville | <input type="checkbox"/> Pittsburgh |
| <input type="checkbox"/> Dallas/Ft. Worth | <input type="checkbox"/> Memphis | <input type="checkbox"/> St. Louis |
| <input type="checkbox"/> Denver | <input type="checkbox"/> Miami | <input type="checkbox"/> San Francisco |
| <input type="checkbox"/> Detroit | <input type="checkbox"/> Nashville | <input type="checkbox"/> Tulsa |
| <input type="checkbox"/> Hartford | <input type="checkbox"/> New Orleans | |

Owner Operators:

Are Owner Operators Used? Yes No
Are hiring procedures and report ordering the same for Owner Operators as for employees? Yes No
Does the applicant use operators on a per trip basis (Trip leasing)? Yes No
Does applicant's permanent lease form prohibit Owner Operators from trip leasing to others? Yes No

Vehicle Maintenance (all vehicles):

Done by applicant? Yes No
Done for Owner Operators? Yes No
Pre and Post trip inspections done? Yes No
Any work done on vehicles of others? Yes No

Driver Selection and Safety Procedures (For Employees and Owner Operators):

Written Application? Yes No
Interview? Yes No
MVRs Checked at Hire? Yes No
Driving Test Given? Yes No
Drug Testing Done? Yes No
Formal Safety Program? Yes No

Frequency of MVR Order/Review: Quarterly Semi-Annual Annual Other: _____

Based on existing MVR files, please indicate the number of MVRs that contain the following:

_____ 3 Moving Violations/Accidents in the past 3 years.
_____ 2 Moving Violations/Accidents in the past year.
_____ DUI - Driving Under the Influence of Drugs/Substance Abuse.
_____ License Suspension/Revocation (other than failure to pay fines or surcharges).
_____ Leaving the scene of an accident.
_____ Reckless or Careless Driving.
_____ Negligent Vehicular Homicide.
_____ Vehicle operation while license is suspended or revoked.
_____ Vehicle usage in the commitment of a felony.
_____ Grand Theft Auto.
_____ Permitting an unlicensed person to drive.
_____ Speed Contest.
_____ **Total Number of Employed Drivers.**
_____ **Total Number of Owner Operators Used.**
_____ **Total Number of MVRs Reviewed.**

How often are drivers' logs reviewed? _____
In the past 12 mos., how many drivers have been suspended or terminated due to log violations? _____
What is the age of the youngest operator? --- _____ What is the age of the oldest operator? _____
What is the basis on which drivers are paid? Hourly Revenue Mileage # of Trips Other: _____
How often is drug testing done? _____ How often are safety meetings held? _____

Complete the Loss Experience Summary Below and Attach Hard Copy Company Loss Runs:

Year	Carrier	Premium	# of Vehicles*	Incurred Losses	# of Losses
		\$		\$	
		\$		\$	
		\$		\$	
		\$		\$	
		\$		\$	
		\$		\$	

* Including all owned and owner operators' vehicles

Expiring Excess Policy Information:

Carrier: _____ Premium: _____
Limit: _____ Expiration Date: _____

FRAUD STATEMENT. 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

Signature of the Applicant: _____ Date: _____

Title: _____

Agency & Producer _____

Address, Tel, Fax _____