



New England Excess Exchange, Ltd.

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Web Site: www.neee.com

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.)

<u>Name</u>	<u>Relationship</u>
_____	_____
_____	_____
_____	_____

Type of Company: Sole Proprietor Partnership Corporation LLC

Are you a subsidiary? Yes No

If "yes", please give name and address of parent company. _____

Years of trucking experience of management. _____

Applicant is: Common Contract Private Exempt Regular Irregular

<u>Terminal Locations</u>	<u>Fleet % by location</u>
_____	_____
_____	_____
_____	_____

List the large cities you frequently travel through: _____

Do you operate as a broker? Yes No If "Yes," MC #: _____

Historic Exposure Base:

<u>Period (Month/Year)</u>	<u>Avg. Revenue Units</u>	<u>Total Revenue</u>	<u>Total Mileage</u>
_____ 2002 to 2003	_____	\$ _____	_____
_____ 2003 to 2004	_____	\$ _____	_____
_____ 2004 to 2005	_____	\$ _____	_____
_____ 2005 to 2006	_____	\$ _____	_____
_____ 2006 to 2007	_____	\$ _____	_____

Projections for Coming Policy Year:

<u>Period (Month/Year)</u>	<u>Avg. Revenue Units</u>	<u>Total Revenue</u>	<u>Total Mileage</u>
_____	_____	% _____	_____

Loss History:

<u>Term</u>	<u>Count</u>	<u>Loss Aggregate</u>
2003 to 2004	_____	\$ _____
2004 to 2005	_____	\$ _____
2005 to 2006	_____	\$ _____
2006 to 2007	_____	\$ _____

Losses in excess of \$500,000: Yes No If yes, please provide details: _____
 Losses in excess of \$1,000,000: Yes No If yes, please provide details: _____

Commodities Hauled (Please be Specific):

<u>Commodity</u>	<u>% of Total Revenue</u>	<u>Major Shipper</u>	<u>Commodity</u>	<u>% of Total Revenue</u>	<u>Major Shipper</u>
1. _____	_____	_____	4. _____	_____	_____
2. _____	_____	_____	5. _____	_____	_____
3. _____	_____	_____	6. _____	_____	_____

HAZMAT or Explosives: Yes No
 If, "Yes" please describe HAZMAT hauled _____

MCS-90 endorsement required or any other excess filings: Yes No

Radius of Operations:

Trucking Radius as a %:
 0-50 miles _____ % 51-200 miles _____ % 201-400 miles _____ % 401+ miles _____ %

What is your average length of haul? _____ Miles

What is your maximum length of haul? _____ Miles

Fleet Equipment:

	<u>Company Owned</u>	<u>Owner/Operators</u>		<u>Company Owned</u>	<u>Owner/Operators</u>
Power Units:	_____	_____	Trailers	_____	_____
Tractors	_____	_____	Flatbed	_____	_____
Heavy Trucks	_____	_____	Dry Van	_____	_____
Medium Trucks	_____	_____	Chassis	_____	_____
Service Trucks	_____	_____	Tank	_____	_____
Pickups	_____	_____	Reefer	_____	_____
Private Passenger	_____	_____	Containers	_____	_____

Does the equipment have any of the following?

Computerized Engines	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Safety Decals	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Satellite Tracking System	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Specialized Lighting	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Anti-Lock Brakes	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Cellular Phones	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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 used? _____
 Insurance requirement for subs: _____
 Storage operations: Yes No
 Do you tripe lease: Yes No

Description of commodities stored: _____

Do you require owner/operators to carry:
 Workers' Compensation insurance? Yes No
 Occupational Accident insurance? Yes No
 Non-trucking Liability insurance? Yes No
 If "yes," what Non-trucking Liability Limit: _____

Are Certificates of Insurance of all on file? Yes No
If "Yes," what Non-trucking Liability Limit: _____
Are Certificates of Insurance all on file? Yes No

Driver Information:

Number of "Revenue" Truck Drivers:
Full Time Employee _____
Part Time Employee _____
Leased _____
Owner/Operator _____
Total _____

Driver Activity Last Year:	Company Drivers	Owner/Operator
Number replaced	_____	_____
Number increased	_____	_____

Age of Drivers:
Number under 25 _____
Number over 65 _____
Minimum age required _____

Minimum number of years experience required: _____

Is each driver's prior employment verified? Yes No

Who administers your driver selection process?
Name: _____ Title: _____

Driver Safety and Maintenance:

Are Owner/Operators subject to the same selection standards, training programs and review as employee drivers? Yes
No If "No," please explain: _____

Does your driver selection procedure include:

Written Application <input type="checkbox"/>	MVR Check <input type="checkbox"/>	Interview <input type="checkbox"/>	Reference Checks <input type="checkbox"/>
Road Test <input type="checkbox"/>	Written Test <input type="checkbox"/>	Drug Test <input type="checkbox"/>	Physical <input type="checkbox"/>

Are the driver files maintained at this location? Yes No
If not, where? _____

Does this include Owner/Operators? Yes No
How often are they reviewed? _____
Length of new driver training program: _____

Does driver training include:

Familiarization with company rules and policies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Log book procedures?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Daily vehicle inspection procedures?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Equipment familiarization including special		
Training for handling certain commodities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Route Familiarization?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Emergency Procedures?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Accident reporting procedures?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

How often are driver safety meeting held? _____ Are they mandatory? Yes No
Give name, title and number of years of safety experience of person responsible for safety.
Name: _____ Title: _____ Years: _____
State any other duties: _____

Is it your policy to allow family members or passengers to ride with your drivers? Yes No

On the average, how often do drivers get home? _____
Maximum Hours:
Are DOT regulations closely followed? Yes No

Are driver logs monitored by dispatching? Yes No

Pay Scale:

Union Non-Union

If non-union, is pay competitive? Yes No

How is pay calculated?

Trip Mileage Commission Hours Other _____

Average driver annual pay: \$ _____

Do you use teams? Yes No If "Yes," how many? _____

Is a daily call-in system used on long haul operations? Yes No

Are pre-determined truck stops used on long haul operations? Yes No

Preventative maintenance:

Is a record kept of each vehicle? Yes No

Controlled inspection frequency? Yes No

Daily vehicle condition reports used? Yes No

Are Owner/Operator units included in daily vehicle condition reports? Yes No

Do you service your owned equipment? Yes No

Do you service Owner/Operator equipment? Yes No

If reefer operations, how often are reefer units serviced? _____

Supervisor's Name: _____

Number of full time mechanics? _____

Primary:

	<u>AL</u>	<u>GL</u>	<u>EL</u>	<u>Excess/Umb. (Expiring)</u>
Carrier	_____	_____	_____	_____
Effective Date	_____	_____	_____	_____
Limit	_____	_____	_____	_____
Premium	_____	_____	_____	_____

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, 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 (IN) 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: / /