

ELITE SOLUTIONS PROGRAM COMMERCIAL FLEET APPLICATION

1. **APPLICATION:** Please fill out the attached application **which must be digitally signed by an authorized officer of the Applicant's organization.** Upon completion, simply click on the "Submit Application" link on the final page.
2. **DRIVER INFORMATION:** Form(s) included with application. If additional forms are needed, simply print extra copies, then print completed application and email it, along with all required documents as specified below, to: *ed@keltinsurance.com*.
3. **EQUIPMENT LIST:** Form(s) included with application. If additional forms are needed, simply print extra copies, then print completed application and email it, along with all required documents as specified below, to: *ed@keltinsurance.com*.

Once you have submitted your online application, please gather the following documents
and email them to: *ed@keltinsurance.com*.

These documents are required in order for your application to be processed.

Please feel free to contact us at: 509-571-9129 if you have any questions or need additional assistance.

1. **EQUIPMENT INFORMATION:** Provide a copy of your Vehicle Maintenance Program.
2. **LOSS RUNS:** Last (5) years of documented loss runs from prior insurance companies for all coverages requested. Losses to be valued within the last 90 days. Details required on all losses in excess of \$50,000.
3. **MILEAGE BY STATE:** Provide copies of International Fuel Tax Administration (IFTA) Schedule B reports or similar data indicating mileage by state and total mileage for the last (8) quarters.
4. **FINANCIAL STATEMENTS:** Last (2) years independently prepared financial statements and current interim statement, preferably audited or reviewed statements. Include revenue through trip lease and/or brokerage operations, if any. If the most recent year-end statement is more than 6 months old, an interim statement must be provided. Parent company financials, if applicable, should also be provided.
5. **AGREEMENTS:** Provide copies of owner/operator agreements and permanent lease/trip lease agreements. Also, provide copies of hold-harmless, interline, interchange, and sub-hauler agreements, if any.
6. **SAFETY:** Provide copy of most recent state or federal compliance review report and current safety rating notice (both sides of document). Also, provide copies of fleet safety and maintenance programs and your Driver Safety/Training Manual.



Broker: _____

Producer Name: _____ Phone Number: _____ Email: _____

Marketing Rep Name: _____ Phone Number: _____ Email: _____

Inspection Contact: _____ Phone Number: _____ Email: _____

New Business Current/Controlled Business

Commission Fee Based

APPLICANT

Current Expiration Date:		Proposed Effective Date:		Date Quote Requested:	
Applicant Name:					
Street Address:					
City:		State:		Zip:	
Phone:		Toll Free:		Fax:	
Parent Company:					
MC #:		DOT #:		FEIN#:	
Website:					

CORPORATE PERSONNEL

TITLE	NAME	TITLE	NAME
CEO:		Chairman:	
VP/Gen Manager:		Safety/Risk Manager:	
CFO/Controller:			

SUBSIDIARIES

List all Subsidiaries and Affiliated companies. Explain what they do if they are to be included on the contract:

First Name Insured/Additional Named Insured	MC # / DOT#	Type of Business

Has Applicant acquired any motor carriers in past 3 years? Yes No

Explain: _____

Do any entities derive revenue from sources other than "for hire" trucking? Yes No

Explain: _____



COVERAGE DESIRED

COVERAGES	RETENTION OPTION 1	RETENTION OPTION 2	RETENTION OPTION 3
Personal Injury Liability			
Property Damage Liability			
Uninsured/Underinsured			
Personal Injury Protection			
Cargo Legal Liability			
Physical Damage (Comp)			
Physical Damage (Coll)			
Employer's Liability			

Limits Requested: _____

Cargo: Separate Sublimit? Yes No Limit: _____

Physical Damage (Comp): Separate Sublimit? Yes No Limit: _____

Physical Damage (Coll): Separate Sublimit? Yes No Limit: _____

Additional coverages (ie Trailer Interchange, NTL/PhysDam, Unladen): Yes No

Please specify: _____

Exposures outside of trucking operations: _____

Does Applicant have other underlying insurance (ie Business Auto)? Yes No

If yes, Carrier: _____

Coverage: _____

Limits: _____

EQUIPMENT & EXPOSURE BASIS

List below your estimated mileage, gross receipts and average number of power units for the proposed policy period, as well as the actual figures for the current, and 4 previous, policy periods. Reported gross receipts are net of surcharge and brokerage revenue.

Calendar Year

Policy Period

Period	From Mo/Year to Mo/Yr	Gross Receipts	All Miles	# Company Owned Power Units	# Owner Owned Power Units
Next 12 Mos					
Current Period					
1 Year Prior					
2 Year Prior					
3 Year Prior					
4 year Prior					



OPERATIONS

<u>Types of Operation</u>	<u>Radius of Operation</u>	<u>Length of Haul</u>	<u>Type of Operation</u>	<u>Segment %</u>
% Truckload _____	1-50 _____%	Avg Length _____	Dry Van _____%	
% Less Than _____	51-200 _____%	Max Length _____	Flat Bed _____%	
Truckload _____	201-499 _____%	% Deadhead _____	Refrigerated _____%	
	500 + _____%		Intermodal _____%	
			Tanker _____%	
			Other _____%	

Mexican or Canadian Exposures? Yes No
Canadian Filing Required? Yes No

GENERAL

YES NO EXPLAIN

- Has Applicant been canceled or non-renewed in the past 5 years? _____
- Does Applicant derive any revenue from warehousing? _____
- Does Applicant sell any products on a wholesale or retail basis? _____
- Does Applicant have any fuel storage facilities on premises? _____
- Does Applicant provide service or repair work on other than company-owned equipment? _____
- Does Applicant perform any rigging? _____
- Does Applicant lease property, vehicles, or mobile equipment to others? _____
- Has Applicant filed for bankruptcy protection in the past 5 years? _____
- Does Applicant own or operate equipment not listed? _____
- Does Applicant interchange equipment with other carriers? _____
- Does Applicant Trip Lease? _____
- Does Applicant rent or lease vehicles or equipment to other with or without operators? _____
- Does Applicant have any other terminals/locations? _____

Explain any major changes in Applicant's operation over the last 5 years and/or planned for the next 2-3 years. Include growth/downsizing, commodities, customers, territories, equipment, driver hiring, personnel, etc.:



BROKERAGE

Does Applicant operate as freight broker? Yes No
If yes, specify the amount of revenue projected (Gross): \$ _____ Previous Year (Gross): \$ _____
Are separate accounting records kept? Yes No
Name of Applicant's brokerage entity: _____
Licensed? Yes No US DOT #: _____

VEHICLE INFORMATION

(Include Values if physical damage coverage is to be provided; also attach equipment schedule) *Indicate number of vehicles and trailer by type

*Vehicle Type	Company Owned	Total Company Insured Value	Owner/Operators	Owner/Operators Insured Value
Tractors				
Straight Trucks				
Yard Vehicles				
PPV/Service				
Trailers				

COMMODITIES HAULED

Does Applicant haul any hazardous waste or materials? Yes No

Commodity	%	Average Values	Maximum Values

Max Terminal Exposure: _____

Is Cargo ever stored on Dock or in terminal yard over 72 hours? Yes No

If yes, what % of time: _____

List top 5 shippers and specify % of total transported:

	Shipper Name	% of Total
1		
2		
3		
4		
5		



PERSONNEL & SAFETY

Who is responsible for hiring and safety? _____

If drivers are company employees, on what basis and how much are they paid? _____

Does Applicant hire student drivers? Yes No Formal training program? Yes No

Driver selection/minimum age required? Yes No Minimum experience? Yes No

Is a formal Application required? Yes No Is DOT Physical Required? Yes No

Are prior employers contacted? Yes No Is road test given? Yes No

Years of Employment verified? Yes No

Are MVRs checked? Yes No

PRIOR INSURANCE

	Current	1 st Prior	2 nd Prior	3 rd Prior	4 th Prior
Liability Carrier					
Limits					
Deductible					

Cargo Carrier					
Limits					
Deductible					

Phys Dam Carrier					
Deductible					

Gen. Liab. Carrier					
Limits					

Excess Liab. Carrier					
Limits					

CLAIMS HANDLING

Does Applicant handle own claims? Yes No

Does one location have copies of all claims files? Yes No



INSURANCE REQUESTED

PREFERRED RATING BASIS (Check one):	Revenue	Mileage	Per Unit
	OPTION 1	OPTION 2	OPTION 3
Auto Liability			
Limit	_____	_____	_____
Deductible / SIR	_____	_____	_____
General Liability			
Limit	_____	_____	_____
Deductible / SIR	_____	_____	_____
Physical Damage (check desired coverage)			
<input type="checkbox"/> Comprehensive or			
<input type="checkbox"/> Specified Causes of Loss			
Deductible / SIR	_____	_____	_____
<input type="checkbox"/> Collision			
Deductible / SIR	_____	_____	_____
Private Passenger Auto / Service Units			
Auto Liability Limit	_____	_____	_____
Deductible / SIR	_____	_____	_____
Physical Damage Requested - Y/N	_____	_____	_____
Deductible / SIR	_____	_____	_____
Cargo			
Limit per Vehicle / per occurrence	_____	_____	_____
Deductible / SIR	_____	_____	_____
Owner Operator Programs			
Non-Trucking Auto Liability Limit	_____	_____	_____
Deductible / SIR	_____	_____	_____
Physical Damage Requested - Y/N	_____	_____	_____
Deductible / SIR	_____	_____	_____
Trailer Interchange			
Limit	_____	_____	_____
Deductible / SIR	_____	_____	_____
Other _____			

COMMENTS (Other coverage options/target pricing)



Organization: _____

DRIVER INFORMATION

FIRST NAME	LAST NAME	DL #	DOB	DOH	YRS OF EXP



Organization: _____

DRIVER INFORMATION

FIRST NAME	LAST NAME	DL #	DOB	DOH	YRS OF EXP



Organization: _____

SCHEDULE OF VEHICLES

YEAR	MAKE	VIN #	ACV (actual current value)



Organization: _____

SCHEDULE OF VEHICLES

YEAR	MAKE	VIN #	ACV (actual current value)



FILING REQUIREMENTS

Do you require Federal Filing over \$750,000?: Yes No
Hazardous Substances requiring \$1,000,000 liability limits or less: Yes No
Hazardous Substances requiring in excess of \$1,000,000 (Explanation): Yes No

The applicant represents that the statements contained herein are true and no material facts have been suppressed or misstated.

Completion of this form does not bind coverage. Applicant's acceptance of the Company's quotation is required prior to binding coverage and contract issuance.

All written statements and materials furnished to the Company in conjunction with this application are hereby incorporated by reference into this application and made part hereof.

Applicant: _____ Title: _____

Applicant Signature: _____ Date: _____

Producer: _____ Date: _____

SUBMIT APPLICATION