

## CONVENTIONAL INSURANCE PROGRAM COMMERCIAL 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 UIST:** 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.



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**GENERAL INFORMATION**

Broker Name \_\_\_\_\_ Producer(s) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Phone ( ) \_\_\_\_\_ (800) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Are you the incumbent broker?  Yes  No If Yes, for how many years? \_\_\_\_\_

**Applicant Name** \_\_\_\_\_

Current Expiration \_\_\_\_\_ Proposed Effective Date \_\_\_\_\_ Date Quote Required \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Phone ( ) \_\_\_\_\_ (800) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Authority Name \_\_\_\_\_ US DOT # \_\_\_\_\_

Sole Proprietor  Partnership  Corporation Employer Federal ID# \_\_\_\_\_

Identify all other **named insureds** to be included on policy. Add attachment, if necessary.

1. Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Authority Name \_\_\_\_\_ US DOT #/CVOR # \_\_\_\_\_

Relationship to Insured \_\_\_\_\_

Description of Business \_\_\_\_\_

2. Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Authority Name \_\_\_\_\_ US DOT #/CVOR # \_\_\_\_\_

Relationship to Insured \_\_\_\_\_

Description of Business \_\_\_\_\_

3. Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Authority Name \_\_\_\_\_ US DOT #/CVOR # \_\_\_\_\_

Relationship to Insured \_\_\_\_\_

Description of Business \_\_\_\_\_

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

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**PRIMARY CONTACTS**

**E-MAIL ADDRESS**

President \_\_\_\_\_  
 VP /Gen. Mgr. /Operations \_\_\_\_\_  
 Finance/Accounting \_\_\_\_\_  
 Safety Risk Manager \_\_\_\_\_  
 Maintenance \_\_\_\_\_  
 Other \_\_\_\_\_  
 Inspection Contact(s) \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Company has been in trucking business since: \_\_\_\_\_ (mo/yr)

Company has been under current ownership/management since: \_\_\_\_\_ (mo/yr)

Has insurance been canceled or non-renewed within the last 5 years?  Yes  No If yes, explain: \_\_\_\_\_

Have you filed for bankruptcy or Chapter 11 within the last 5 years?  Yes  No If yes, explain: \_\_\_\_\_

Are there any operations subject to seasonality?  Yes  No If yes, explain: \_\_\_\_\_

Do you lease property or mobile equipment to others?  Yes  No If yes, explain: \_\_\_\_\_

Do you have tenants?  Yes  No If yes, explain: \_\_\_\_\_

Do you have any fuel storage facilities?  Yes  No If yes, provide capacity: \_\_\_\_\_

Type of products stored and indicate if you have Pollution Liability Insurance (include Company, Policy #, Limits and Expiration Date): \_\_\_\_\_

Do you sell any product on a wholesale or retail basis?  Yes  No If yes, describe: \_\_\_\_\_

Do you derive any revenue from warehousing operations?  Yes  No If yes, explain: \_\_\_\_\_

Please describe operations, including any major changes over the last 5 years or for the upcoming policy period (e.g., territory served, commodities hauled, major customers, mergers/acquisitions, etc.). Attach separate narrative, if necessary.

\_\_\_\_\_  
 \_\_\_\_\_



**OPERATIONS**

TYPE OF CARRIER: % of miles		LENGTH OF HAUL (% of miles)			
_____ % Truckload	_____ % Less than Truckload	0-50	51-200	201-500	501+
<b>Type</b>	<b>Use %</b>	<b>For local-Intermediate Operations (0-200 mi.), Please list top 10 runs:</b>			
		FROM	TO	FROM	TO
Dry Van	_____	_____	_____	_____	_____
Refrigerated	_____	_____	_____	_____	_____
Flatbed	_____	_____	_____	_____	_____
Liquid Tank	_____	_____	_____	_____	_____
Dry Bulk	_____	_____	_____	_____	_____
Containerized	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____
<b>Total</b>	<b>100%</b>				

**EQUIPMENT INFORMATION** – Indicate number of vehicles by vehicle type

VEHICLE TYPE:	Company-Owned or Long Term Lease w/o Driver	Total Company Insured Values	Owner/Operator Equipment	Owner/Operator Insured Values
Straight Trucks				
Road Tractors				
Yard Tractors				
Trailers				
a. Dry Van				
b. Refrigerated				
c. Flatbed				
d. Liquid Tank				
e. Dry Bulk				
f. Container Chassis				
g. Other				
Service Trucks				
Private Pass. Autos				

Do you have any surplus equipment not presently being utilized?  Yes  No If yes, explain: \_\_\_\_\_

Will the maximum values of equipment to be insured exceed \$1,000,000 at any one location?  Yes  No If yes, provide average values and maximum values by location: \_\_\_\_\_

Do you use doubles or triples?  Yes  No If yes, \_\_\_\_\_% of total miles.

Are driver teams utilized?  Yes  No If yes, \_\_\_\_\_% of units seated with teams.

Are passengers ever allowed to accompany driver?  Yes  No If yes, describe your authorized passenger policy: \_\_\_\_\_

Do your units have: Satellite/Tracking, Communication or Alarm Devices?  Yes  No If yes, describe: \_\_\_\_\_

**WASTE / HAZARDOUS MATERIAL**

Do you haul any: Hazardous, Medical or Municipal waste?  Yes  No Radioactive material?  Yes  No

Explosives?  Yes  No Acids?  Yes  No Flammables?  Yes  No If yes, % of revenue: \_\_\_\_\_

**BACKHAUL / TRIP LEASE** (Please provide copy of trip-lease agreement)

What is percentage of deadheading? \_\_\_\_\_%

Do you backhaul?  Yes  No Any restrictions on backhauling? \_\_\_\_\_

What percentage of gross revenue is obtained from trip leasing your freight to other carriers under your authority? \_\_\_\_\_%

How do you locate your trip lessors? \_\_\_\_\_

Do you physically inspect the trip lessor's equipment?  Yes  No

What percentage of revenue is obtained from accepting loads trip leased under another carrier's authority? \_\_\_\_\_%

Do you require specific authorization before a driver may enter into a trip lease agreement?  Yes  No

**BROKERAGE**

Do you arrange for the transportation of property, by other motor carriers, on the other motor carrier's authority?

Yes  No If yes, identify motor carriers utilized: \_\_\_\_\_

Does the shipper know you are brokering the load at the time you accept the cargo?  Yes  No

Brokerage is done under what name? \_\_\_\_\_

Licensed?  Yes  No US DOT # \_\_\_\_\_ Are separate accounting records kept?  Yes  No

What percentage of revenue is obtained from brokerage operations? \_\_\_\_\_%

Do you purchase contingent cargo coverage?  Yes  No

Do you require the following items before brokering loads:

a) Certificate of Insurance?  Yes  No Limits required? \_\_\_\_\_

b) Additional Insured Endorsements?  Yes  No

c) Who is named on Bill of Lading? \_\_\_\_\_

Are certificates on file and up-to-date on all brokered loads? \_\_\_\_\_

**HOLD HARMLESS, INTERMODAL**

Are any hold harmless, interline, intermodal or interchange agreements in place?  Yes  No If yes, attach copy.

**TRAILER INTERCHANGE** (A copy of the trailer interchange agreement must be included with application.)

Is Trailer Interchange Legal Liability requested?  Yes  No If yes, please answer the following:

Average number of trailer interchange days per month: \_\_\_\_\_ Average number of units per day: \_\_\_\_\_

Average value per trailer: \$ \_\_\_\_\_ Maximum value per trailer: \$ \_\_\_\_\_

**FOR OPERATIONS INVOLVING TANKERS:**

Do you operate a tank wash facility?  Yes  No Is it operated as a separate entity?  Yes  No

If yes, name of entity: \_\_\_\_\_ Insurance coverage desired:  Yes  No

Do you wash tanks for other entities?  Yes  No If yes, what percentage of total revenue does this present? \_\_\_\_\_%

Is hazardous waste generated from your tank cleaning operation?  Yes  No If yes, explain disposal of hazardous waste: \_\_\_\_\_

Do you have any blending or storage operations?  Yes  No

If yes, what percentage of total revenue does this represent? \_\_\_\_\_%



**PERSONNEL AND SAFETY**

Who is responsible for safety? Name: \_\_\_\_\_ Title: \_\_\_\_\_

Is same person responsible for hiring?  Yes  No Tenure \_\_\_\_\_ Years of safety experience \_\_\_\_\_

Percent of time devoted to safety: \_\_\_\_\_% Other responsibilities: \_\_\_\_\_

To whom does this person report? Name: \_\_\_\_\_ Title: \_\_\_\_\_

Are your drivers represented by a union?  Yes  No

Average Compensation: Company Driver: \_\_\_\_\_ per year/mile Owner/Operators: \_\_\_\_\_ per year/mile

Minimum/maximum driver age allowed: \_\_\_\_\_/\_\_\_\_\_ Minimum over-the-road experience: \_\_\_\_\_ years \_\_\_\_\_ mileage

How often do drivers get home? \_\_\_\_\_ Is there a Fleet Accident Analysis Program?  Yes  No

Number of drivers: Employees: \_\_\_\_\_ Owner/Operators: \_\_\_\_\_ Subhaulers (CA only): \_\_\_\_\_ Total: \_\_\_\_\_

Past 12 months: Drivers added: \_\_\_\_\_ Drivers replaced: \_\_\_\_\_

Do your driver selection procedures include:

Written application?  Yes  No Reference checks?  Yes  No Written test?  Yes  No

Road Test?  Yes  No Physical exam?  Yes  No Drug testing?  Yes  No

Pre-employment MVR review?  Yes  No Prior employer contact?  Yes  No

Does new driver training include:

Equipment familiarization?  Yes  No Handling commodities?  Yes  No

Route familiarization?  Yes  No Emergency procedures?  Yes  No

Accident report procedures?  Yes  No Required for Owner/Operators?  Yes  No

Length of new hire training program? \_\_\_\_\_

Are new drivers assigned to drive with a senior, experienced driver?  Yes  No If yes, how long will they drive together? \_\_\_\_\_

Do you use drivers from training schools?  Yes  No If yes, describe the on-the-job training program for these drivers. \_\_\_\_\_

Attach copies of latest DOT, PUC, or ICC audits. If none, explain: \_\_\_\_\_

**MAINTENANCE**

What is your inspection and preventative maintenance schedule? Intervals: A \_\_\_\_\_ B \_\_\_\_\_ C \_\_\_\_\_

Do you perform your own repairs?  Yes  No To what extent? \_\_\_\_\_

Do you perform service/maintenance work on non-owned equipment?  Yes  No If yes, indicate revenue, number of vehicles at any one time, and describe work performed: \_\_\_\_\_

Do you have a written maintenance program?  Yes  No If yes, include copy.

Are Owner/Operators subject to the same maintenance requirements as owned equipment?  Yes  No

Number of full-time maintenance personnel: \_\_\_\_\_ Are pre/post trip inspections performed?  Yes  No

How often do you replace or upgrade your equipment? \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**INSURANCE REQUESTED**

**PREFERRED RATING BASIS** (Check one): Revenue \_\_\_\_\_ Mileage \_\_\_\_\_ Per Unit \_\_\_\_\_

	<b>OPTION 1</b>	<b>OPTION 2</b>	<b>OPTION 3</b>
<b>Auto Liability</b>			
Limit	_____	_____	_____
Deductible / SIR	_____	_____	_____
<b>General Liability</b>			
Limit	_____	_____	_____
Deductible / SIR	_____	_____	_____
<b>Physical Damage</b> (check desired coverage)			
___ Comprehensive or			
___ Specified Causes of Loss			
Deductible / SIR	_____	_____	_____
___ Collision			
Deductible / SIR	_____	_____	_____
<b>Private Passenger Auto / Service Units</b>			
Auto Liability Limit	_____	_____	_____
Deductible / SIR	_____	_____	_____
Physical Damage Requested - Y/N	_____	_____	_____
Deductible / SIR	_____	_____	_____
<b>Cargo</b>			
Limit per Vehicle / per occurrence	_____	_____	_____
Deductible / SIR	_____	_____	_____
<b>Owner Operator Programs</b>			
Non-Trucking Auto Liability Limit	_____	_____	_____
Deductible / SIR	_____	_____	_____
Physical Damage Requested - Y/N	_____	_____	_____
Deductible / SIR	_____	_____	_____
<b>Trailer Interchange</b>			
Limit	_____	_____	_____
Deductible / SIR	_____	_____	_____
<b>Other</b> _____			

**COMMENTS** (Other coverage options/target pricing)

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Organization: \_\_\_\_\_

## DRIVER INFORMATION

FIRST NAME	LAST NAME	DL #	DOB	DOH	YRS OF EXP



Organization: \_\_\_\_\_

### EQUIPMENT LIST

YEAR	MAKE	VIN #	ACV (actual current value)



**UNINSURED (UM) AND UNDERINSURED MOTORISTS (UIM) INSURANCE**

Indicate Selections Using Authorized Person's Initials

**TRUCKERS PART I** Select One Option:

- \_\_\_\_\_ 1. Reject coverage where permitted by law; statutory minimum limits where rejection is not permissible.
- \_\_\_\_\_ 2. Select statutory minimum limits.
- \_\_\_\_\_ 3. Select policy limits.
- \_\_\_\_\_ 4. Select other limits, up to policy limits (\$ \_\_\_\_\_)

**TRUCKERS PART II** UM and UIM Agreement:

- 1. The undersigned Applicant has the authority to make the UM and UIM elections required by this form.
- 2. The undersigned Applicant understands the UM and UIM elections made on behalf of the Company will be binding upon all Insured Entities.
- 3. The undersigned Applicant understands the Insured will be required to sign state specific form(s) for the UM and UIM elections made when the policy is issued.

Company: \_\_\_\_\_

(Signature Required) By: \_\_\_\_\_

Date: \_\_\_\_\_

**THIS APPLICATION CANNOT BE PROCESSED UNLESS SIGNED BY THE BROKER AND AN AUTHORIZED OFFICER OF THE APPLICANT ORGANIZATION.**

The Applicant hereby applies to the Company for a policy of insurance as set forth in this application on the basis of statements contained here. Applicant agrees that such policy shall be null and void if such information is materially false or misleading so that the Company would have rejected the risk, prior to inception. Applicant understands that an inquiry may be made which will provide applicable information concerning character, general reputation, financial stability and other pertinent financial data, personal characteristics, mode of living or other background information the Company deems necessary in order to determine whether the Company will accept or reject applicant for coverage. Upon written request, additional information as to the nature and scope, if one is made, will be provided. The Applicant understands this application is a request for quotation and no information provided herein shall be construed by either party as creating a binding contract for insurance.

The undersigned authorized officer of the Applicant declares that the statements set forth herein are true. The undersigned authorized officer agrees that if the information supplied on this application changes between the date of this application and the effective date of the insurance, he/she (undersigned) will, in order for the information to be accurate on the effective date of the insurance, immediately notify the Company of such changes, and the Company may withdraw or modify any outstanding quotations and/or authorizations or agreements to bind the insurance.

Signing of this application does not bind the Applicant or the Company to complete the insurance, but it is agreed that this application shall be the basis of the contract should a policy be issued, and it will be attached to and become part of the policy.

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

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

at \_\_\_\_\_  
 (City/State)

By \_\_\_\_\_

Named Insured (representing ALL Insureds)  
 (If a partnership or corporation, signatory must be empowered by Articles of Incorporation, etc. to bind to insurance agreements.)

For \_\_\_\_\_

(If Named Insured is other than an individual)