

## Designated Truckload Carrier Agreement Supplemental Application

Please complete to expedite the underwriting process.

Insured Name: \_\_\_\_\_

Address: \_\_\_\_\_

UL Carrier: \_\_\_\_\_ Limits: \_\_\_\_\_ Premium: \_\_\_\_\_

Policy Period: From: \_\_\_\_\_ To: \_\_\_\_\_

Description of Operations: \_\_\_\_\_

Total Fleet Revenue: \_\_\_\_\_ Total Fleet Mileage: \_\_\_\_\_

### Total Fleet

Type	Weight	# of Units	Local	Intermediate	Long
Trucks	Medium				
	Heavy				
	Ex Heavy				
Tractor/Trailer	Heavy				
	Ex Heavy				

### Radius of Operation (percentage):

0-50 Miles: \_\_\_\_\_ 50-200 Miles: \_\_\_\_\_ 201+ Miles: \_\_\_\_\_

Commodities hauled with % of each Hauled: \_\_\_\_\_

### Does the insured haul any:

Flammables? Yes or No, If yes, what % \_\_\_\_\_ Chemicals? Yes or No, If yes, what % \_\_\_\_\_

Explosives? Yes or No, If yes, what % \_\_\_\_\_

### Safety

Is there a formal Safety program? Yes or No, If yes, how often are meetings held? \_\_\_\_\_

Safety Director Name and Phone Number: \_\_\_\_\_

Is there a Driver Safety Incentive Program? Yes or No, Please provide details: \_\_\_\_\_

How often are MVR's checked? \_\_\_\_\_

**Specific Contract Information**

Who is the shipper agreement with? \_\_\_\_\_

What is being hauled for the contract? \_\_\_\_\_

What is the estimated full-time equivalent number of units and unit type(s) used for this contract? \_\_\_\_\_

Can the units be specified? Yes or No

If no, why is a designated contract policy needed as opposed to specified units? \_\_\_\_\_

Estimated contract revenue: \_\_\_\_\_ Estimated contract mileage: \_\_\_\_\_

What excess limit is required by this contract? \_\_\_\_\_

Is this a new contract? Yes or No

If no, is there currently a contract specific excess liability policy in place? \_\_\_\_\_

Expiring carrier: \_\_\_\_\_ Expiring limit: \_\_\_\_\_ Expiring premium: \_\_\_\_\_

Are there predetermined routes (if not specified in the contract)? \_\_\_\_\_

**Radius of Operation under the contract (percentage):**

0-50 Miles: \_\_\_\_\_ 50-200 Miles: \_\_\_\_\_ 201+ Miles: \_\_\_\_\_

Where are the contract goods hauled from (specify cities and states): \_\_\_\_\_

\_\_\_\_\_

Where are the contract goods hauled to (specify cities and states): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**No motor carrier filings will be issued for this coverage.**

The following documents are needed prior to quoting:

- > A copy of the contract or draft (if the contract is not executed)
- > Five year currently valued loss summary for the insured's total fleet, along with a description of losses in excess of \$50,000
- > Loss information specific to this insured and the shipper in this contract (if available)