

Agent Name _____
Agency _____
Fax # _____
Email _____



TRANSPORTATION SUBMISSION CHECKLIST

Name of Risk _____ State _____

INCLUDED

- (when)
- Yes No _____ 1. Complete application including any supplemental app's that apply.
- Yes No _____ 2. If trucking for hire - Annual mileage reports / Fuel Tax Agreements.
- Yes No _____ 3. Company issued loss runs for 4 years. (not more than 45 days old)
- Yes No _____ 4. Explanation for any losses over \$10,000.
- Yes No _____ 5. Driver List including DL#, License St., Date of Hire. Please include MVR's.
- Yes No _____ 6. Motor Carrier Filing information (including copy of Safer Report).
- Yes No _____ 7. Current financial statement (Required for over 15 power unit risks)
- Yes No _____ 8. Historical Overview of the risk. (ie: # of power units in 1999, 2000, 2001 & now)
- Yes No _____ 9. Target pricing.
- Yes No _____ 10. Is risk being non-renewed with current carrier?
- Yes No _____ 11. Are you the incumbent agent?

If you are not the incumbent agent please describe your relationship with the insured and what you believe is your advantage on this risk.

**** A COMPLETE SUBMISSION INCREASES OUR ABILITY TO DELIVER A QUOTATION ****

****FOR CREATIVE USE ONLY****

DATE REC'D: _____ ASSIGNED TO: _____

ONCE WE RECEIVE YOUR SUBMISSION WE WILL FAX THIS FORM BACK TO YOU INFORMING YOU WHICH UNDERWRITER WILL BE WORKING ON YOUR RISK