

DESIRED POLICY EFFECTIVE DATE:	TIME:	am <input type="checkbox"/>
____/____/____	____:____	pm <input type="checkbox"/>

**AIG The Truck Insurance Group**  
 Phone (404) 853-2630 FAX (404) 853-3123  
 100 Colony Square, Suite 900  
 1175 Peachtree St., N.E., Atlanta, GA 30361

**AIG The Truck Insurance Group**  
**SMALL FLEET INSURANCE APPLICATION**

**GENERAL INFORMATION**

Quote #:

<b>Applicant Name:</b>					
<b>Applicant Address</b>		City	State	County	Zip
<b>Principal Garaging Address (If Different)</b>		City	State	County	Zip
<b>Type of Entity:</b>		<b>Applicant Phone</b>			
<input type="checkbox"/> Proprietorship, <input type="checkbox"/> Partnership,		<b>M.C. Number</b>			
<input type="checkbox"/> Corporation, <input type="checkbox"/> Individual, <input type="checkbox"/> Other		<b>Social Security or Tax I.D. Number:</b>			
<b>Name of Person to Contact:</b>				<b>Number of Years in Business?:</b> _____	
<b>Broker Name:</b>				AUI <input type="checkbox"/> WGI <input type="checkbox"/>	

**COVERAGE DESIRED**

Coverage	Limit	Deductible	Symbol
Primary Liability	<input type="checkbox"/> 300 <input type="checkbox"/> 500 <input type="checkbox"/> 750 <input type="checkbox"/> 1000	<input type="checkbox"/> None <input type="checkbox"/> 1000 <input type="checkbox"/> 2500	46
Non Trucking Use	<input type="checkbox"/> 300 <input type="checkbox"/> 500 <input type="checkbox"/> 750 <input type="checkbox"/> 1000	N/A	
Personal Injury	<input type="checkbox"/> Reject <input type="checkbox"/> _____	N/A	
Uninsured Motorists	<input type="checkbox"/> Reject <input type="checkbox"/> _____	N/A	
Physical Damage	Stated Amount	<input type="checkbox"/> \$1000 <input type="checkbox"/> \$2500	

**MILEAGE BY STATE (Or Attach Copy of Schedule B – Fuel Tax Summary)**

State	Annual Mileage	State	Annual Mileage	State	Annual Mileage

**DRIVER INFORMATION**

Driver Name	Date of Birth	License # and State	Date Employed	Commercial Experience
1.	/ /	( )	/ /	
2.	/ /	( )	/ /	
3.	/ /	( )	/ /	
4.	/ /	( )	/ /	
5.	/ /	( )	/ /	
6.	/ /	( )	/ /	

**VIOLATIONS and ACCIDENTS**

Driver Name	Date of Violation	Details of All Violations or Accidents In the Last 36 Months	Place
	/ /		
	/ /		
	/ /		
	/ /		
	/ /		

**FINANCIAL INFORMATION**

Attach a copy of the insured's most recent year-end profit and loss sheet, tax statement or other financial information and any necessary explanation.

**FILINGS**

Does the applicant require:  ICC Filing (provide docket #MC)  PUC Filing  Other state filings (Specify state) \_\_\_\_\_  
 Note: 1. We must insure all vehicles owned or operated by the insured to make an ICC or PUC filing. 2. No filings will be made until down payment is received and the risk is accepted. 3. There is a fully earned filing fee of \$10.00 for filings made as a result of reinstatement.

**EQUIPMENT INFORMATION**

Unit	Owned? Leased? Owner/ Operator	P=Power Unit T=Trailer	Model Year	Make	Model	Type*	Serial Number (Last 6 digits only) (Policy cannot be issued without this!)	Physical Damage Deductible**	Stated Amount
1									
2									
3									
4									
5									
6									

\* Tractor Type = Cabover, Conventional, Straight Truck, Service, Other (Describe)  
 Trailer Type = Van, Van Refrig., Tank – Liquid, Dry Bulk, Gas Bulk, Flatbed, Lowboy  
 \*\* Enter N/A if no physical damage requested.

**LIST OF COMMODITIES HAULED (INCLUDING BACKHAULED COMMODITIES)**

Type	Revenue %	Type	Revenue %

**LOSS HISTORY**

Prior Carrier	Period	Losses (attach separate sheet if necessary)

**MISCELLANEOUS QUESTIONS**

Does applicant haul double trailers and/or triple trailers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
For NTU coverage, is the truck under permanent lease? (Attach copy of lease, if so.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the applicant act as a truck broker?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the named applicant operate any other vehicles not listed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are placards ever required for any vehicle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**COMMENTS**

Explain any yes answers or give details on losses in space following:


**BROKER INFORMATION**

Broker Name and Address:	Phone #:		
	Fax#:		

**APPLICANT STATEMENT**

I hereby apply to **AIG The Truck Insurance Group** for a policy of insurance as set forth in this application on the basis of statements contained herein.

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Insurance provided by Member Companies of American International Group, Inc.

Quote#	<input type="checkbox"/> Corporation <input type="checkbox"/> Individual	Eff Date	Name	DOT #	ICC #	
Garage State	Total Miles	Class of Biz	Liability Limit \$	UM Limit \$		
<b>Questions</b>					Yes	No
1. Has the applicant had 4 or more years of primary liability coverage?						
2. Does the applicant pull double/triple trailers or tankers trailers?						
3. Does the applicant act as a truck broker?						
4. Are placards required for any commodity hauled by applicant?						
5. Within the past 4 policy terms, has the applicant suffered any loss over \$5,000?						
6. Are all vehicles owned/operated by the insured being scheduled on this policy?						
7. Has the applicant's insurance been cancelled or non-renewed within past 5 years?						
8. Are team drivers utilized?						
9. Please specify the percentages of trips from the garaging location						
a. 0-100 miles [        ] b. 101-300 miles [        ] c. Over 300 miles [        ]						
10. Are passengers allowed to accompany driver?						
11. Is there trailer interchange exposure?						
12. Are all power units owned and/or operated tagged/titled in garaging state?						
13. Has the driver ever been convicted of a felony?						
14. Does the driver have any medical impairments?						
15. What is current DOT Rating? <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Conditional <input type="checkbox"/> Not Rated						
16. Are any PPA/Service vehicles/Straight trucks owned by the insured?						
17. What is your total annual revenue? \$						
18. What is your total sub-haul revenue? \$						

If any of the above questions are YES (No for questions #1, & 6), please complete the following:

1. Give the details of the applicant's driving experience and employer for the last 5 years
2. Give the details of the trailers that the applicant pulls
3. Does the applicant have Broker Authority? Yes <input type="checkbox"/> No <input type="checkbox"/> Give the details to the dollar amount derived from Broker exposure. \$
4. Give the details on the commodities hauled and % of hauls of each commodity.
5. How many auto liability losses has applicant suffered that totaled (paid and/or reserved) \$5,000 or more?
6. Give the details of the vehicles not scheduled on this policy.
7. Give the details as to why previous coverage has been cancelled or non-renewed.
8. Give the details of the % of units seated with teams.

9. Give the details of the authorized passenger policy.

10. Does applicant have a written Interchange agreement?  Yes  No. If Yes, limit of liability required by agreement \$ \_\_\_\_\_ Number of annual interchange days \_\_\_\_\_

11. Number of states vehicles tagged/titled in? \_\_\_\_\_

12. Give the details of convictions \_\_\_\_\_

13. Give the details of medical impairments \_\_\_\_\_

14. How many of each are owned by insured?  PPA  Service  Trucks

<b>Financial Information</b>	<b>Period 1</b>	<b>Period 2</b>
	to	to
Cash & Equivalent		
Accounts Receivable		
Current Assets		
Total Assets		
Current Liabilities		
Long Term Liability (not listed above)		
Retained Earnings		
<b>TOTAL Stockholder's Equity</b>		
Operating Revenue		
Operating Expenses		
<b>Earnings Before Interest &amp; Taxes (Gross Profit)</b>		
Interest Expenses		
<b>Earnings Before Taxes</b>		
Earnings After Taxes (Net Income)		
Depreciation Expense		
Deferred Tax Expense		

Mileage By State (Must equal Total Miles from above: \_\_\_\_\_ ) Running Total: \_\_\_\_\_

AK		AL		AZ		AR	
CA		CO		CT		DE	
DC		FL		NFL		SFL	
GA		ID		IL		IN	
IA		KS		KY		LA	
ME		MD		MA		MI	
MN		MS		MO		MT	
NE		NV		NH		NJ	
NM		NY		NC		ND	
OH		OK		OR		PA	
RI		SC		SD		TN	
TX		UT		VT		VA	
WA		WV		WI		WY	

Any mileage through major metropolitan cities? If so, where & mileage (Don't use commas.) \_\_\_\_\_

**Driver Information**

Name	DOB	Hire Date	Yr Exp	# Cities	Date	Moving Violations Details
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						

**Class of Business**

Armored Truck	Dry Van	Hanging Meat	Other
Auto/Boat Transport	Dumping	House Mover/Oversize	Radioactive
Carnival/Circus Ops	Emergency Vehicle	Intermodal	Reefer
Catering	Explosive/Hazardous	Local	School Bus
Charter Bus	Flat Bed	Logging	Tanker
Delivery (time sensitive)	Fuel Products	Mail Delivery	Waste

**Power Units**

#	State	Year	Make	Type	Phys Dam	Ded 1000/2500	Trailer Type Dump-F/B-Other
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							

<b>General Liability</b>	Yes	No
How many premises do you own, rent or occupy?	N/A	N/A
Are there any installation, repair or maintenance operations?		
Are there any warehousing or storage operations?		
Are there any operations performed other than trucking for hire?		
Does the insured sell any product either on a retail or wholesale basis?		

Note: The limits below are the only limits AIG – The Truck Insurance Group will write.

- General Aggregate **\$1,000,000**
- Products and Completed Operations Aggregate **\$1,000,000**
- Personal and Advertising Injury **\$1,000,000**
- Each Occurrence **\$1,000,000**
- Fire Damage (Any One Fire) **\$50,000**
- Medical Expense (Any One Person) **\$5,000**



# TRUCKERS/MOTOR CARRIER SUPPLEMENT REQUEST FOR STATE/FEDERAL FILING ACTION

DATE

PRODUCER	APPLICANT/NAMED INSURED
CODE:                      SUB CODE:	COMPANY

INSURED IDENTIFICATION NAME (SAME AS ON POLICY)	ADDRESS (SAME AS ON POLICY)
---	-----------------------------

IF NAME/ADDRESS ON REQUESTED FILING SHOULD READ DIFFERENTLY THAN POLICY, PLEASE EXPLAIN  NOT APPLICABLE

POLICY INFORMATION			
LIABILITY POLICY #	LIABILITY LIMIT \$	EFFECTIVE DATE	IF ICC-REGULATED
CARGO POLICY #	CARGO LIMIT	EFFECTIVE DATE	BASE STATE

**TYPE OF AUTHORITY**  
DIRECTIONS FOR EACH COVERAGE TYPE. MARK THE BOX TO THE LEFT OF THE CODE THAT APPLIES (I - INTRA; E - EXEMPT) FOR EACH STATE FOR WHICH A FILING IS REQUESTED

STATE	LIABILITY			CARGO			STATE	LIABILITY			CARGO			STATE	LIABILITY			CARGO									
AL	I	E		I	E		KY	I	E		I	E		NY	I	E		I	E		SC	I	E		I	E	
AR	I	E		I	E		LA	I	E		I	E		NC	I	E		I	E		TN	I	E		I	E	
AZ	I	E		I	E		ME	I	E		I	E		ND	I	E		I	E		TX	I	E		I	E	
CA	I	E		I	E		MI	I	E		I	E		OH	I	E		I	E		UT	I	E		I	E	
CO	I	E		I	E		MN	I	E		I	E		OK	I	E		I	E		VA	I	E		I	E	
CT	I	E		I	E		MS	I	E		I	E		OR	I	E		I	E		WA	I	E		I	E	
GA	I	E		I	E		MO	I	E		I	E		PA	I	E		I	E		WI	I	E		I	E	
ID	I	E		I	E		MT	I	E		I	E		RI	I	E		I	E		WV	I	E		I	E	
IL	I	E		I	E		NE	I	E		I	E		SC	I	E		I	E		WY	I	E		I	E	
IN	I	E		I	E		NV	I	E		I	E		FOR ICC FILINGS:													
IA	I	E		I	E		NM	I	E		I	E		LIABILITY MC#					CARGO MC#								
KS	I	E		I	E																						

CANADIAN PROVINCE(S)

OVERSIZE/OVERWEIGHT CERTIFICATE(S)

REMARKS