

New Business Account Form- (Condensed)

Named Insured: _____

Mailing Address: _____

Physical Address: _____

Contact Name: _____ Phone: _____

Email: _____

Fax: _____ Company Website: _____

FEIN: _____ Years in Business: _____

DOT #: _____ N/A MC #: _____ N/A

Person Responsible for Safety Risk Management:
 Name/Title: _____ Email: _____ Phone: _____

Names of any Subsidiaries or Affiliated Companies:

Description of Operations (for all Companies, if applicable):

Please provide the following:

- | | | | |
|--|-----------------------------------|---|------------------------------|
| CPA Prepared Financial Statements (2 yrs). | <input type="checkbox"/> Attached | <input type="checkbox"/> To be Provided | <input type="checkbox"/> N/A |
| Written Safety Program...(Table of Contents) | <input type="checkbox"/> Attached | <input type="checkbox"/> To be Provided | <input type="checkbox"/> N/A |
| Driver Manual...(Table of Contents) | <input type="checkbox"/> Attached | <input type="checkbox"/> To be Provided | <input type="checkbox"/> N/A |
| Owner/Operator Agreement..... | <input type="checkbox"/> Attached | <input type="checkbox"/> To be Provided | <input type="checkbox"/> N/A |
| Most Recent 4 Quarterly IFTA Reports..... | <input type="checkbox"/> Attached | <input type="checkbox"/> To be Provided | <input type="checkbox"/> N/A |
| Narrative | <input type="checkbox"/> Attached | <input type="checkbox"/> To be Provided | <input type="checkbox"/> N/A |
| Driver Schedule (if not provided in policy) | <input type="checkbox"/> Attached | <input type="checkbox"/> To be Provided | <input type="checkbox"/> N/A |
| Vehicle Schedule (if not provided in policy) | <input type="checkbox"/> Attached | <input type="checkbox"/> To be Provided | <input type="checkbox"/> N/A |
| Equipment Schedule (if not provided in policy) | <input type="checkbox"/> Attached | <input type="checkbox"/> To be Provided | <input type="checkbox"/> N/A |
| Loss Runs (5 Years) All Lines | <input type="checkbox"/> Attached | <input type="checkbox"/> To be Provided | <input type="checkbox"/> N/A |
| Resumes | <input type="checkbox"/> Attached | <input type="checkbox"/> To be Provided | <input type="checkbox"/> N/A |
| EMod Worksheet | <input type="checkbox"/> Attached | <input type="checkbox"/> To be Provided | <input type="checkbox"/> N/A |

Copies of current Insurance policies:

- | | | | | |
|------------------------------------|--|--|---|---------------------------------------|
| <input type="checkbox"/> Auto | <input type="checkbox"/> Physical Damage | <input type="checkbox"/> General Liability | <input type="checkbox"/> Cargo | <input type="checkbox"/> Workers Comp |
| <input type="checkbox"/> Equipment | <input type="checkbox"/> Property | <input type="checkbox"/> Umbrella | <input type="checkbox"/> Other (Crime/Pollution/EPLI) | |

List of Locations/Operations/Employee Count:

Location (Physical Address)	Operations	Number of Employees

Ownership Information: Percentage must equal 100%.

Please list all Company Owners/Officers (even if the individual has 0%).

If any of these individuals are Inactive in the Operations, please note in Duties Column.

Indicate if each should be Included or Excluded on Workers Compensation.

Name	Title/ Relationship	% of Ownership	Duties	Incl/ Excl

Historical Unit Count / Mileage / Revenue

Term	Power Units	Mileage	Revenue	Average Revenue Per Unit	Average Mileage Per Unit
Projected					
Current Year					
1 st Prior					
2 nd Prior					
3 rd Prior					
4 th Prior					

Radius of Operation

0-50 Miles	51-200 Miles	201-500 Miles	Over 500 Miles
%	%	%	%

Trailer Type

Tank:	Reefer:	Intermodal:	Van:	Flatbed:	Liquid/Dry:

Commodities Hauled:

Attached
 To be Provided
 N/A

Commodity	% of Revenue	Average Value	Maximum Value

Schedules (if not provided in the policies)

Drivers List:

Driver #	Name	Date of Birth	Driver's Lic. #	State	Date Hired

Vehicle List:

Veh #	Year	Make	Model	VIN	GVW	# Pass.	Cost New	Garaging Loc.

Equipment List:

:No.	Model Year	Description (Type, Manufacturer, Model Capacity, etc.)	Serial No.	Amount of Insurance