						AGENCY CUST	ОМ	ER ID:			
Ą	COR	$oldsymbol{b}^{\!\scriptscriptstyle{\otimes}}$ TRU	CKERS /	мото	OR	CARRIE	R	S SECTI	ON		DATE (MM/DD/YY
AGEN	СҮ					NAMED INSURED(S)					
POLIC	Y NUMBER										
CARR	IER			NAIC CO	DDE						
						EFFECTIVE DATE:					
PRIN	NCIPAL S	SHIPPERS		REGULA	TION						
					ON CARI	RIER		DOT RATING			
				CONTR	RACT CA	RRIER		DOCKET #:			
				PRIVAT	TE CARR	IER		ICC FILING REQUIRE	ED; DOCKE	ET #:	
				'		ATTACH ACO	RD 1	94 FOR STATE /	FEDER	AL FILIN	GS
cov	'ERAGES	S / LIMITS									
		<u> </u>	D 137 FOR YOUR	STATE TO	O PRO	VIDE COVERA	GE	S / LIMITS INFO	RMAT	ION	
REC	EIPTS / I	MILEAGE / UNITS			COM	MODITIES					
		GROSS RECEIPTS	TOTAL MILEAGE	# POWER UNITS		COMMODITI	ES TF	RANSPORTED		% TOTAL REVENUE	VALUE PER TRUCK
NEXT	YEAR (EST)	\$									\$
PAST	YEAR	\$									\$
PREV	YEAR	\$									\$
PREV	YEAR	\$									\$
	MINALS										
LOC #	ZONE #		NAME AI	ND ADDRESS C	OF TERM	INALS				# VEH	DIST FROM GA

DRIV	ER INFORMATION	ACORD 163 att	ached f	or add	ditional drivers							
LIST AL	LIST ALL DRIVERS, INCLUDING FAMILY MEMBERS THAT WILL DRIVE COMPANY VEHICLES, AND EMPLOYEES WHO DRIVE OWN VEHICLES ON COMPANY BUSINESS.											
DRIVER #	NAME (Include addre	ss, if required)	SEX	MAR STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE LIC	DATE HIRE	USE VEH#	use

٨	CEN	CV	\sim	CTO	MER	ID.
А	GEN	16.1	Lu	เธเบ	WER	ID:

EQUIPMENT	ACORD 129 ((Vehicle S	ection) attac	hed for ov	vned units				
		PER VEHICLE							
VEHICLE TYPE	COMPANY OWNED	NON OWNED	LONG TERM LEASE	TRIP LEASE		RADIUS (MILES	5)	TERR/ ZONE	
					LOCAL	INTER- MEDIATE	LONG DISTANCE		
TRUCKS									
TRACTORS									
SEMI-TRAILERS									
FULL TRAILERS									
TANK SEMI-TRAILERS									
TANK TRAILERS									
REFRIGERATED TRAILERS									
SERVICE TRUCKS									
PRIVATE PASSENGER AUTOS									
TOTAL VEHICLES									

GENERAL INFORMATION

	ENERAL INFORMATION	
EX	PLAIN ALL "YES" RESPONSES	Y/N
1.	IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?	
2.	DOES APPLICANT OBTAIN MVR VERIFICATION ON DRIVERS?	
3.	DOES APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?	
4.	ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?	
5.	DOES APPLICANT OWN OR OPERATE EQUIPMENT NOT LISTED HERE?	
6.	DOES APPLICANT HAUL ANY DANGEROUS, CAUSTIC, RADIOACTIVE OR FLAMMABLE CARGO?	
7.	DOES APPLICANT HAUL TARGET COMMODITIES (i.e., stereos, televisions, pharmaceuticals, liquor, meat, seafood, etc.)	
8.	DO DRIVERS RECEIVE REGULAR PHYSICALS?	
9.	DOES APPLICANT HIRE EQUIPMENT FROM OTHERS?	
10.	DOES APPLICANT RENT OR LEASE VEHICLES OR EQUIPMENT TO OTHERS WITH / WITHOUT OPERATORS?	
11.	DOES APPLICANT HAUL FOR OTHER TRUCKERS?	
12.	DO OTHER TRUCKERS OPERATE UNDER THE PERMIT OF THE APPLICANT? (Specify percentage of total number of vehicles so operated)	
13.	IS COVERAGE REQUIRED FOR TRAVEL IN CANADA OR MEXICO?	
14.	ARE DRIVERS COMPENSATED PER TRIP?	

GE	NERAL INFORMATIO	V (continued)		AGLIN	CY CUSTOMER ID:			
	LAIN ALL "YES" RESPONSES	(00::::::::::::::::::::::::::::::::::::						Y/N
	ANY HOLD HARMLESS	ACDEEMENTS2						-
13.	ANT HOLD HARWILESS /	AGREEMEN 13:						
16.	ANY DRIVERS WITH CON	VICTIONS FOR MOVIN	G TRAFFIC VIO	DLATIONS?				
					T REQUIRED TO BE REPORTED TO	INSURERS:		
				a maximum posted speed limit fro n a maximum posted speed limit fr				
	DRV # DATE (MM/DD/YYYY)		15 III ali alea witi	i a maximum posted speed illilit il			# YRS REV	
	DRV# DATE (MM/DD/TTTT)	ITPE			PLACE (CITY, STATE)		# TRS REV	
17.	DO ANY VEHICLES HAVE	SPECIAL EQUIPMENT	MOUNTED OF	R ATTACHED?				
18	DOES APPLICANT PULL I	OOLIBLE OR TRIPLE TR	ΔII FRS2					
'	DOLO / II I LIO/ III I OLL I	SOOBLE ON THE LE TH	o vicer to .					
19.	DOES APPLICANT HAVE	TOW TRUCKS OR PER	FORM TOWING	G?				
20	ARE VEHICLES LEFT UNI	OCKED WHEN LINATT	FNDFD?					
		TO SHEET WILLIA ONATI						
21.	ARE ANY OVERAGE, SHO	ORTAGE OR DAMAGE (CLAIMS PENDI	NG?				
22.	ARE ALL VEHICLES TO B	E INCLUDED IN THIS P	OLICY PART C	OF A FLEET?				
AD	DITIONAL INTEREST	/ CERTIFICATE REC	CIPIENT	ACORD 45 attached	d for additional names			
	REST RANK:	NAME AND ADDRESS	REFERENCE #		CERTIFICATE REQUIRED	INTEDEST II	N ITEM NUMBER	
INTE	ADDITIONAL INSURED	NAME AND ADDRESS	KEI EKENOL#	•	CENTILICATE REGUIRED	VEHICLE:	INTERNINGWIDER	
	-							
	LOSS PAYEE					SCHEDULED ITEM NU	JMBER:	
	LIENHOLDER					OTHER		
	LIENHOLDER EMPLOYEE AS LESSOR					OTHER		
	-					OTHER		
	-	ITEM DESCRIPTION				OTHER		
	EMPLOYEE AS LESSOR	ITEM DESCRIPTION:	Description (
INTE	EMPLOYEE AS LESSOR REST RANK:	ITEM DESCRIPTION: NAME AND ADDRESS	REFERENCE #	:	CERTIFICATE REQUIRED	INTEREST II	N ITEM NUMBER	
INTE	REST RANK: ADDITIONAL INSURED		REFERENCE #	:	CERTIFICATE REQUIRED	INTEREST II		
INTE	EMPLOYEE AS LESSOR REST RANK:		REFERENCE #	:	CERTIFICATE REQUIRED	INTEREST II		
INTE	REST RANK: ADDITIONAL INSURED		REFERENCE #	:	CERTIFICATE REQUIRED	INTEREST II		
INTE	EREST RANK: ADDITIONAL INSURED LOSS PAYEE		REFERENCE #	:	CERTIFICATE REQUIRED	INTEREST II VEHICLE: SCHEDULED ITEM NU		
INTE	EMPLOYEE AS LESSOR REST RANK: ADDITIONAL INSURED LOSS PAYEE LIENHOLDER		REFERENCE #	:	CERTIFICATE REQUIRED	INTEREST II VEHICLE: SCHEDULED ITEM NU		
INTE	EMPLOYEE AS LESSOR REST RANK: ADDITIONAL INSURED LOSS PAYEE LIENHOLDER	NAME AND ADDRESS	REFERENCE #	:	CERTIFICATE REQUIRED	INTEREST II VEHICLE: SCHEDULED ITEM NU		
	REST RANK: ADDITIONAL INSURED LOSS PAYEE LIENHOLDER EMPLOYEE AS LESSOR		REFERENCE #	:	CERTIFICATE REQUIRED	INTEREST II VEHICLE: SCHEDULED ITEM NU		
	EMPLOYEE AS LESSOR REST RANK: ADDITIONAL INSURED LOSS PAYEE LIENHOLDER	NAME AND ADDRESS	REFERENCE #	:	CERTIFICATE REQUIRED	INTEREST II VEHICLE: SCHEDULED ITEM NU		
	REST RANK: ADDITIONAL INSURED LOSS PAYEE LIENHOLDER EMPLOYEE AS LESSOR	NAME AND ADDRESS	REFERENCE #	:	CERTIFICATE REQUIRED	INTEREST II VEHICLE: SCHEDULED ITEM NU		
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	REST RANK: ADDITIONAL INSURED LOSS PAYEE LIENHOLDER EMPLOYEE AS LESSOR	NAME AND ADDRESS	REFERENCE #		CERTIFICATE REQUIRED	INTEREST II VEHICLE: SCHEDULED ITEM NU		
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