



Southern California
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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)? _____

Where are the contract goods hauled from: _____

Where are the contract goods hauled to: _____

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)**