

SEBRITE AGENCY

DELIVERY TRUCK APPLICATION

FAX: 800-767-6466

EMAIL – NYOKA@SEBRITEAGENCY.COM

Phone: 952-563-1234

Submit Date: _____ Proposed Eff. Date: _____

Company Name: _____

How many years in
business _____

Contact Phone Number: _____

Physical Address: _____

City: _____ State _____ ZIP _____

EIN# _____ EMAIL ADDRESS _____

DOT# _____ MC# _____ Do you require filings? _____

Auto Liability \$1,000,000 Hired & Non Owned	Physical Damage Hired & Non Owned \$ _____ Stated Value	Motor Truck Cargo \$50,000 \$100,000	MTC Deductible \$1,000
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General Liability \$2,000,000	Excess Liability \$4,000,000	Occupational Accident Insurance Workers Compensation	Y N Y N
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Number of Trucks: _____ Are any of the trucks weight over 26,000 GVW? _____

Radius of Mileage: Percent
0 - 50 miles 98% 51 – 100 miles 2%

Commodities Hauled	% of Total Hauls
_____	_____
_____	_____

Is the cargo properly packaged and tied down to prevent shifting in transit? Y No N

1. Are Driving programs in place – including current MVR's , including maintenance schedules, Cell phone usage (prohibited, hands free, etc.), Yes No
2. Where are vehicles garaged during non-business hours and what security measures are in place? _____ Are trucks maintained at distribution center with adequate fencing, lighting, and security? Yes No
3. Radius? 0-50 98 % 50 - 100 2 % 100 - 200 _____ % 200 up _____ %
4. Symbols & limits requested? We cannot do more than million dollar limits and we cannot write an umbrella over just the Auto. 7, 8, & 9.
5. Target premium?
6. Any leases/seasonal rentals over 30 days should be scheduled and not run under HNOA AL/PHD? Yes No

Questions

1. Does the applicant transport any hazardous materials?

No Yes

2. Is the applicant involved with any livery operations?

No Yes

3. Are vehicles leased? Yes No percentage of fleet? _____

4. Do drivers have set routes on greater than 75% of their runs?

No Yes

5. Are any vehicles titled to an individual?

No Yes

6. Are there any drivers under 21 or over 65 years of age?

No Yes

7. Are any vehicles used by family members, other than a spouse?

No Yes

8. Are there any drivers with an accident, regardless of fault, in the past 3 years?

No Yes

9. Are Trailers being insured? N Y Y
10. Are all commerical vehicles listed on this request? Y N
10. Is the account non-profit? N Y
11. Will there be more than 10 vehilces? Y N

EQUIPMENT LIST AND DRIVER'S INFORMATION

POWER UNIT DESCRIPTIONS: ATTACH LISTS IF NECESSARY

	Unit Type	Year	Make	Serial #	State Value				
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									

DRIVER INFORMATION

	NAME	DOB	STATE	LICENSE#	YRS. OF EXPERIENCE				
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									

PLEASE PROVIDE YOUR LOSS RUNS FOR THE PAST 3 YEARS - YOU WILL NEED TO CONTACT YOUR PREVIOUS AGENT FOR THE LOSS RUNS

I understand that providing false information may void or reduce insurance coverages and certify that all information given is true and correct to the best of my knowledge.

Signed: _____ Date: _____