



MidSouth Risk Management

TRUCKING APPLICATION										
AGENCY	Agency Name									
	Agent Address									
	Agent Address 2									
	City		State		Zip					
	Agent Name									
	Agent Email									
	Agent Phone									
INSURED	Named Insured									
	DBA (if applicable)									
	Phone									
	Email									
	Garaging Address									
	Garaging Address 2									
	City		State		Zip					
	Mailing Address									
	Mailing Address 2									
	City		State		Zip					
OPERATIONS	BUSINESS STRUCTURE									
	Sole Proprietor		Partnership		LLC		Corporation		Other	
	☐		☐		☐		☐		☐	
	FEIN		DOT #		MC #		Authority Date		Date in Business	
	FILINGS									
	BMC91		Form E		DMV 65 (CA)		State Specific		Other	
	Description of Operation:									
	ROUTE DISTANCE (MILES)									
	<100		101-500		501-1,000		1,001-2,500		2,501+	
	REGIONAL ROUTES									
	WA, OR, CA, NV		ND, SD, NE		KS, MO, AR, KY		FL, SC, NC, VA		NY, NJ	
	ID, MT, WY		MN, IA, MO		TX, OK, AR, LA		IN, OH, WV, PA		CT, RI, MA	
	UT, AZ, NM, CO		WI, IL, MI		MS, AL, GA, TN		DC, MD, DE		VT, NH, ME	



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COVERAGES REQ.	COVERAGES REQUESTED						
	Primary Liability	Excess Liability	Auto Physical Damage	Motor Truck Cargo	NTL	GL	Other
AUTO LIABILITY	AUTO LIABILITY						
		Limits	Deductible	UM/UIM	UM PD		
	Primary Auto Liability						
	Excess Auto Liability						
AUTO PHYSICAL DAMAGE	AUTO PHYSICAL DAMAGE						
		Total Insured Value			Deductible		
	Auto Physical Damage						
	Optional	Stated Value			# of Trailers	Deductible	
	Trailer Interchange						
	Non-Owned Trailer						
MOTOR TRUCK CARGO	MOTOR TRUCK CARGO						
		Maximum Load Value			Deductible		
	Motor Truck Cargo						
		Operational	Y/N	Commodities Hauled			
		Refrigerated		Commodity	%		
		Hazardous Material					
		Multi Trailer Loads					
		Oversize/Overweight Loads					
DRIVERS/UNITS	DRIVER						
	Name:						
	Issue State	License Number	Commodities Hauled		License Type		
	Hire Date	Original Issue Date	Experience		Violations/Accidents		
	UNIT						
	TRUCK						
	MAKE	YR	VIN	STATED VALUE		GARAGE ZIP	
	TRAILER						
	MAKE	YR	VIN	STATED VALUE		GARAGE ZIP	

If there are additional drivers and/or units please attach schedules



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UNDERWRITING QUESTIONS	
UNDERWRITING QUESTIONS	How many years of experience do you have related to operating a transportation company?
	How many years of prior insurance under the current entity?
	Does the company provide any load brokering services?
	Please provide the name of the ELD Provider being utilized.
	Do you have cameras installed in units?
	If yes, what percentage of units have cameras?
	Are the cameras forward or dual facing?
	Who monitors the cameras?
	Does your company operate with telematics devices?
	If yes, please provide the name of the provider and services provided.
	Does your company allow any passengers while operating under your authority?
	Does your company allow team, hot seat, or slip seat driving?
	Does the insured conduct OS/OW operations?
	If yes, is an escort needed?

HISTORICAL DATA	Year	Number of Losses	Total Incurred \$	Power Units
	Projected			
	Current			
	1			
	2			
	3			
	4			
	Year	Revenue	Mileage	Power Units
	Projected			
	Current			
	1			
	2			
	3			
	4			

PLEASE INCLUDE CURRENTLY VALUED LOSS RUNS	
If there are losses please provide description of the loss and individual paid/reserve numbers.	
By signing below you attest that all above information is true and accurate to my knowledge. I understand that any inaccurate information, misrepresentation, or omission may result in the denial of this application or cancellation of the policy.	
Agent Signature: _____ Date: _____	
Name: _____	Title: _____
Insured Signature: _____ Date: _____	
Name: _____	Title: _____