



## COMMERCIAL AUTO AND GENERAL LIABILITY APPLICATION

*Provided by*

### **Timber Creek Insurance Services**

Timber Creek Casualty Insurance Company Inc., A Risk Retention Group (TCCI) can usually provide you with a quote promptly once ALL REQUIRED information is received by Timber Creek Insurance Services (TCIS).

It is a requirement of TCCI that all Insureds are to meet the following guidelines in order to be eligible for a “new” or “renewal” Policy to be issued by TCCI and to be reinsured hereunder:

1. Front Facing in Cab Camera Systems in all Vehicles (Provided by the NIBA and AZUGA)
2. National Independent Business Alliance (NIBA) Safety Orientation Program must be completed by each driver within 45 days of inception of the Original Policy
3. Completed and Signed Application for Coverage
4. A minimum of three (3) year loss history must be provided by each Insured
5. Motor Vehicle Reports (MVR) are required on all Drivers
6. CAB Reports are required on all Vehicles (Provided by TCIS)
7. Each Driver must have a minimum three (3) year CDL experience
8. Each Insured must have less than five (5) claims in the last three (3) years
9. Drivers must be between the ages of 23 and 65

It is further noted and agreed that risks that meet the following classifications must be referred by TCCI to the Reinsurers hereon, for their approval prior to quoting:

1. Trucks and Trailers older than 15 years
2. Fleets in excess of 20 Units
3. Risks located outside of LA, MS, AL and TX

Insureds are excluded with the following exposures:

1. Hazardous materials as follows or similar to:
  - Radioactive materials
  - Volatile gasses under pressure
  - Chemicals
2. Logging Risks (Logging is Acceptable as of 12/01/2022 on a selected basis)
3. Double or Triple Tractor-Trailer Trucks
4. Public Transportation
5. Vehicle Transportation
6. New Ventures, less than three (3) years in business

Agency Name \_\_\_\_\_ Phone \_\_\_\_\_

Agency Contact \_\_\_\_\_ Email \_\_\_\_\_

## BASIC INFORMATION ON THE INSURED

Full Name of the Applicant \_\_\_\_\_

Full Names of the Principal(s) \_\_\_\_\_

Address of Applicant: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Name and Address of Principal Terminal (If Different than Above) \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Is the Applicant a Corp \_\_\_\_\_ LLC \_\_\_\_\_ Sole Proprietor \_\_\_\_\_ How many Years in Business? \_\_\_\_\_

How many Years at the above address? \_\_\_\_\_ Previous Insurance \_\_\_\_\_ Declined \_\_\_\_\_ Non-Renewed

Current Insurer \_\_\_\_\_ Policy Number \_\_\_\_\_ EX Date \_\_\_\_\_

Expiring Premium \_\_\_\_\_ Current Deductible \_\_\_\_\_ Type of Cargo Carried \_\_\_\_\_

Percentage of Type of Business

\_\_\_\_\_ Common \_\_\_\_\_ Contract \_\_\_\_\_ Private \_\_\_\_\_ | Non-Trucking \_\_\_\_\_ Brokered Loads \_\_\_\_\_ Others

Breakdown of Brokered Loads (Percentage) \_\_\_\_\_ Outgoing \_\_\_\_\_ Incoming

\_\_\_\_\_ Yes \_\_\_\_\_ No Household or Commercial Mover

## DESCRIPTION OF OPERATIONS

\_\_\_\_\_ Yes \_\_\_\_\_ No Is the Vehicle Owner-Driven?

\_\_\_\_\_ Yes \_\_\_\_\_ No If Drivers are Employed, are MVR's obtained?

\_\_\_\_\_ Yes \_\_\_\_\_ No If more than (1) Vehicle is covered, what is the Estimated Maximum Possible Terminal Loss?

\_\_\_\_\_ What is the Amount of Deductible(s) on Collison?

\_\_\_\_\_ Yes \_\_\_\_\_ No Will the Insured ever use Hired Equipment?

\_\_\_\_\_ Yes \_\_\_\_\_ No Will any of the Insureds equipment ever be loaned or rented to others?

\_\_\_\_\_ Yes \_\_\_\_\_ No Does the Insured own or use Trucks and/or Trailers other than those listed on this Application? If "YES", please specify Vehicles and state reason why insurance is not required.

\_\_\_\_\_ Yes \_\_\_\_\_ No Are the Trucks, Trailers and Equipment Regularly Inspected and Serviced? If so, at what periods? \_\_\_\_\_ Daily \_\_\_\_\_ Monthly \_\_\_\_\_ Quarterly \_\_\_\_\_ Annually

## What is the Radius of the Applicant's Operations?

USA Milage	Percentage	Annual Miles per Vehicle	Longest Radius (Miles)	States Traveled
0 -50				
51 - 100				
101 -200				
201 – 500				

## TERMINALS

Please provide full details of all Terminals owned or operated by the Applicant. Attach Property Underwriting Details as required using standard property application.

Address (City/State/ZIP	Describe Security	Max Values Inside	Max Values Outside

## DESCRIPTION OF COMMODITIES CARRIED

Estimate the percentage of Gross Receipts derived from hauling each Commodity carried. Avoid the use of Non-Specific Terms such as "General Merchandise".

Commodity	% of Receipts	AVG Load Value	MAX Load Value
Alcoholic Beverages (Including Beer & Wine)			
Auto Parts and Accessories			
Automobiles (New)			
Automobiles (Used)			
Boats/Watercraft			
Building Materials (Not Lumber or Logs)			
Bulk Liquids (In Tankers)			
Computer/Electronics (Attach Supplement)			
Containers (Reefers – Attach Supplement)			
Containers (Other)			
Flammables or Explosives			
Frozen Foods (Attach Reefer Supplement)			
Hazardous Goods (Describe)			
Heavy Machinery			
Household Goods (Specific Contract)			
Household Goods (Residential Movers)			
Light Machinery – Including Parts			
Live Animals, Birds, Fish			
Logs-Wood Chips-Sand-Gravel			
Lumber			

Meat-Seafood-Poultry (Boxed Attach Reefer Supplmt)			
Meat (Swinging/Hanging) (Attach Reefer Supplement)			
Mobile Homes			
Non-Perishables (Dry) Goods			
Perishable Foods (Produce – Attach Supplement)			
Other Perishables – Please Describe			
Oilfield Equipment - Light			
Oilfield Equipment - Heavy			
Oilfield - Drilling Rigs			
Oilfield – Hot Shot/Parts			
Steel			
Tobacco Products (Attach Supplement)			
Mixed Loads (Of the Above)			
Other Commodities – Please Describe Below			

How many Vehicles does the Applicant own? (Insert Number of Vehicles Only that Apply):

### VEHICLE DESCRIPTIONS

Vehicles Only – Power Units (Tractors) Only – Do Not Include Trailers			
Type	Total # of Units	Units Owned By Insured	Sub-Contracted/Lease Operators
Tractors			
Dump			
Wood Chip Haulers			
Tankers			
Van Trucks (Dry)			
Van Trucks (REFG)			
Flat Bed			
Other Power Units			

Are All Units Equipped with the following:

Alarms	_____	Yes	_____	No
Fire Extinguishers	_____	Yes	_____	No
GPS Tracking	_____	Yes	_____	No
Cameras	_____	Yes	_____	No

Please List other Safety/Security Features \_\_\_\_\_

Additional Description of Vehicles Specify "TYPE" as Truck, Tractor, Van, Dump, Tanker)						
Please List ALL Power Units - Attach Separate Sheet if Needed						
VIN #	YEAR	MAKE	Vehicle Type	Class	Gross Weight	Estimated Annual Miles

## DRIVER & SAFETY REQUIREMENTS

Total Number of Drivers \_\_\_\_\_ # of Full Time Drivers \_\_\_\_\_ # of Part-Time Drivers \_\_\_\_\_  
 # of Sub-Contracted Drivers \_\_\_\_\_ # of Lease Operators \_\_\_\_\_ Do they Provide their own  
 Insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No What is the Minimum Age of any Driver? \_\_\_\_\_

Does the Applicant's Driver Section Process Include the following:

Yes  No Written Job Application  Yes  No Pre-Employment Medical  
 Yes  No Background Checks  Yes  No Reference Checks  
 Yes  No Review of MVR  Yes  No Verify Experience  
 Yes  No Road Test  Yes  No Inclement Weather Test

Does the Applicant require a Drug Test at: \_\_\_\_\_ Time of Hire \_\_\_\_\_ Post Accident \_\_\_\_\_ Random

Driver Information – Must Have MVR's Attached						
Full Name	Date of Birth	License State	DL Number	Years Class A Experience	Date of Hire	# of Infractions

## INSURANCE REQUIREMENTS

Deductible \_\_\_\_\_ \$1,000 \_\_\_\_\_ \$2,500 \_\_\_\_\_ \$5,000 \_\_\_\_\_ \$10,000 \_\_\_\_\_ \$25,000 \_\_\_\_\_ \$50,000

Commercial Auto Liability Limit \_\_\_\_\_ \$300,000 \_\_\_\_\_ \$500,000 \_\_\_\_\_ \$1,000,000 \_\_\_\_\_ \$2,000,000

General Liability Limit \_\_\_\_\_ Rejected \_\_\_\_\_ \$300,000 \_\_\_\_\_ \$500,000 \_\_\_\_\_ \$1,000,000 \_\_\_\_\_ \$2,000,000

UM Limit (Per Accident/Per Person) \$ \_\_\_\_\_ Rejected \_\_\_\_\_

UM Limit is Combined Single Limit \_\_\_\_\_ Medical Payments to Others \$5,000

\_\_\_\_\_ Yes \_\_\_\_\_ No Hired Auto

\_\_\_\_\_ Yes \_\_\_\_\_ No Non-Owned

\_\_\_\_\_ Yes \_\_\_\_\_ No Blanket Additional Insureds

\_\_\_\_\_ Yes \_\_\_\_\_ No Blanket Waiver of Subrogation

\_\_\_\_\_ Yes \_\_\_\_\_ No Trailer Interchange

<b>Special Underwriting Requests</b>

**CLAIMS INFORMATION**

Any Claims in the last 5 Years?  Yes  No If "YES", please provide full details including date, type of loss amount paid and outstanding. Current Loss Runs dated within 90 days Must be provided for a quote.

**DESCRIPTION OF LOSSES**

Date of Loss	Annual Premium	Cause of Loss (Fire-Theft – Collison – Other)	Total Paid	Deductible

**SAFETY PROCEDURES**

- Yes  No Is there a Full-Time Safety Supervisor?  
 Yes  No Does the Applicant have a Formal Safety Program?  
 Yes  No Does the Applicant have a written Vehicle Maintenance Program?  
 Yes  No Does the Applicant have a Preventive Maintenance Program in Place?  
 Yes  No Are written Records of Vehicle Maintenance/Condition maintained? How Often \_\_\_\_\_  
 Yes  No Is there a "NO LOSS" Bonus Program? If "YES", what % of Drivers Qualify \_\_\_\_\_  
 Yes  No Does the Applicant have any cameras in the vehicle? If so, what Type/Brand \_\_\_\_\_

**FILING REQUIREMENTS**

List All States where the Applicant has been advised a Motor Truck Cargo Filing is Required:  
 \_\_\_\_\_

If ICC (US) Filing is Required for Cargo (Forms BMC 34 or BMC 35), Provide Docket #: MC \_\_\_\_\_

This application shall not be binding on the Underwriters unless and until a contract of insurance shall be issued and delivered in accordance herewith and then only as of the commencement date of said insurance and in accordance with all terms thereof and the said Applicant hereby covenants and agrees

to and with the Underwriters that the foregoing statements and answers are a just, full and true exposition of all the facts and circumstances with regard to the risk to be insured, insofar as same are known to the Applicant, and the same are hereby made the basis and condition of the insurance.

Please Explain any "YES" Answer and Add Other Comments Here:

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<b>Applicant's Signature</b>		<b>Date</b>	
<b>Printed Name</b>		<b>Title</b>	
<b>Agent's Signature</b>		<b>Date</b>	
<b>Printed Name</b>		<b>Title</b>	

**Signing of this Application Does Not Bind the Applicant to Complete the Insurance Transaction**

<b>Additional Underwriting Notes</b>

