ACO	RE	T T	RUCKERS	/ N	MOTOR	CAR	RIE	RS	S	ECTION			DATE	(MM/DD/Y	YYY)
AGENCY						CARRIE	ER							NAIC C	ODE
POLICY NUME	BER			E	FFECTIVE DATE	NAMED IN	ISURED	(S)							
PRINCIPA	L SH	IPPERS		RI	EGULATION	 									
	<u> </u>				COMMON CA					DOT RATING					
					CONTRACT					DOCKET #:	VCT #.				
					PRIVATE CAR		CH A	CORD		CC FILING REQUIRED; DOC 4 FOR STATE / FEDE		ILING	SS		
COVERAG	GES /	LIMITS		_											
			137 FOR YOUR	ST	ATE TO PR	OVIDE C	OVE	RAGE	ES	/ LIMITS INFORMA	TION				
RECEIPTS	S / MI	LEAGE / UNITS			CON	IMODITIE	S				lo. =.				
		GROSS RECEIPTS	TOTAL MILEAGE	# [POWER		СОММС	DITIES 1	TRA	NSPORTED	% TO REVI			PER TRUC	K LOAD
NEXT YEAR (I		\$											\$ \$		
PREV YEAR		\$											\$		
PREV YEAR		\$											\$		
TERMINA LOC ZONE			NAME AN	ID AI	DDRESS OF TER	MINALS					#	VEH	DIS	ST FROM G	ARAGE
DRIVER II	NFOR	MATION A	CORD 163 attached	d fo	r additiona	drivers									
LIST ALL DRIV	VERS, I	NCLUDING FAMILY MEMBERS T											ATE	IISE	0/_
#		CITY, STATE AND ZIP CO	DDE S	EX ;	MAR STAT DATE	OF BIRTH	YRS EXP	'ĽĬĊ'`	Si	RIVERS LICENSE NUMBER/ DCIAL SECURITY NUMBER	Lic	H	ÎRE	USE VEH #	USE
				+											
				+											
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					MADITAL STAT				L						

	PER VEHICLE	ection) attac		ned units						
COMPANY		TYPE ENTER TH								
			HE "NUMBER (PER VEHICLE TYPE ENTER THE "NUMBER OF" WITHIN EACH CATEGORY						
OWNED	NON	LONG TERM	TRIP		RADIUS (MILES		TERR/ ZONE			
• • • • • • • • • • • • • • • • • • • •	OWNED	LEASE	LEASE	LOCAL	INTER- MEDIATE	LONG DISTANCE				
									Y/N	
NANCE PR	OGRAM IN	OPERATION?								
		NANCE PROGRAM IN O	NANCE PROGRAM IN OPERATION?		NANCE PROGRAM IN OPERATION?	NANCE PROGRAM IN OPERATION?		NANCE PROGRAM IN OPERATION?		

EXPLAIN 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?	

GF	NFRAI I	INFORMATION	l (continued)			ici cos	10NER ID:			
		YES" RESPONSES	(00111111111111111111111111111111111111							Y/N
		OLD HARMLESS A	CDEEMENTS2							
15.	ANT HO	ILD HARWILESS A	GREEWENTS!							
1										
16.	ANY DRI\	VERS WITH CON	VICTIONS FOR MOVIN	G TRAFFIC VIC	DLATIONS?					
1	APPLICAB	BLE ONLY IN KANSA	AS: UNDER KANSAS LAW	, THE FOLLOWIN	NG TRAFFIC VIOLATIONS ARE NO	OT REQUIR	RED TO BE REPORTED TO IN	ISURERS:		
					a maximum posted speed limit fro					
1				rs in an area witr	n a maximum posted speed limit f					
	DRV# DA	ATE (MM/DD/YYYY)	TYPE			PLACE	(CITY, STATE)		# YRS REV	
17.	DO ANY \	VEHICLES HAVE	SPECIAL EQUIPMENT	MOUNTED OF	R ATTACHED?					
1										
L										
18.	DOES AP	PPLICANT PULL L	OUBLE OR TRIPLE TR	AILERS?						
1										
1										
19.	DOES AP	PPLICANT HAVE 1	OW TRUCKS OR PER	FORM TOWING	3?					
1										
<u> </u>										
20.	ARE VEH	IICLES LEFT UNL	OCKED WHEN UNATT	ENDED?						
1										
1										
21	ARE ANY	OVERAGE SHO	RTAGE OR DAMAGE O	LI AIMS PENDII	NG?					
- ' -	AINE AINT	OVERAGE, SITO	INTAGE ON DAMAGE C	LAINO I LINDII	110:					
22	ARF ALI	VEHICLES TO BE	E INCLUDED IN THIS P	OLICY PART O	OF A FLEET?					
AD	DITIONA	AL INTEREST /	CERTIFICATE REC	CIPIENT	ACORD 45 attached	d for ad	ditional names			
INTE	REST	RANK:	NAME AND ADDRESS	REFERENCE #	:		CERTIFICATE REQUIRED	INTEREST	IN ITEM NUMBER	
	ADDITION	NAL INSURED						VEHICLE:		
	LOSS PA	YEE						SCHEDULED ITEM N	IIMRER:	
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		DED						OTHER		
	LIENHOLI							OTHER		
	-	DER EE AS LESSOR						OTHER		
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	-		ITEM DESCRIPTION:					OTHER		
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INTE	EMPLOYE	RANK:	ITEM DESCRIPTION: NAME AND ADDRESS	REFERENCE #	:		CERTIFICATE REQUIRED	INTEREST	IN ITEM NUMBER	
INTE	REST ADDITION	RANK:		REFERENCE #	:		CERTIFICATE REQUIRED	INTEREST VEHICLE:	-	
INTE	EMPLOYE	RANK:		REFERENCE #	:		CERTIFICATE REQUIRED	INTEREST	-	
INTE	REST ADDITION	RANK: NAL INSURED YEE		REFERENCE #	:		CERTIFICATE REQUIRED	INTEREST VEHICLE:	-	
INTE	REST ADDITION LOSS PA	RANK: NAL INSURED YEE		REFERENCE #	:		CERTIFICATE REQUIRED	INTEREST VEHICLE: SCHEDULED ITEM N	-	
INTE	REST ADDITION LOSS PA	RANK: NAL INSURED YEE DER		REFERENCE #	:		CERTIFICATE REQUIRED	INTEREST VEHICLE: SCHEDULED ITEM N	-	
INTE	REST ADDITION LOSS PA	RANK: NAL INSURED YEE DER	NAME AND ADDRESS	REFERENCE #	:		CERTIFICATE REQUIRED	INTEREST VEHICLE: SCHEDULED ITEM N	-	
	REST ADDITION LOSS PA LIENHOLI EMPLOYE	RANK: NAL INSURED YEE DER EE AS LESSOR	NAME AND ADDRESS ITEM DESCRIPTION:					INTEREST VEHICLE: SCHEDULED ITEM N	-	
	REST ADDITION LOSS PA LIENHOLI EMPLOYE	RANK: NAL INSURED YEE DER EE AS LESSOR	NAME AND ADDRESS ITEM DESCRIPTION:		: , may be attached if mor	e space		INTEREST VEHICLE: SCHEDULED ITEM N	-	
	REST ADDITION LOSS PA LIENHOLI EMPLOYE	RANK: NAL INSURED YEE DER EE AS LESSOR	NAME AND ADDRESS ITEM DESCRIPTION:			re space		INTEREST VEHICLE: SCHEDULED ITEM N	-	
	REST ADDITION LOSS PA LIENHOLI EMPLOYE	RANK: NAL INSURED YEE DER EE AS LESSOR	NAME AND ADDRESS ITEM DESCRIPTION:			e space		INTEREST VEHICLE: SCHEDULED ITEM N	-	
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	REST ADDITION LOSS PA LIENHOLI EMPLOYE	RANK: NAL INSURED YEE DER EE AS LESSOR	NAME AND ADDRESS ITEM DESCRIPTION:			re space		INTEREST VEHICLE: SCHEDULED ITEM N	-	
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	REST ADDITION LOSS PA LIENHOLI EMPLOYE	RANK: NAL INSURED YEE DER EE AS LESSOR	NAME AND ADDRESS ITEM DESCRIPTION:			e space		INTEREST VEHICLE: SCHEDULED ITEM N	-	
	REST ADDITION LOSS PA LIENHOLI EMPLOYE	RANK: NAL INSURED YEE DER EE AS LESSOR	NAME AND ADDRESS ITEM DESCRIPTION:			e space		INTEREST VEHICLE: SCHEDULED ITEM N	-	
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