



■ RLI Transportation
 A division of RLI Insurance Company

2970 Clairmont Rd., Suite 1000
 Atlanta, GA 30329
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Small Fleet Truckers (6-19 Revenue Units) Underwriting Checklist

Fleet: _____ **City, State:** _____

Expiration Date: _____ **Proposed Effective Date:** _____ **Date Quote Required:** _____

Broker: _____ **Producer(s):** _____

Address: _____

Phone: () _____ **(800)** _____ **Fax:** () _____

Are you the incumbent broker? Yes No If yes, for how long? _____

To underwrite this application, the following materials must be provided and attached to this application:

- _____ **1. Financial Statements :** Balance sheets & income statements for the last 2 years & a current interim statement (if most recent year-end statements are more than 6 months old) are required. We prefer audited or reviewed statements, if available. Statements should include revenue obtained through trip lease & brokerage operations. Parent company financials, if applicable, should be provided.
- _____ **2. Loss Runs :** Provide documented loss experience, valued within the past 90 days, from prior insurers for all lines of coverage requested for the current year and prior 3 years. Provide details on all losses in excess of \$50,000. Provide summary of losses on page 3 of this application.
- _____ **3. Mileage:** Provide fuel tax reports, indicating mileage by state and total mileage for all states for the previous 4 calendar quarters. Indicate any mileage which may not be included on fuel tax reports. Record mileage summaries and projections on page 2 of this application.
- _____ **4. Revenue :** Record revenue history and projections on page 2 of this application.
- _____ **5. Equipment Schedule:** Attach current updated listing of all company owned and owner/operator vehicles, including year, make, model, VIN, current market value, where garaged and licensed. For local/intermediate operations (up to 300 mile radius), include gross vehicle weight for each unit.
- _____ **6. Drivers List:** Attach listing of all drivers operating equipment to be covered by this proposed insurance: company drivers, owner/operators, drivers of service and private passenger units. List should include full name of driver, date of birth, state of license issued, driver's license number, & date of hire. MVRs are requested for all drivers and should be dated within 60 days of the policy effective date.
- _____ **7. Agreements:** Provide copies of all applicable agreements used by applicant, including permanent lease, trip lease, hold-harmless, interline, interchange, intermodal, and sub-hauler agreements.
- _____ **8. Safety Materials:** Attach a copy of most recent state or federal compliance review & current compliance rating document. Provide copies of pertinent fleet safety & maintenance programs as well as any materials.



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Applicant Name: _____

Street Address: _____

Mailing Address: _____

Phone: () _____ (800) _____ Fax: () _____

Name of Parent Company: _____

Structure: C Corp Sub S Corp Partnership Proprietorship Employer Federal ID # _____

Current management has controlled risk since _____ (year) and has been in the trucking business since _____ (year).

Contact Person: _____ Phone Number: _____

List all Subsidiaries & Affiliated Companies. Explain what they do & if they're to be included on policy. Add attachment, if necessary.

Company	Type of Business	Included on Policy? Yes or No
_____	_____	_____

Segments: _____ % Dry Van _____ % Liquid Tank _____ % Other (describe) _____
 _____ % Refrigerated _____ % Dry Bulk _____ % Other _____
 _____ % Flatbed _____ % Containerized _____ % Other _____

Radius of Operations (% of miles) _____ Up to 100 _____ 101-300 _____ 301-500 _____ Over 500

Average Length of Haul _____ miles Maximum Length of Haul _____ miles % of Deadhead miles _____

Do you haul doubles? Yes No If Yes, _____% of total miles. Do you haul triples? Yes No If yes, _____% of total miles.

Do you use driver teams? Yes No If Yes, _____% of tractors seated with teams.

Exposure History & Projections (If under 5 projected units, we need projected mileage only. If more than 5 units, this section must be filled out completely).

Period	From (Mo/Yr - Mo/Yr)	Mileage	Revenue	Average # of Revenue Units
Next 12 Months	_____	_____	_____	_____
Current Year	_____	_____	_____	_____
1 Year Prior	_____	_____	_____	_____
2 Years Prior	_____	_____	_____	_____
3 Years Prior	_____	_____	_____	_____

Commodities	% of Revenue	Hazardous?	Average Value	Maximum Value	% at Max
1.					
2.					
3.					
4.					
5.					

Total = 100%

Equipment Information (Include values if physical damage coverage is to be provided).

Unit	Co Owned or Owner/Op?	P= Power Unit T= Trailer	Model Year	Make	Model	Type*	Vin #	Desired Physical Damage Deductible	Stated Amount
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									

* Type = tractor, straight truck, service vehicle, other (describe)

Driver List (Attach current copy of each driver's MVR). SSN# is required if <5 units.

Driver's Name	Date of Birth	License # & State	Years of Commercial Experience	SSN#
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Loss History (Currently valued loss runs required if >5 units).

Prior Carrier	Period	Losses (attach separate sheet if necessary)

Miscellaneous Questions

- a) Has the applicant's insurance been declined, non-renewed, or cancelled in the past 5 years? If so, provide reasons. _____ Yes _____ No
- b) Does the applicant act as a truck broker? _____ Yes _____ No
- c) Does the named applicant operate any other vehicles not listed? _____ Yes _____ No
- d) Are placards ever required for any vehicle? _____ Yes _____ No
- e) Are all trailers equipped with anti-lock brakes? _____ Yes _____ No

Comments: Explain any "Yes" answers given above.

FILINGS

List the states or Canadian provinces where applicant has Liability Filings: _____

Note: No filings will be made until down payment is received and the risk is accepted.

COVERAGES REQUESTED		
Primary Liability:	Limit: <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000	Deductible: <input type="checkbox"/> \$0 <input type="checkbox"/> \$2,500
Personal Injury:	Limit: <input type="checkbox"/> Statutory Min. <input type="checkbox"/> Reject	
UM/UMI:	Limit: <input type="checkbox"/> _____ <input type="checkbox"/> Reject	
Physical Damage:	Limit: <input type="checkbox"/> Stated Value	Deductible: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000
General Liability:	Limit: <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000	Deductible: <input type="checkbox"/> \$0 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500
Cargo	Limit: <input type="checkbox"/> _____	Deductible: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000

General Fraud Statement
(Not applicable in Colorado, Nebraska, Ohio, Oklahoma, Oregon, Utah and Vermont)

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and (NY: substantial) civil penalties. In the District of Columbia, Louisiana, Maine, Tennessee, Virginia and Washington, insurance benefits may also be denied.

The applicant hereby applied to the Company for a policy of insurance as set forth in this application on the basis of statements contained herein. Applicant agrees that such policy shall be null and void if such information is materially false or misleading so that the Company would have rejected the risk, prior to inception. Applicant understands that an inquiry may be made which will provide applicable information concerning character, general reputation, financial stability and other pertinent financial data, personal characteristics, mode of living or other background information the company deems necessary in order to determine whether the Company will accept or reject Applicant for coverage. Upon written request, additional information as to the nature and scope of the inquiry, if one is made, will be provided. The Applicant understands this application is a request for quotation and no information provided herein shall be construed by either party as creating a binding contract for insurance.

Signed this _____ day of _____, 200_____, at _____

By _____ For _____
Name Title If Named Insured is other than an individual

(If a partnership or corporation, signatory must be empowered by Articles of Incorporation, et al, to bind insurance agreements).