

Label1	TIME:	am
DESIRED POLICY EFFECTIVE DATE :		
_____ / _____ / _____	_____ : _____	pm

Chartis The Truck Insurance Group Phone (404) 853-2630 FAX (404) 853-3123 PO Box 2010 Atlanta, GA 30026
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CHARTIS THE TRUCK INSURANCE GROUP

A DIVISION OF THE INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA

SMALL FLEET INSURANCE APPLICATION

GENERAL INFORMATION

Quote #:

Applicant Name:			
Applicant Address		City	State
		County	Zip
Principal Garaging Address(If Different)		City	State
		County	Zip
Type Of Entity:	Applicant Phone	()	-
<input type="checkbox"/> Proprietorship, <input type="checkbox"/> Partnership,	M.C. Number		
<input type="checkbox"/> Corporation, <input type="checkbox"/> Individual, <input type="checkbox"/> Other	Social Security Or Tax I.D. Number:		
Name of Person to Contact:		Number Of Years In Business?:	

COVERAGE DESIRED

Coverage	Limit	Deductible	Symbol
Primary Liability	<input type="checkbox"/> 300 <input type="checkbox"/> 500 <input type="checkbox"/> 750 <input type="checkbox"/> 1000	<input type="checkbox"/> None <input type="checkbox"/> 1000 <input type="checkbox"/> 2500	
Non Trucking Use	<input type="checkbox"/> 300 <input type="checkbox"/> 500 <input type="checkbox"/> 750 <input type="checkbox"/> 1000	N/A	
Personal Injury	<input type="checkbox"/> Reject <input type="checkbox"/> _____	N/A	
Uninsured Motorists	<input type="checkbox"/> Reject <input type="checkbox"/> _____	N/A	
Physical Damage	Stated Amount	<input type="checkbox"/> \$1000 <input type="checkbox"/> \$2500	

MILEAGE BY STATE (Or Attach Copy of Schedule B -- Fuel Tax Summary)

State	Annual Mileage	State	Annual Mileage	State	Annual Mileage

DRIVER INFORMATION

Driver Name	Date Of Birth	License # and (State)	Date Employed	Commercial Experience
1.	/ /	()	/ /	
2.	/ /	()	/ /	
3.	/ /	()	/ /	
4.	/ /	()	/ /	
5.	/ /	()	/ /	
6.	/ /	()	/ /	

VIOLATIONS and ACCIDENTS

Driver Name	Date Of Violation	Details Of All Violations Or Accidents In The Last 36 Months	Place
	/ /		
	/ /		
	/ /		
	/ /		
	/ /		
	/ /		

FINANCIAL INFORMATION

Attach a copy of the insured's most recent year end profit and loss sheet, tax statement or other financial information and any necessary explanation.

FILINGS

Does the applicant require: ICC Filing (provide docket #MC) PUC Filing Other state filings (Specify state) _____
 Note: 1. We must insure all vehicles owned or operated by the insured to make an ICC or PUC filing. 2.: No filings will be made until downpayment is received and the risk is accepted. 3. There is a fully earned filing fee of \$10.00 for filings made as a result of reinstatement.

62695 (5/95)

62695(5/95)

Chartis The Truck Insurance Group - Computer input information required

Quote #	<input type="checkbox"/> Corporation <input type="checkbox"/> Individual	Eff Date	Name	DOT #	ICC #
Garage State	Total Miles	Business Class	Liability Limit \$	UM Limit \$	

Class of Business					
	Armored Truck		House Movers		Sand & Gravel
	Auto/Boat Transport		Intermodal / Container		Star Route Mail Carriers
	Bulk/Pneumatic		Livestock		Steel Haulers – coiled steel
	Coal		Local Delivery		Straight Truck (>26,000 lbs)
	Dry Van		Logging / Pulpwood		Tanker
	Dumping Operation		NTPG		Time Sensitive Delivery Business
	Explosive/Hazardous		Other		Urban Local Delivery / Courier
	Flat bed		Public Auto		Waste
	Fuel Products		Radioactive Materials		
	Hanging Meat		Reefer		

Financial Information (Required if 5 or more units)	Period 1	Period 2
	to	to
Cash & Equivalent		
Accounts Receivable		
Current Assets		
Total Assets		
Current Liabilities		
Long Term Liability (not listed above)		
Retained Earnings		
TOTAL Stockholder's Equity		
Operating Revenue		
Operating Expenses		
Earnings B-4 Interest & Taxes (Gross Profit)		
Interest Expenses		
Earnings B-4 Taxes		
Earnings After Taxes(Next Income)		
Depreciation Expense		
Deferred Tax Expense		

Questions (Please answer supplemental questions if necessary)	Yes	No
1. Has the applicant had 4 or more years of primary liability coverage? Attach details of the applicant's driving experience and employer for the last 5 years		
2. Does the applicant pull double/triple trailers or tankers trailers? If so, please provide the details of the trailers that the applicant pulls:		
3. Does the applicant act as a truck broker? If so, does the applicant have Broker Authority? Yes <input type="checkbox"/> No <input type="checkbox"/> . Give the details to the dollar amount derived from Broker exposure. \$		
4. Are placards required for any commodity hauled by applicant? If so, provide the details on the commodities hauled and % of hauls of each commodity.		

Driver Information (Attach list if more than 10 drivers)

Name	DOB	Hire Date	Yr Exp	# Cites	Date	Moving Violations Details
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Power Units and Trailers (Attach list if more than 20 units)

#	State	Year	Make	Type	Phys Dam Value	Deduct 1000/2500	Trailer Type Dump-F/B-Other
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

General Liability	Yes	No
How many premises do you own, rent or occupy? _____		
Are there any installation, repair or maintenance operations?		
Are there any warehousing or storage operations?		
Are there any operations performed other than trucking for hire?		
Does the insured sell any product either on a retail or wholesale basis?		

Is there trailer interchange exposure?		
If so, does applicant have a written Interchange agreement? [] Yes [] No. If Yes, limit of liability required by agreement \$ _____ Number of annual interchange days _____		