

Excess Liability Application (Transportation)

Every Question Must Be Answered (3 Pages)

Name of applicant(s) _____
 Street Address: _____ County _____
 City _____ State _____ Zip Code _____

Description of Operations:

CURRENT INSURANCE INFORMATION:

Effective / Expiration Date: _____

Limits of Liability (Primary): *(Only list primary limits if excess liability is desired)*

Automobile Liability: \$ _____ Carrier: _____ Premium: \$ _____
 General Liability: \$ _____ Carrier: _____ Premium: \$ _____
 Other: _____ \$ _____ Carrier: _____ Premium: \$ _____

Excess Limits Desired? _____

Note: We must insure all vehicles on the primary policy (PIP and Med Pay are Excluded.)

AUTO INFORMATION:

Fleet Summary	# of Power Units	Cargo Hauled / Usage of Vehicles	0-50 Miles	51-200 Miles	201+ Miles
Private Passenger					
Light Trucks					
Medium Trucks					
Heavy Trucks					
Extra Heavy Trucks					
Heavy Truck Tractors					
Extra Heavy Tractors					
Buses					

Please complete for all passenger carrying vehicles:

Number of buses with 1-8 passenger capacity _____
 Number of buses with 9-20 passenger capacity _____
 Number of buses with 21-60 passenger capacity _____
 Number of buses with 61+ passenger capacity _____

HISTORICAL INFORMATION:

	Receipts:	Mileage:	Units:
(Projected)	_____	_____	_____
1 st Prior year	_____	_____	_____
2 nd Prior year	_____	_____	_____
3 rd Prior year	_____	_____	_____
4 th Prior year	_____	_____	_____
5 th Prior year	_____	_____	_____

GL INFORMATION: (complete if excess GL is desired and provide a GL application)

of locations / terminals: _____
 Square Feet (Total): _____
 Mechanics Payroll: _____
 Any Warehousing exposure? _____

LOSS SUMMARY: (Please provide hard copy loss runs if available – *Required upon binding*)

Year:	# of Claims	Paid:	Reserved:	Total Incurred:	Valuation Date:
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Please provide details of any SINGLE loss that exceeds \$50,000 whether BI and/or PD and any reserves. (Loss Runs on Larger Accounts)

	Date of Loss	Description	Amount Paid or Reserve
1			
2			
3			
4			
5			

SCHEDULE OF DRIVERS:

	Full Name	Date of Birth	Driver License #	Years Experience (Similar Units)	Driving Record (moving violations or major offenses)
1					
2					
3					
4					
5					

Provide MVR's – *Required upon binding*

** Do you have a formal safety program? Yes_____ No_____ If no, what controls do they have in place?_____

** Are motor vehicle reports checked prior to or post hire? Yes_____ No_____

Filings (If applicable):

Does the insured need filings? _____

USDOT# _____ MC# _____ State # _____

List specific filings needed _____

Brokers Name and Address:

Date: _____ Telephone# _____

Contact Person: _____

Insured's Signature: _____ Date: _____

Note: Depending on the market approached, there is a possibility that another application may need to be completed.