

5Star Submission Checklist & Questionnaire Trucking Program



Agency Helpline ~ 877-247-9772

No coverage is effective until approved by the General Agent

Choose the office to work with:

FLORIDA

158 N. Harbor City Blvd, Melbourne, FL 32935
800-444-8474 (PH)

GEORGIA

3480 Preston Ridge Rd., Ste. 250 Alpharetta, GA 30005
800-444-8474 (PH)

Send submissions to:

Florida office:

trucking@5starsp.com (preferred) or fax 321-757-6147

Georgia office:

truckingga@5starsp.com (preferred) or fax 770-663-8326

Agency _____	FEIN _____
Contact Person _____	Agent Email _____
Phone _____	Fax _____
Name of Risk _____	
Mailing Address _____	
Building Address _____	
Email Address _____	
Phone No. _____	Fax No. _____
MC # _____	FEIN or SSN# _____
Is this new business to your agency? <input type="checkbox"/> Yes	<input type="checkbox"/> No
Effective Date _____	Quote Needed By _____ (If greater than 1 week prior to effective date; please give reason)

Documentation Required

- ___ Motor Carrier Questionnaire (included in this document)
- ___ Company Loss Runs no more than 60 days old (current year plus three prior)
- ___ IFTA Reports – Most current four quarters
- ___ Current MVRs no more than 60 days old
- ___ Copy of Financials (for 10 units and up)
- ___ Driver Schedule including:
 - ___ Date of birth and date of hire
 - ___ Number of years experience with similar equipment and similar radius of operations
 - ___ Indicate if company driver or owner/operator
- ___ Vehicle schedule including all owned trailers
 - ___ Indicate if equipment is leased or owned
- ___ Acord 137, State Specific
- ___ State specific UM/UIM and PIP forms

* All Acords listed are available on www.5starsp.com under Tools & Applications



Trucking Insurance Program

FLORIDA

158 N. Harbor City Blvd, Melbourne, FL 32935
800-444-8474 (PH) 321-757-6147 (FX)

NEBRASKA

3930 South 147th Street, Suite 101, Omaha, NE 68144
800-798-0555 (PH) 402-895-1921 (FX)

GEORGIA

400 Northridge Road., Suite 350, Atlanta, GA 30350
800-437-2108 (PH) 770-664-0764 or 770-663-8326 (FX)

COMMERCIAL TRUCK INSURANCE QUESTIONNAIRE

No coverage is effective until approved by the General Agent

Effective Date: _____

Quote Needed By: _____

Contact Person: _____

Agency: _____

Phone: _____ Fax: _____ Agent E-mail: _____

General Information

Is this new business to your agency? No Yes

Name of Risk: _____ How long has current ownership been in place: _____

Mailing address: _____

Garaging / Terminal address: _____

Website address: _____

E-mail address: _____

Fax No: _____

Inspection contact: _____

Phone No: _____

FEIN or Social Security #: _____

MC #: _____

Personnel:

Owner/ President: _____

Safety Supervisor: _____

Maintenance Manager: _____

Accounting Manager: _____

Claims Contact: _____

Telephone Number: _____

Description of Operations

Reefer Dry Van

Flatbed LTL

Heavy Hauler

Farm to Market

Other (describe)

Policy Information

Inception Date: _____

Risk is: Individual Partnership Corporation Other

Any policy cancellations/non-renewals in the last three years? No Yes, If yes why
(Missouri Applicants – Do not answer this question) _____

Has the risk filed for bankruptcy in the last five years? No Yes, has it be discharged? No Yes

Are any Additional Insureds and/or Certificates of Insurance required? Yes No (If yes, attach list or ACORD 45)

Does the applicant have Workers Compensation Insurance? Yes, provide carrier name _____ No

Current DOT safety rating: _____ Please explain "any" rating other than "Satisfactory"

IMPORTANT

COVERAGE LIMITS

<input type="checkbox"/> Liability	\$ _____	Complete State Specific Selection Form ACORD 137
<input type="checkbox"/> UM/UIM	\$ _____	Complete State Specific Selection Form as applicable
<input type="checkbox"/> PIP	\$ _____	Complete State Specific Selection Form as applicable
<input type="checkbox"/> Medical Payments	\$ _____	
<input type="checkbox"/> Hired Auto Liability	\$ _____ cost	Complete Hired Auto Section
<input type="checkbox"/> Non Owned Auto	# of Employees _____	Complete Non Owned Auto Section

Physical Damage

Deductibles:	Collision: \$ _____	<input type="checkbox"/> Comprehensive \$ _____
Tractors values:	\$ _____	<input type="checkbox"/> Spec Perils \$ _____
Total Values:	\$ _____	Trailer values: \$ _____
		Maximum value (one tractor/trailer) \$ _____
<input type="checkbox"/> Hired Auto Physical Damage	\$ _____ Limit	Does Applicant rent or use substitute equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No

Trailer Interchange Does applicant have a **written** trailer interchange agreement Yes No

Number of trailers used daily: _____ Number of days trailers are used weekly: _____

Limit \$ _____ Maximum Value per Trailer \$ _____ Average Value per Trailer: \$ _____

Number days trailers are used weekly: _____ Deductible \$ _____ Or **Std. \$1,000**

Cargo

Per vehicle: \$ _____ Per Occurrence/Disaster \$ _____

Terminal limit & location: \$ _____ Address: _____

Deductibles: **Non-refrigerated operations \$ _____** **Refrigerated units \$ _____** **Minimum**

General Liability

Complete only if General Liability is requested. GL available only for "Truckers" class/operations.

Limits: \$ _____	\$ _____	\$ _____	\$ _____	Damage to \$ _____	Medical Expense
Each Occurrence	General Aggregate	Personal & Advertising	Rented Premises (ea Occ)		
GL Payroll \$ _____	GL payroll – all employees except the drivers		Each Occ \$ _____		
GL Deductibles: Standard <input type="checkbox"/> \$ 250 or \$ _____			General Agg \$ _____		

- Do you generate revenue from any sources other than trucking? Yes No
Description of operations: _____
- Does applicant store or warehouse any commodities including but not limited to LPG, flammable liquids, chemicals etc.? Yes No
If yes, describe type, quantity and how stored: _____
- Does applicant have any above-ground or under-ground storage tanks? Yes No
If yes, describe: _____

Hired Auto Liability *Complete only if Hired Auto is requested.*

- Does applicant subhaul, lease or hire equipment from others? Yes No
If yes, provide the annual estimated cost of hire: Current year \$ _____ 2nd prior year \$ _____
1st prior year \$ _____ 3rd prior year \$ _____
If yes, is it: Permanently Leased Trip Leased
- Is applicant named as additional insured? Yes No Limits required: \$ _____
- If permanently leased, is it scheduled on this application? Yes No
- If permanently leased, are autos hired with drivers? Yes No
- If permanently leased, do you require non trucking coverage? Yes No

Nonowned Auto

- Do you authorize personal auto usage for business purposes? Yes No
If yes, describe: _____
- Do you require proof of insurance? Yes No
- What are the minimum limits required? _____

Broaden Pollution Endorsement

- Do you require Broadened Pollution Coverage? Yes No If yes, please explain: _____

Combined Deductible

- Is the applicant requesting a combined deductible? Yes No

Operations: This section applies for all lines of business

Nearest metropolitan city:

Authorities held:

ICC docket #:

Brokerage Name:

Docket #:

Annual brokerage revenue: \$

\$

Certificates of insurance required from other carrier? No Yes

Total trip lease revenue: \$

\$

Percentage under applicant's authority: %

Radius of Operation- See IFTA reports

Operations from Headquarters

MILES

0-50

51-100

101-200

201-300

301-500

500+

Percentage of total mileage

%

%

%

%

%

%

Principal states of operation

Major metro areas entered with %

Major Shippers:

Commodities Hauled

Commodities

% Of Loads

Average Value

Maximum Value

%

\$

\$

%

\$

\$

%

\$

\$

%

\$

\$

Exposure History:

Year

Gross Receipts

Total Mileage

Units
Owned/Owner
Operator

Fleet Value

/

\$

/

\$

/

\$

/

\$

Estimate for coming year Gross Receipts: \$

\$

Mileage:

Equipment Summary

Tractors

Trailers

Service Units

GCW ≤ 80,000 lbs

Light/ Priv. Pass.

Owned

Owner/Operator

Do your owner –operators carry non-trucking liability? No Yes, Please provide copy of your standard lease.

SCHEDULE OF EQUIPMENT (if over five units attach page with this same information)

Year	Make/Model	17 digit Vehicle Identification No.	Value <input type="checkbox"/> OCN <input type="checkbox"/> Stated Amount	Loss Payee (attach list)	Radius	State of License
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		

EXPERIENCE SUMMARY

Liability:

Coverage Year	Carrier	Loss Reserves	Total Incurred (include expense)	Deductible	Number of accidents	# Of Insured units	Fre-quency	Valuation date
/		\$	\$	\$				
/		\$	\$	\$				
/		\$	\$	\$				
/		\$	\$	\$				
/		\$	\$	\$				

Comments – Losses over \$50,000 - Provide additional information where necessary.

Date of Loss	Amount: Paid	Reserve	Description
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	

Physical Damage:

Coverage Year	Carrier	Loss Reserves	Total Incurred (include expense)	Deductible	Number of accidents	# Of Insured Units	Fre-quency	Valuation Date
/		\$	\$	\$				
/		\$	\$	\$				
/		\$	\$	\$				
/		\$	\$	\$				
/		\$	\$	\$				

Cargo:

Coverage Year	Carrier	Loss Reserves	Total Incurred (include expense)	Deductible	Number of accidents	# Of Insured Units	Fre-quency	Valuation Date
/		\$	\$	\$				
/		\$	\$	\$				
/		\$	\$	\$				
/		\$	\$	\$				
/		\$	\$	\$				

Special Exposures: Do you pull "double" or "triple" trailers? No Yes

Oversize/ Overweight? No Yes if "yes", percentage of revenue: _____ %

% Loads: Oversize Over length Over width Over height

"Haz Mat" No Yes if "yes", percentage of revenue: _____ % with placarding _____ %

EPA # Class Typical "Haz Mat" items are: _____

- Applicant owns or leases **vehicles not specified in this application**? No Yes
- Applicant **hires vehicles** from others? No Yes
- Applicant **hauls for other truckers**? No Yes
- Applicant **rents/ leases vehicles** or equipment to others **with or without drivers**? No Yes, _____ % revenue
- **Other truckers operate under the authority of the applicant**? No Yes, _____ % of revenue # units _____

DRIVERS:

All Drivers must meet the company's guideline, which will be provided with our quote. List all drivers, which includes their date of hire (DOH) and (if available) each driver's years of experience as a class A CDL driver.

Do you allow non-employees to travel with your drivers? No Yes

Minimum driver age and experience: From: _____ To: _____ Yrs. Experience: yr min. _____

Do all drivers have a minimum of 2 years operating like equipment? Yes No

Current number of drivers: _____ Hired last twelve months: _____ Terminated: _____

List of Drivers – If more room is necessary, please attach separate sheet with same info

Name	License Number	State	DOB	DOH	Years with CDL

Safety:

Safety meeting held: No Yes How often? _____ *Forward mandatory DOT Driver Signature Attendance List

Bonus for safety driving: No Yes If yes, describe: _____

Accidents reviewed for preventability: No Yes By whom: _____

Maintenance:

Written P/M program: No Yes Send copy of Preventative Maintenance Checklist

Service/Repair done: No Yes By whom: _____

Number of mechanics: _____ **Work for others performed?** No Yes

Equipment Inspections:

Pre-trip: No Yes Periodic: No Yes, every _____ day _____ Miles

Service records maintained: No Yes Where: _____ By whom: _____

COVERAGE ELECTIONS – Go to www.5StarSP.com for State specific ACORD 137, Uninsured Motorists and/or No Fault (PIP). Attach completed and signed ACORD election form(s) to this questionnaire.

Filings Required:

Federal BMC-91X (Liability) BMC-34 (Cargo)

State – Select appropriate State(s) below and indicate type of filing.

Other – please provide list of filings required and any state numbers if applicable

Address:

Same as Mailing Address

Same as Garaging Address

Other: Street:

City/St:

Zip:

State	Form E	Form H
<input type="checkbox"/> Alabama	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Alaska	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Arizona	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Arkansas	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> California	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Colorado	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Connecticut	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Delaware	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Dist of Columbia	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Florida	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Georgia	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hawaii	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Idaho	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Illinois	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Indiana	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Iowa	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Kansas	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Kentucky	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Louisiana	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Maine	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Maryland	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Massachusetts	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Michigan	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Minnesota	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Mississippi	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Missouri	<input type="checkbox"/>	<input type="checkbox"/>

	Form E	Form H
<input type="checkbox"/> Montana	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Nebraska	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Nevada	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> New Hampshire	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> New Jersey	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> New Mexico	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> New York	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> North Carolina	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> North Dakota	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ohio	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Oklahoma	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Oregon	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Pennsylvania	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Rhode Island	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> South Carolina	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> South Dakota	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Tennessee	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Texas	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Utah	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Vermont	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Virginia	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Washington	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> West Virginia	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Wisconsin	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Wyoming	<input type="checkbox"/>	<input type="checkbox"/>