Excess Transportation Supplement

General Information:

Name Insured:

DBA:

Policy Period: Effective Date: Expiration Date:

Mailing Address:

State: Zip Code:

DOT#:   MC#:   CAB Rating:

Description of Operations:

Names of any other affiliated companies to be included for insurance and operations. (Attach an explanation of the Relationship and operations of each entity.)

Name #1:   Relationship:

Name #2:   Relationship:

Name #3:   Relationship:

Commodities Hauled: (Please be specific)

Commodity #1:   % Total Revenue:

Commodity #2:   % Total Revenue:

Commodity #3:   % Total Revenue:

Commodity #4:   % Total Revenue:

Commodity #5:   % Total Revenue:

Commodity #6:   % Total Revenue:

HAZMAT or Explosives? ☐ Yes ☐ No

If "Yes," please describe HAZMAT hauled:

Fleet Equipment & Radius of Operations:

Power Units:	# Vehicles Owned:	# Vehicles Non- Owned:	Local 0-50 mi:	Intrastate 51-200 mi:	Regional 201-400 mi:	Long 400+ mi:
PPT:				%		%		%		%
Light Trucks:				%		%		%		%
Medium Trucks:				%		%		%		%
Heavy Trucks:				%		%		%		%
X-Heavy Trucks:				%		%		%		%
Heavy Tractors:				%		%		%		%
X-Heavy Tractors:				%		%		%		%
Trailers:				%		%		%		%
Service/Spares:				%		%		%		%

Historical:

Year:	Mileage:	Power Units:	Revenue:
2013:		#	$
2012:		#	$
2011:		#	$

Is there a formal safety program? ☐ Yes ☐ No

Is there a formal maintenance program? ☐ Yes ☐ No   How often is maintenance done?

MCS-90 endorsement required or any other excess filings: ☐ Yes ☐ No

Primary:

	AL:	GL:	EL:	Expiring Excess:
Carrier:				
Effective Date:				
Limit:				
Premium:				

Loss History:

	Count:	Loss Aggregate:	Reserve:	Number Open:
2013:				
2012:				
2011:				
2010:				
Description of losses over $250,000:				

Owner/Operators and Non-Owned Exposure:

Owner Operators: ☐ Yes ☐ No If "Yes," how many: ____

Owner Operators under same Safety, Hiring and Maintenance Programs: ☐ Yes ☐ No

Owner Operators under long-term lease: ☐ Yes ☐ No

Sub-Haulers used: ☐ Yes ☐ No If "Yes," what is the cost: ____ How many are used?: ____

Are certificates of insurance required? ☐ Yes ☐ No Insurance requirement for subs: ____

Storage/Warehouse operations: ☐ Yes ☐ No Do you tripe lease: ☐ Yes ☐ No

Brokerage:

Do you operate as a truck broker? ☐ Yes ☐ No If "Yes," what is the name?: ____

What limit is the minimum limit requirement for brokered loads? ____

What is the annual brokerage revenue? ____ What is the annual cost of hire? ____

Any person who knowingly and with intend to defraud any insurance company or another person files an application for insurance or statement of claim 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. (Not applicable in CO, HI, NE, OH, OK, OR, VT; in DC, LA, ME, TN and VA insurance benefits may also be denied).

Applicable only in Indiana, Louisiana and New Hampshire: Other State: ____

If the company to which I am applying offers uninsured motorists (UM) (and underinsured motorists (UIM) in Indiana) coverage in my state, I acknowledge that (UM) (and UIM in Indiana) coverage has been explained to me, and I have been offered the option of selecting UM or UIM (IN) limits equal to my liability limits, UM or UIM 9IN) limits lower than my liability limits, or to reject UM or UIM (IN) coverage entirely.

1. I select UM limits indicated on this application *(Initial)* ____ Or 2. I reject UM coverage in its entirety. ____

Applicable only in Indiana: 1. I select UM limits indicated on this application *(Initial)* ____ Or 2. I reject UM coverage in its entirety. ____

Applicable only in Vermont: If the company to which I am applying offers UM coverage, I acknowledge that I have been offered UM coverage equal to my liability limits. I have selected the limits indicated in this application.

IMPORTANT- The statements (answers) given above are true and accurate. The applicant has not willfully concealed or misrepresented any material fact or circumstance concerning this application. This application does not constitute a binder.

Applicant's Signature: ____ Date: ____

Please email the completed application to: submissions@hallselect.com.