

5Star Submission Checklist & Questionnaire Trucking Program



Agency Helpline ~ 877-247-9772

No coverage is effective until approved by the General Agent

Send submissions to:

FLORIDA

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

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

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 Report
- ___ 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
 - ___ Indicate if equipment is leased or owned
- ___ Acord 137, State Specific
- ___ State specific UM/UIM and PIP forms

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 \$ _____	
		<input type="checkbox"/> Spec Perils \$ _____	
Tractors values:	\$ _____	Trailer values:	\$ _____
Total 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 \$ _____		

1. Do you generate revenue from any sources other than trucking? Yes No
Description of operations: _____
2. 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: _____
3. 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.*

1. 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
2. Is applicant named as additional insured? Yes No Limits required: \$ _____
3. If permanently leased, is it scheduled on this application? Yes No
4. If permanently leased, are autos hired with drivers? Yes No
5. If permanently leased, do you require non trucking coverage? Yes No

Nonowned Auto

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

Broaden Pollution Endorsement

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

Combined Deductible

1. 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

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"/>