

REQUESTED EFFECTIVE DATE: _____ MC/DOT #'s: _____

*Please note that we cannot backdate coverage prior to date of receipt of application.

REQUESTED COVERAGE: GENERAL LIABILITY AUTO LIABILITY CARGO UMBRELLA
 WORKERS COMPENSATION OCCUPATIONAL ACCIDENT

APPLICANT INFORMATION – PLEASE PRINT

COMPANY NAME: _____
 COMPANY OWNER NAME: _____ MALE: FEMALE:
 ADDRESS: _____ HOME PHONE: _____
 CITY: _____ STATE: _____ ZIP: _____ CELL PHONE: _____
 FEIN: _____ SSN: _____ STATE UNEMPLOYMENT ID #: _____
 EMAIL: _____ ESTIMATED ANNUAL 1099 REVENUE: _____
 CDL#: _____ STATE ISSUED: _____ YEAR FIRST LICENSED: _____

SECTION 1 – GENERAL INFORMATION

1. COMPANY TYPE: Sole Proprietor/Individual Partnership Limited Liability Corporation Corporation
 A. PARTNER or OFFICER NAME: _____ % OF OWNERSHIP: _____ Non-driving
 B. PARTNER or OFFICER NAME: _____ % OF OWNERSHIP: _____ Non-driving
 2. WHAT STATES WILL YOU DELIVER IN: _____
 3. COMMODITIES HAULED & RADIUS FOR CONTRACT WITH FREIGHT BROKER: **(BOTH MUST EQUAL 100%)**

COMMODITY TYPE – Must equal 100%				RADIUS OF DELIVERY (One Way) – Must equal 100%	
%	FURNITURE	%	EXHIBIT & DISPLAY	0-50 MILES	%
%	APPLIANCES	%	BUILDING MATERIALS	51-200 MILES	%
%	OTHER*			201 + MILES	%

*For other, please describe: _____

4. WHAT IS THE NAME OF THE COMPANY/FREIGHT BROKER THAT YOU PROVIDE DELIVERY SERVICES FOR:

 5. ARE YOU INVOLVED IN ANY OTHER BUSINESS OTHER THAN THE HAULING FOR THE FREIGHT FORWARDER IN QUESTION 4 ABOVE? Yes No
 If YES, please describe: _____

6. OWNER'S YEARS' EXPERIENCE IN SIMILAR BUSINESS:

DESCRIBE OWNERS EXPERIENCE	NAME OF COMPANY	YEARS WITH ORGANIZATION	DUTIES

SECTION 2 – DRIVER AND UNIT INFORMATION

UNIT INFORMATION		DRIVER INFORMATION	
YEAR		NAME	
MAKE		DATE OF BIRTH	
MODEL		YEAR FIRST LICENSED	
VIN		LICENSE #	
VALUE		STATE ISSUED	
REGISTERED OWNER NAME: _____			
LESSOR/FINANCE COMPANY NAME/ADDRESS _____			



SECTION 3 – WORKERS COMPENSATION

- 1. DO YOU CURRENTLY HAVE WORKERS' COMPENSATION COVERAGE?
A. DOES IT INCLUDE COVERAGE FOR YOU?
2. DO YOU RESIDE OR CONDUCT ANY OF YOUR BUSINESS in ND, OH, WA, or WY?
3. ARE ANY EMPLOYEES UNDER THE AGE OF 18?
4. ARE ANY EMPLOYEES OVER THE AGE OF 70?
5. DO YOU EVER USE HELPERS?
6. DO YOU EVER USE MORE THAN 1 HELPER PER DELIVERY?
7. DO YOU EVER USE MORE THAN 2 HELPERS PER DELIVERY?
8. PLEASE COMPLETE THE CHART BELOW, LIST ANY FULL TIME OR PART TIME LABOR YOU USE ON REGULAR BASIS (INCLUDE YOURSELF, PARTNERS, FELLOW CORPORATE OFFICERS, SPOUSE, EMPLOYEES, AND ANY SUBCONTRACTORS PAID BY 1099) FOR ANY AND ALL OPERATIONS.

Table with 8 columns: NAME, DUTIES*, PERCENTAGE OF OWNERSHIP, ANNUAL SALARY, FULL OR PART TIME, PAID BY W-2 OR 1099, Under 18 Y or N, Over 70 Y or N

*Duties: CDR – Contractor operates as a driver CH – Contractor operates as a helper CND – Contractor non driver/non helper DR – Corporate Officer operates as a driver OH – Corporate Officer operates as a helper OND – Officer non driver/non helper PDR – Partner driver PH – Partner operates as a helper PND – Partner non driver/non helper CL – Clerical H – Helper not qualified to drive CD – Co Driver who drives same unit with contractor FD – Fleet Driver who is a full time driver with own power unit and crew AD – Additional Qualified Secondary Driver to a unit

*Please attach a copy of your driver's license and a copy of all your employees' drivers license to this questionnaire.

SECTION 4 – ACKNOWLEDGEMENT AND SIGNATURE

I REPRESENT THE ABOVE INFORMATION TO BE COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I HEREBY ACKNOWLEDGE THAT (A) I AM THE SOLE OR PRIMARY OPERATOR OF A POWER UNIT, UNDER A CONTRACT CARRIER AGREEMENT WITH A FREIGHT FORWARDER (B) I AM NOT AN EMPLOYEE OF THE FREIGHT FORWARDER.

IN ADDITION, I GRANT PERMISSION TO FREIGHT FORWARDER TO RELEASE MOTOR VEHICLE REPORTS IN MY CONTRACT CARRIER FILE OF MYSELF AND MY EMPLOYEES TO MIRABITO-GRESHAM INSURANCE & BONDS AGENCY LLC, FOR THE PURPOSE OF OBTAINING AN INSURANCE QUOTATION AND UNDERWRITING INSURANCE POLICIES.

ANY PERSON WHO KNOWINGLY AND WITH INTENT 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, TN or VT; in DC, LA, MD, & VA, insurance benefits may also be denied).

X _____ Signature of Applicant

_____ Date

ADDITIONAL UNIT/DRIVER PAGE

Any mid term change to this application, including address, payroll, units, drivers, and exposures need to be submitted to the company to affect a change in coverage. Enrollment forms are required on qualified drivers prior to provision of any services by that driver.

UNIT INFORMATION		DRIVER INFORMATION	
YEAR		NAME	
MAKE		DATE OF BIRTH	
MODEL		YEAR FIRST LICENSED	
VIN		LICENSE #	
VALUE		STATE ISSUED	
REGISTERED OWNER NAME:			
LESSOR/FINANCE COMPANY NAME/ADDRESS			
UNIT INFORMATION		DRIVER INFORMATION	
YEAR		NAME	
MAKE		DATE OF BIRTH	
MODEL		YEAR FIRST LICENSED	
VIN		LICENSE #	
VALUE		STATE ISSUED	
REGISTERED OWNER NAME:			
LESSOR/FINANCE COMPANY NAME/ADDRESS			
UNIT INFORMATION		DRIVER INFORMATION	
YEAR		NAME	
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LESSOR/FINANCE COMPANY NAME/ADDRESS			
UNIT INFORMATION		DRIVER INFORMATION	
YEAR		NAME	
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REGISTERED OWNER NAME:			
LESSOR/FINANCE COMPANY NAME/ADDRESS			
UNIT INFORMATION		DRIVER INFORMATION	
YEAR		NAME	
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REGISTERED OWNER NAME:			
LESSOR/FINANCE COMPANY NAME/ADDRESS			