

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		PAYROLL	
REGISTERED OWNER NAME					
ADDITIONAL INTEREST NAME					
ADDITIONAL INTEREST 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		PAYROLL
REGISTERED OWNER NAME				
ADDITIONAL INTEREST NAME				
ADDITIONAL INTEREST ADDRESS				
UNIT INFORMATION		DRIVER INFORMATION		
YEAR		NAME		
MAKE		DATE OF BIRTH		
MODEL		YEAR FIRST LICENSED		
VIN		LICENSE #		
VALUE		STATE ISSUED		PAYROLL
REGISTERED OWNER NAME				
ADDITIONAL INTEREST NAME				
ADDITIONAL INTEREST ADDRESS				
UNIT INFORMATION		DRIVER INFORMATION		
YEAR		NAME		
MAKE		DATE OF BIRTH		
MODEL		YEAR FIRST LICENSED		
VIN		LICENSE #		
VALUE		STATE ISSUED		PAYROLL
REGISTERED OWNER NAME				
ADDITIONAL INTEREST NAME				
ADDITIONAL INTEREST ADDRESS				
UNIT INFORMATION		DRIVER INFORMATION		
YEAR		NAME		
MAKE		DATE OF BIRTH		
MODEL		YEAR FIRST LICENSED		
VIN		LICENSE #		
VALUE		STATE ISSUED		PAYROLL
REGISTERED OWNER NAME				
ADDITIONAL INTEREST NAME				
ADDITIONAL INTEREST ADDRESS				