

# INSURANCE AGENTS AND BROKERS ERRORS & OMISSIONS APPLICATION

## Long-Haul Trucking Supplement

**Applicant's Instructions:** Answer all questions completely. Please attach extra sheets as required.

1. Applicant's Name: \_\_\_\_\_

2. Number of long-haul trucking accounts being placed: \_\_\_\_\_

3. Classes of accounts: (hazardous material, food, livestock, consumer products, etc.)  
\_\_\_\_\_

4. % of Single Owner/Operators placed? \_\_\_\_\_ % of Trucking Companies placed \_\_\_\_\_

5. Fleet size? \_\_\_\_\_ Radius of operation? \_\_\_\_\_

6. Please provide the following information for the top 3 carriers used for long haul trucking coverages.

| Carrier | Direct Access?   | Premium Volume | Years Represented |
|---------|--|----------------|-------------------|
| _____   | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____          | _____             |
| _____   | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____          | _____             |
| _____   | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____          | _____             |

7. Does the agency have any binding authority for any long-haul trucking related accounts  Yes  No

8. Does the agency accept brokered long-haul trucking business?  Yes  No

9. Does the agency place any long-haul trucking business through a broker?  Yes  No  
If yes, please complete the following for the top 3 brokers used for long-haul trucking business.

| Broker/Agency | Carrier | Premium Volume | Years of LHT Experience |
|---------------|---------|----------------|-------------------------|
| _____         | _____   | _____          | _____                   |
| _____         | _____   | _____          | _____                   |
| _____         | _____   | _____          | _____                   |

10. List agency staff that handle long-haul trucking accounts along with experience. If more than 4 employees, please attach an additional sheet to provide information for all appropriate employees.

| Name  | Years of Long-Haul Trucking Experience  | Position in Agency  |
|-------|---|---|
| _____ | <input type="checkbox"/> 0-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10+ | <input type="checkbox"/> Owner <input type="checkbox"/> Producer <input type="checkbox"/> CSR |
| _____ | <input type="checkbox"/> 0-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10+ | <input type="checkbox"/> Owner <input type="checkbox"/> Producer <input type="checkbox"/> CSR |
| _____ | <input type="checkbox"/> 0-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10+ | <input type="checkbox"/> Owner <input type="checkbox"/> Producer <input type="checkbox"/> CSR |
| _____ | <input type="checkbox"/> 0-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10+ | <input type="checkbox"/> Owner <input type="checkbox"/> Producer <input type="checkbox"/> CSR |

11. Are written procedures in place for securing coverage for long-haul trucking accounts?  Yes  No

**NOTICE TO APPLICANT:** The coverage applied for is solely as stated in the policy. The policy is issued on a "CLAIMS MADE AND REPORTED" basis, it provides coverage only for those claims that are first made against the Insured during the policy period unless the extended reporting period option is exercised in accordance with the terms of the policy.

I understand that the information

\_\_\_\_\_

\_\_\_\_\_

**Print Name**

**Title**

\_\_\_\_\_

\_\_\_\_\_

**Signature**

**Date**