



# United States Liability Insurance Group

## Commercial Umbrella and Auto Excess Supplementary Application

**TRUCKERS, HEAVY COMMERCIAL AUTOMOBILE and LIVERY ACCOUNTS**

**APPLICATION**

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

**SUBMISSION MUST ALSO INCLUDE THE FOLLOWING IN ORDER FOR US TO CONSIDER:**

- USLI OR ACORD UMBRELLA/AUTO EXCESS APPLICATION
- FIVE YEARS OF RECENTLY VALUED COMPANY LOSS RUNS FOR ANY RADIUS OF OPERATION OVER 50 MILES, FOR ALL FLEETS OF 6 OR MORE VEHICLES AND FOR ALL LIVERY ACCOUNTS.
- CURRENT SCHEDULE OF ALL OWNED AND OWNER OPERATORS' VEHICLES

Name of Applicant: \_\_\_\_\_ # of yrs. in Business \_\_\_\_\_  
 Main Terminal Address\*: \_\_\_\_\_

*\*Umbrella application must include addresses of all terminal locations*

**Operating Information:**

Number of Employed Drivers ..... \_\_\_\_\_  
 Number of Owner Operators ..... \_\_\_\_\_  
 Number of drivers hired during the past 12 months. .... \_\_\_\_\_  
 Average Annual Driver Turnover Rate (%). .... \_\_\_\_\_  
 Annual Miles Driven ..... \_\_\_\_\_  
 Average Length of Haul ..... \_\_\_\_\_  
 Gross Receipts Current Year ..... \$ \_\_\_\_\_  
 Gross Receipts Last Year ..... \$ \_\_\_\_\_

**Commodities Hauled:**

| TYPE | %OF TOTAL |
|------|-----------|
|      |           |
|      |           |
|      |           |
|      |           |
|      |           |
|      |           |
|      |           |
|      |           |
|      |           |
|      |           |

**Number of Vehicles by Maximum Radius of Operation:**  
*(including all owned and owner operators' vehicles)*

| Vehicle                     | Up to 50 miles | Up to 200 miles | Up to 500 miles | Over 500 miles |
|-----------------------------|----------------|-----------------|-----------------|----------------|
| Extra heavy / Heavy Load**  |                |                 |                 |                |
| Extra Heavy / Standard Load |                |                 |                 |                |
| Heavy / Heavy Load**        |                |                 |                 |                |
| Heavy - with Standard Load  |                |                 |                 |                |
| Medium                      |                |                 |                 |                |
| Light                       |                |                 |                 |                |
| Private Passenger           |                |                 |                 |                |
| Limo or 0-15 Pass. Bus      |                |                 |                 |                |
| 16-44 Pass. Bus             |                |                 |                 |                |
| 45+ Pass Bus                |                |                 |                 |                |

*\*\* Heavy Load includes sand, gravel, cement, logs, coal, heavy machinery, automobiles, tank trucks.*

- Any acids, corrosives, explosives or flammables? .....  Yes  No
- Any oversize loads? .....  Yes  No
- Any time-sensitive deliveries? .....  Yes  No
- Any Special Permits required? .....  Yes  No
- Any installation or rigging done? .....  Yes  No
- Is backhauling allowed? .....  Yes  No
- Are double trailers hauled? .....  Yes  No
- Are triple trailers hauled? .....  Yes  No
- Are all routes regular? .....  Yes  No

**Filing Information:**

Will a filing be required for this Umbrella/Excess Policy? .....  Yes  No  
 ICC # \_\_\_\_\_ Docket# \_\_\_\_\_  
 Filing Form \_\_\_\_\_

**Type of Authority:**

- Contract Carrier     Common Carrier     Private Carrier

**Indicate which of the following "Metropolitan Areas" are entered or traveled through?**

"Metropolitan Areas" Note: This is not limited to city limits only.

- |                                           |                                       |                                        |
|-------------------------------------------|---------------------------------------|----------------------------------------|
| <input type="checkbox"/> Atlanta          | <input type="checkbox"/> Houston      | <input type="checkbox"/> New York City |
| <input type="checkbox"/> Balt/Wash        | <input type="checkbox"/> Jacksonville | <input type="checkbox"/> Oklahoma City |
| <input type="checkbox"/> Boston           | <input type="checkbox"/> Kansas City  | <input type="checkbox"/> Omaha         |
| <input type="checkbox"/> Buffalo          | <input type="checkbox"/> Little Rock  | <input type="checkbox"/> Philadelphia  |
| <input type="checkbox"/> Chicago          | <input type="checkbox"/> Los Angeles  | <input type="checkbox"/> Phoenix       |
| <input type="checkbox"/> Cleveland        | <input type="checkbox"/> Louisville   | <input type="checkbox"/> Pittsburgh    |
| <input type="checkbox"/> Dallas/Ft. Worth | <input type="checkbox"/> Memphis      | <input type="checkbox"/> St. Louis     |
| <input type="checkbox"/> Denver           | <input type="checkbox"/> Miami        | <input type="checkbox"/> San Francisco |
| <input type="checkbox"/> Detroit          | <input type="checkbox"/> Nashville    | <input type="checkbox"/> Tulsa         |
| <input type="checkbox"/> Hartford         | <input type="checkbox"/> New Orleans  |                                        |

**Primary Policy Information:**

- Are all owned vehicles scheduled on the primary? .....  Yes  No
- Are all owner operators' vehicles scheduled? ..  Yes  No
- Are any drivers excluded due to driving record?  Yes  No
- Is the primary policy adjustable? .....  Yes  No

If "Yes", on what basis?

- Miles driven     Annual Receipts
- Other (describe) \_\_\_\_\_

*(Continued on Reverse Side)*

**Owner Operators:**

Are Owner Operators Used?  Yes  No  
 Are hiring procedures and report ordering the same for Owner Operators as for employees?  Yes  No  
 Does the applicant use operators on a per trip basis (Trip leasing)?  Yes  No  
 Does applicant's permanent lease form prohibit Owner Operators from trip leasing to others?  Yes  No

**Vehicle Maintenance (all vehicles):**

Done by applicant?  Yes  No  
 Done for Owner Operators?  Yes  No  
 Pre and Post trip inspections done?  Yes  No  
 Any work done on vehicles of others?  Yes  No

**Driver Selection and Safety Procedures (For Employees and Owner Operators):**

Written Application?  Yes  No  
 Interview?  Yes  No  
 MVRs Checked at Hire?  Yes  No  
 Driving Test Given?  Yes  No  
 Drug Testing Done?  Yes  No  
 Formal Safety Program?  Yes  No

Frequency of MVR Order/Review:  Quarterly  Semi-Annual  Annual  Other: \_\_\_\_\_

**Based on existing MVR files, please indicate the number of MVRs that contain the following:**

\_\_\_\_\_ 3 Moving Violations/Accidents in the past 3 years.  
 \_\_\_\_\_ 2 Moving Violations/Accidents in the past year.  
 \_\_\_\_\_ DUI - Driving Under the Influence of Drugs/Substance Abuse.  
 \_\_\_\_\_ License Suspension/Revocation (other than failure to pay fines or surcharges).  
 \_\_\_\_\_ Leaving the scene of an accident.  
 \_\_\_\_\_ Reckless or Careless Driving.  
 \_\_\_\_\_ Negligent Vehicular Homicide.  
 \_\_\_\_\_ Vehicle operation while license is suspended or revoked.  
 \_\_\_\_\_ Vehicle usage in the commitment of a felony.  
 \_\_\_\_\_ Grand Theft Auto.  
 \_\_\_\_\_ Permitting an unlicensed person to drive.  
 \_\_\_\_\_ Speed Contest.  
 \_\_\_\_\_ **Total Number of Employed Drivers.**  
 \_\_\_\_\_ **Total Number of Owner Operators Used.**  
 \_\_\_\_\_ **Total Number of MVRs Reviewed.**

How often are drivers' logs reviewed? \_\_\_\_\_  
 In the past 12 mos., how many drivers have been suspended or terminated due to log violations? \_\_\_\_\_  
 What is the age of the youngest operator? \_\_\_\_\_ What is the age of the oldest operator? \_\_\_\_\_  
 What is the basis on which drivers are paid?  Hourly  Revenue  Mileage  # of Trips  Other: \_\_\_\_\_  
 How often is drug testing done? \_\_\_\_\_ How often are safety meetings held? \_\_\_\_\_

**Complete the Loss Experience Summary Below and Attach Hard Copy Company Loss Runs:**

| Year | Carrier | Premium | # of Vehicles* | Incurred Losses | # of Losses |
|------|---------|---------|----------------|-----------------|-------------|
|      |         | \$      |                | \$              |             |
|      |         | \$      |                | \$              |             |
|      |         | \$      |                | \$              |             |
|      |         | \$      |                | \$              |             |
|      |         | \$      |                | \$              |             |
|      |         | \$      |                | \$              |             |

\* Including all owned and owner operators' vehicles

**Expiring Excess Policy Information:**

Carrier: \_\_\_\_\_ Premium: \_\_\_\_\_  
 Limit: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**FRAUD STATEMENT:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

Signature of the Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_