

**1250 S. Grove Ave. Ste. 306
Barrington, IL 60010
Phone: 847-387-6545
Fax: 847-387-6544**

■ RLI Transportation
A division of RLI Insurance Company

Non-Fleet (1-5 Power Units) Truckers Application

Applicant Name: _____ Expiration Date: _____ Proposed Effective Date: _____

Applicant Mailing Address: _____

Garaging location of all vehicles: _____

Applicant Phone: () _____ Years in business (minimum 2 full years required): _____

Broker: _____ Producer: _____ Are you the incumbent? _____ How long? _____

Coverage Requested:

Primary Liability:	Limit: <input type="checkbox"/> \$750,000 <input type="checkbox"/> \$1,000,000	Deductible: <input type="checkbox"/> \$0 <input type="checkbox"/> \$2,500
Personal Injury:	Limit: <input type="checkbox"/> Statutory Min. <input type="checkbox"/> _____ <input type="checkbox"/> Reject	
UM/UIM:	Limit: <input type="checkbox"/> _____ <input type="checkbox"/> Reject	
Physical Damage:	Limit: <input type="checkbox"/> Stated Value	Deductible: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000
General Liability:	Limit: <input type="checkbox"/> \$750,000 <input type="checkbox"/> \$1,000,000	Deductible: <input type="checkbox"/> \$0 <input type="checkbox"/> \$2,500
Cargo Liability:	Limit: _____ (Max. \$250,000)	Deductible: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500
Trailer Interchange: <input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly average interchange days _____ Number trailer interchanged per month _____ Limit per trailer _____	Deductible: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000

Commodities Hauled	% of Revenue	Hazardous?	Average Value	Maximum Value	% at Max
1.					
2.					
3.					
4.					
5.					

Equipment Information: List all tractors and trailers (Include values if physical damage coverage is to be provided)

Unit	Co. Owned or Owner/Op?	Model Year	Make	Model	GVW	Type*	Vin #	Stated Amount
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

* Type = for power unit -- tractor, straight truck, service vehicle, other (describe). For trailers -- van, refer, flat bed, auto hauler, dry tank, other (describe)

Loss History (attach separate sheet if necessary)

Prior Carrier	Period	Auto liability losses \$ amount	GL losses \$ amount	Comp/Coll. losses \$ amount	Cargo losses \$ amount

RLI Transportation Non-Fleet Truckers Application Page 2

Exposure History and Projections:

Total mileage for the current policy year _____ Trucking revenue for the current policy year _____ #Units _____

Total mileage for upcoming policy year _____ Trucking revenue for upcoming policy year _____ #Units _____

Mileage by State: Enter **projections** for upcoming policy year or provide IFTA reports for most recent 4 quarters

AL:	ID:	MI:	NY:	TN:
AZ:	IL:	MN:	NC:	TX:
AR:	IN:	MS:	ND:	UT:
CA:	IA:	MO:	OH:	VT:
CO:	KS:	MT:	OK:	VA:
CT:	KY:	NE:	OR:	WA:
DE:	LA:	NV:	PA:	WV:
DC:	ME:	NH:	RI:	WI:
FL:	MD:	NJ:	SC:	WY:
GA:	MA:	NM:	SD:	AK:

Driver List: attach current copy of each driver's MVR

Driver's Name	Date of Birth	License # & State	Years of CDL Experience	Date of Hire	No. of moving violations & accidents in Past 3 years.
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Miscellaneous Questions

- Has the applicant's insurance been declined, non-renewed, or cancelled in the past 5 years? _____. If so, provide reasons _____
- Does the applicant act as a truck broker? _____. If yes, is brokerage operation a separate corporation? _____. Name of brokerage entity _____. **Note: RLI does not cover Non-fleets acting as brokers.**
- Does the named applicant operate any other vehicles not listed? _____
- Are placards ever required for any vehicle? _____
- Are all trailers equipped with anti-lock brakes? _____
- List MC number and all states where filings are required: _____

General Fraud Statement

(Not applicable in Colorado, Nebraska, Ohio, Oklahoma, Oregon, Utah and Vermont)

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance 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. In the District of Columbia, Louisiana, Maine, Tennessee, Virginia and Washington, insurance benefits may also be denied.

The applicant hereby applied to the Company for a policy of insurance as set forth in this application on the basis of statements contained herein. Applicant agrees that such policy shall be null and void if such information is materially false or misleading so that the Company would have rejected the risk, prior to inception. Applicant understands that an inquiry may be made which will provide applicable information concerning character, general reputation, financial stability and other pertinent financial data, personal characteristics, mode of living or other background information the company deems necessary in order to determine whether the Company will accept or reject Applicant for coverage. Upon written request, additional information as to the nature and scope of the inquiry, if one is made, will be provided. The Applicant understands this application is a request for quotation and no information provided herein shall be construed by either party as creating a binding contract for insurance.

Signed this _____ day of _____, 200_____, at _____

By _____ For _____

Name

Title

If Named Insured is other than an individual

(If a partnership or corporation, signatory must be empowered by Articles of Incorporation, et al, to bind insurance agreements).