CARRIER LOGISTICS CHOICE APPLICATION

APPLICANT INFORMATION

Insured Name:		
Insured Street Address:	City:	Zip:
Agency Name:		
Agency Code:		
Producer Name:		
Motor Carrier Number:		
Insured's Website Address:		
Policy Period Effective Date:	Expiration Date:	
How many years has the insured been in business?		
Has the insured's Carrier's Liability Coverage been cancelled or non-renewed in the past 3 years? **(Missouri Applicants - Do not answer this question.)** ☐ Yes ☐ No		

COVERED PROPERTY IN TRANSIT

List commodities hauled by % total of gross receipts. For commodities that aren't listed use "Other" and provide a brief description.

COMMODITY	%	COMMODITY	%	COMMODITY	%
Aircraft or watercraft		Frozen foods		Medical equipment	
Auto parts, tires		Furniture		Dairy products	
Beer		General groceries/food stuff		Miscellaneous consumer products	
Biological products-blood, organs		Glass or glass products		Miscellaneous industrial products	
Bulk commodities		Grain, seed, fertilizer		Paper products	
Chemicals		Guns and ammunition		Perfume and cosmetics	
Cigarettes, tobacco products		Hazardous material*		Petroleum or petroleum products	
Clothing		Household goods		Pharmaceuticals	
Consumer electronics		Jewelry, furs		Precious metals	
Fine arts or musical instruments		Liquor, wine		Textiles	
Fresh fruit and vegetables		Live animals		Used equipment	
Fresh meat, seafood, poultry		Machinery or tools		Vehicles, motor homes, campers	
Other:		Other:		Other:	

*Hazardous material is defined as a substance or material capable of posing an unreasonable risk to health, safety or property when transported in commerce.

Number of Units:		
Annual Gross Receipts:		
Annual Miles:		
Motor Carrier Transit Limit:		
Average Values Hauled per Conveyance:		
Carrier's Liability Deductible:		
Radius of Operations: <50 Miles (Local): %	50-200 Miles (Intermediate): %	>200 Miles (Long Haul): %

DRIVER SELECTION AND MANAGEMENT

What percentage of your drivers are "owner-operators"?		
What percentage of your drivers are under the age of 25?		
Do you have formal driver hiring and training procedures including pre-employment background checks and drug testing?	☐ Yes	☐ No
Do you have formal pre-employment and annual thereafter MVR review process including corrective action procedures?	☐ Yes	☐ No
Drivers prequalified for commodities hauled?	☐ Yes	☐ No
Regular review of SMS/CSA scores?	☐ Yes	☐ No
Does insured employ owner operators?	☐ Yes	☐ No

continued

THE HARTFORD

CARGO SECURITY AND PROTECTION		
Cargo protected by location tracking devices?	☐ Yes	☐ No
Do you review packing and handling procedures with your customers?	☐ Yes	☐ No
Do you utilize temperature monitoring systems?	☐ Yes	☐ No
If you haul hazardous materials, do you have a "HAZMAT" safe handling plan in place?	☐ Yes	☐ No
VEHICLE OPERATION AND MAINTENANCE		
Does the insured operate refrigerated trailers?	☐ Yes	☐ No
Does the insured operate tandem/twin trailers?	☐ Yes	☐ No
Does the insured have a routine vehicle maintenance plan?	☐ Yes	☐ No

TERMINAL OPERATIONS Complete if applicable – add an additional sheet if needed.

	Terminal 1	Terminal 2	Terminal 3
Address			
Limit			
Deductible			

CONTINGENT COVERAGE FOR TRANSPORTATION BROKERS Complete if applicable.		
Annual brokerage receipts: $		
Brokerage limit $		
What is the average value of a load hauled by Motor Carriers working for you? $		
What percentage of your revenue involves using a Motor Carrier for brokered loads?	%	
How many Motor Carriers do you work with?		
Is the limit of liability on certificate always equal to or greater than the motor carrier transit limit on your policy?	☐ Yes	☐ No
Check safety rating of subcontractors?	☐ Yes	☐ No
Check the carriers authority on the Federal Motor Carrier Safety Rating (FMCSA) website?	☐ Yes	☐ No
Obtain copies of the subcontractors carrier liability insurance for all Motor Carriers working for you?	☐ Yes	☐ No
Does insured call insurance company to verify coverage?	☐ Yes	☐ No
Do you issue bills of lading on behalf of the sub-contracted carrier?	☐ Yes	☐ No
Are Motor Carrier's prohibited from using sub-haulers when working for you?	☐ Yes	☐ No

COVERED PROPERTY IN STORAGE Complete if applicable.		
Please attach a copy of the warehouse contract or warehouse storage receipt		
Annual Gross Warehouse Receipts:		
If Yes-Warehouse Legal Liability Limit:		

ADDITIONAL LIMITS REQUIRED		
Trailer Interchange Coverage-Increase Limit up to $50,000	Limit Requested $	
Spoilage/Temperature Change-Increase to full limit	☐ Yes	☐ No
Rust/Corrosion/Contamination-Increase to full limit	☐ Yes	☐ No

LOSS HISTORY Please attach 5 year hard copy loss runs.

Year	Gross Annual Receipts	Total Losses Incurred	Number of Losses
Prior Year			
2nd Prior Year			
3rd Prior Year			
4th Prior Year			
5th Prior Year			

FRAUD WARNING STATEMENTS

Knowingly presenting false or misleading information in an application for insurance may be a crime and violation of law subjecting the applicant to criminal and civil penalties.

Arkansas, Louisiana, Rhode Island and West Virginia applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Alabama applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

California applicants: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado applicants: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia applicants: Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida applicants: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Hawaii applicants: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Kentucky applicants: Any person who knowingly and with intent to defraud any insurance company or other 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.

Maine applicants: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland applicants: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey applicants: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York applicants: 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.

Ohio applicants: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma applicants: Warning: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon applicants: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application or; (2) filing a claim containing a false statement as to any material fact may be violating state law.

Pennsylvania applicants: 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 subjects such person to criminal and civil penalties.

FRAUD WARNING STATEMENTS continued

Tennessee applicants: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Virginia applicants: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Washington applicants: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

ARBITRATION STATEMENT

Applicable to Utah applicants: If the policy will contain an arbitration clause: Any matter in dispute between you and the company may be subject to arbitration as an alternative to court action pursuant to the rules of the (American Arbitration Association or other recognized arbitrator), a copy of which is available on request from the company. Any decision reached by arbitration shall be binding upon both you and the company. The arbitration award may include attorney's fees if allowed by state law and may be entered as a judgment in any court of proper jurisdiction.

SIGNING THIS FORM DOES NOT BIND THE APPLICANT FIRM OR THE COMPANY TO COMPLETE THE INSURANCE. APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, PARTNER OR OFFICER OF THE APPLICANT FIRM.

APPLICANT'S STATEMENT: I, being duly authorized, have read the above application and declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to the Company to issue the policy for which I am applying. (Kansas: This does not constitute a Warranty).

Authorized Signature: _____ **Title:** _____

Print Name: _____ **Date:** _____

Producer's Signature: _____ **Title:** _____

Print Name: _____ **Date:** _____

License Identification Number or National Producer Number: _____
(Florida Producers must Provide License Identification Number)

First State Insurance Company
Hartford Accident and Indemnity Company
Hartford Casualty Insurance Company
Hartford Fire Insurance Company
Hartford Insurance Company of Illinois
Hartford Insurance Company of the Midwest
Hartford Insurance Company of the Southeast
Hartford Lloyd's Insurance Company
Hartford Underwriters Insurance Company
New England Insurance Company
New England Reinsurance Corporation
Nutmeg Insurance Company
Omni Indemnity Company
Omni Insurance Company
Pacific Insurance Company, Limited
Property and Casualty Insurance Company of Hartford
Sentinel Insurance Company, Ltd.
Trumbull Insurance Company
Twin City Fire Insurance Company

THE HARTFORD

Business Insurance
Employee Benefits
Auto
Home