



Tony Taylor Insurance Services Inc.

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AUTO TRANSPORT INSURANCE APPLICATION

APPLICANT INFORMATION

Legal Name of Company _____	E-mail Address (required) _____	Effective Date of Coverage _____	
Driver's License Number _____	Mailing Address _____	City _____	State _____
<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other	Motor Carrier Docket # _____	Years in Business _____	
Inspection Contact _____	Inspection Phone _____	Federal ID # _____	

LOCATION INFORMATION

#	Street, City, County, State, Zip Code _____
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OPERATION	# OF EMPLOYEES	PAYROLL	RECEIPTS
Auto Transport	_____	\$ _____	\$ _____
Towing	_____	\$ _____	\$ _____
Auto Repair	_____	\$ _____	\$ _____
Auto Body Shop	_____	\$ _____	\$ _____
Used Car Sales	_____	\$ _____	\$ _____
Dismantling/Salvage	_____	\$ _____	\$ _____
Trucking	_____	\$ _____	\$ _____
Office	_____	\$ _____	\$ _____
Management	_____	\$ _____	\$ _____
Other	_____	\$ _____	\$ _____

FOUR LARGEST CLIENTS FOR WHICH THE APPLICANT HAULS	CONTRACT?
1. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

1. Does Applicant haul salvaged or crushed vehicles? Yes No
2. a. Does the Applicant operate as a drive-away service? Yes No
 - b. If yes, explain _____

3. a. Does the Applicant have brokerage authority? Yes No
b. If yes, what is the name of the broker operator?
c. What is the broker operator Docket Number?
4. Does the Applicant understand all new drivers must be submitted to the insurance company for approval prior to hiring? Yes No
5. a. Is applicant subsidiary of another entity or does applicant have any subsidiaries? Yes No
b. If yes, name and describe:
6. a. Is there a formal safety program in operation? Yes No
b. If yes, number of meetings held monthly
c. What type topics are discussed?
d. Who conducts?
7. Is there a written vehicle maintenance program in operation? Yes No
8. a. Are pre-trip vehicle inspections performed? Yes No
b. If yes, is this process documented?
9. a. Describe minimum hiring standards including driving records, minimum age and auto transport experience related to your business:
b. Does the Applicant require a written application? Yes No
c. Does the Applicant conduct drug tests? Yes No
d. Are the drivers employees of the Applicant? Yes No
e. Is there a safe driving incentive program in place? Yes No
f. If yes, explain:
10. a. Does the Applicant use owner operators? Yes No
b. If yes, how many?
c. If yes, cost of hire?
11. a. Are any vehicles leased, loaned or rented to others? Yes No
b. Does the Applicant hire, lease or borrow vehicles from others? Yes No
c. If yes to either, describe:
12. a. Does the Applicant have any Dealer/Transporter Plates? Yes No
b. If yes, how many?
c. Plate numbers:
d. What are the dealer plates used for?
e. Any personal use of the plates? Yes No
13. a. Any ICC filings required? Yes No
b. Any PUC filings? Yes No
c. If yes, list below:
Name
Address

d. If yes, does Applicant comply with all record keeping required by D.O.T.? Yes No

e. Is MCS 90 Required? Yes No

f. Authority is granted in the name of:

g. Does the Applicant allow anyone to operate under its permit? Yes No

14. a. Does the Applicant carry Workers Compensation? Yes No

b. Policy Period:

c. Insurance co.

15. What is the total number of vehicles the Applicant owns?

16. Does the Applicant own or sponsor a car for racing? Yes No

17. Any storage of vehicles? (If so, complete the following.) Yes No

Location	Fenced	Height	Gates Locked at Night	Well Lit	Alarm	Avg. # of Cars
Loc #1	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
Loc #2	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
Loc #3	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
Loc #4	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
Loc #5	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>

18. a. Does Applicant have dogs on Premises? Yes No

b. If yes, number Breed

c. Are they trained Guard Dogs? Yes No

d. Are ""Beware of Dog" signs posted on gate? Yes No

e. Are dogs penned up during business hours? Yes No

19. a. Any change in operations or number of vehicles in the last year? Yes No

b. If yes, please explain

20.

Insurance Co.	Year	Premium	Limits	Deductible	# of Losses	Total Amount of Losses
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>

21. a. Has Applicant ever been cancelled or non-renewed?(Do not answer if risk is located in MO) Yes No

b. If yes, why?

22. a. Does the Applicant transport collector, antique, specialty, racing or high valued (over \$75,000) autos? Yes No

b. If yes, explain?

23. a. Are vehicles inspected before they are accepted to be transported? Yes No

b. Are Bills of Lading used? Yes No

- c. Who performs these inspections? _____
24. a. Are drivers allowed to take vehicles home overnight? Yes No
- b. If yes, explain in detail: _____
25. Within the last 12 months:
- a. Average value of vehicles hauled (total for load): _____
- b. Maximum value of vehicles hauled (total for load): _____
- c. Maximum value of any one vehicle hauled: _____

26.

	0 - 50 miles	51 - 200 miles	201 - 500 miles	501 - 1000 miles	Over 1000 miles
Radius of operation	_____ %	_____ %	_____ %	_____ %	_____ %

27. a. Who reviews accidents involving your vehicles? _____
- b. What type of actions are taken as a result? _____

COVERAGES AND LIMITS DESIRED	
Automobile Liability	CSL _____ (Up to \$1,000,000)
Medical Payments	Limit per person <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$5,000
Personal Injury Protection	Each Limit _____ (As required by state law)
Uninsured Motorists	CSL _____ (As required by state law)
Physical Damage	Comprehensive Deductible _____ Collision Deductible _____ Please indicate on schedule which vehicles desire Physical Damage.
General Liability	CSL _____ Aggregate _____ (Aggregate up to 3 times)
Garagekeepers Legal Liability	Limit Location 1 _____ Limit Location 2 _____ Limit Location 3 _____ Deductible _____
On-Hook Cargo	Limit _____ Please indicate on schedule Note: Adequate limits should be selected to cover the highest valued item "on-hook"/"in-tow".

Insured Name: _____ Date: _____

Vehicle # _____					
Year	Make	Model	Body Type	Full Serial Number	Full Serial Number
_____	_____	_____	_____	_____	_____
GCW	Class Code	On-Hook Limit	Deductibles:	Comp	Collision
_____	_____	_____	_____	_____	_____
Use of Vehicle _____				Radius of Operation _____	

Maximum number of vehicles this unit can haul

Vehicle #

Year	Make	Model	Body Type	Full Serial Number	Full Serial Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

GCW	Class Code	On-Hook Limit	Deductibles:	Comp	Collision	On-Hook
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Use of Vehicle	Radius of Operation
<input type="text"/>	<input type="text"/>

Maximum number of vehicles this unit can haul

Vehicle #

Year	Make	Model	Body Type	Full Serial Number	Full Serial Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

GCW	Class Code	On-Hook Limit	Deductibles:	Comp	Collision	On-Hook
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Use of Vehicle	Radius of Operation
<input type="text"/>	<input type="text"/>

Maximum number of vehicles this unit can haul

Vehicle #

Year	Make	Model	Body Type	Full Serial Number	Full Serial Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

GCW	Class Code	On-Hook Limit	Deductibles:	Comp	Collision	On-Hook
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Use of Vehicle	Radius of Operation
<input type="text"/>	<input type="text"/>

Maximum number of vehicles this unit can haul

Vehicle #

Year	Make	Model	Body Type	Full Serial Number	Full Serial Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

GCW	Class Code	On-Hook Limit	Deductibles:	Comp	Collision	On-Hook
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Use of Vehicle	Radius of Operation
<input type="text"/>	<input type="text"/>

Maximum number of vehicles this unit can haul

Vehicle #

	Driver's Status	<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time	Employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11.					
	Driver's Status	<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time	Employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12.					
	Driver's Status	<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time	Employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13.					
	Driver's Status	<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time	Employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14.					
	Driver's Status	<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time	Employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
15.					
	Driver's Status	<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time	Employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
16.					
	Driver's Status	<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time	Employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
17.					
	Driver's Status	<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time	Employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
18.					
	Driver's Status	<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time	Employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
19.					
	Driver's Status	<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time	Employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
20.					
	Driver's Status	<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time	Employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Have you identified every possible driver of an insured vehicle including those who may fill in during peak periods and emergencies? (Such as members of households, friends, etc.)? Yes No

, understands and agrees that on any proposed addition or substitution of driver, the MVR must be submitted to the insurance company for approval prior to hire.