

# Benchmark

MANAGEMENT GROUP, INC.

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## COMMERCIAL AUTOMOBILE APPLICATION

Name of Applicant: \_\_\_\_\_  
D/B/A: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
P.O. Mailing Address: \_\_\_\_\_  
Phone Number: (\_\_\_\_) \_\_\_\_\_  
Website: \_\_\_\_\_

Agent Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Agent No.: \_\_\_\_\_

### PROPOSED EFFECTIVE DATE:

From \_\_\_\_\_ To \_\_\_\_\_  
12:01 A.M., Standard Time, at the address of the Applicant.

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE."

### DESCRIPTION OF OPERATIONS

1. **Applicant is:**  Individual  Partnership  Corporation  Other: \_\_\_\_\_  
**Please provide the registered owner's driver license number, social security number, federal employer identification number or state customer number or Soundex number for all vehicles:** \_\_\_\_\_
2. **How long has this operation been in business?** \_\_\_\_\_
3. **Has there been any change in ownership, management or the name of the operation during the last five (5) years?** .....  Yes  No  
If yes, provide details: \_\_\_\_\_
4. **Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries?**.....  Yes  No  
If yes, provide details: \_\_\_\_\_
5. **Description of operations:** \_\_\_\_\_  
\_\_\_\_\_  
Complete appropriate supplemental application if operations include the transportation of passengers.
6. **Specifically identify commodities transported:** \_\_\_\_\_
7. **Any exposure to flammables, explosives, chemicals or hazardous materials (including medical or contaminated waste)?** .....  Yes  No  
If yes, provide specific details: \_\_\_\_\_
8. **Normal areas of operations:** \_\_\_\_\_
9. **List all states vehicles operate in:** \_\_\_\_\_
10. **Largest cities entered:** \_\_\_\_\_
11. **Is your operation subject to time restraints when delivering the commodity?** .....  Yes  No
12. **If not hauling for others, will the vehicles be parked at a job site most of the day?**.....  Yes  No

13. Are any units customized or altered, or do they have special equipment? .....  Yes  No  
If yes, how are they altered? \_\_\_\_\_
14. Do you have vehicles with mobile equipment permanently attached? .....  Yes  No  
If a boom, how far does the collapsed length of the boom extend beyond the front or rear bumper? \_\_\_\_\_  
If other, please explain: \_\_\_\_\_
15. Are any vehicles used by family members? .....  Yes  No  
If yes, explain: \_\_\_\_\_
16. Are any vehicles used for personal use (if other than public or private livery)? .....  Yes  No  
If yes, explain: \_\_\_\_\_
17. Do you allow passengers to ride in your vehicles? .....  Yes  No  
If yes, explain: \_\_\_\_\_
18. Are all drivers covered by Workers' Compensation insurance? .....  Yes  No

**DRIVER INFORMATION**

19. Are you familiar with the U.S. Department of Transportation driver requirements? .....  Yes  No
20. Do you maintain driver activity files? .....  Yes  No  
Do you review current MVRs on all drivers prior to hiring? .....  Yes  No  
Is there a formal driver hiring procedure? .....  Yes  No  
If you have a formal driver hiring/training program, provide a copy with this application.
21. Are all drivers employees? .....  Yes  No  
If no, explain: \_\_\_\_\_
22. How are your drivers paid?  Per load  Per hour  Other: \_\_\_\_\_
23. Is there a formal safety program? .....  Yes  No  
If yes, provide details or a copy: \_\_\_\_\_
24. Do you agree to screen and report all potential operators immediately upon hiring? .....  Yes  No
25. Maximum number of hours driver will operate a vehicle in a 24-hour period: \_\_\_\_\_
26. List below all drivers currently employed as of the Proposed Effective Date. If a Non-Owned Auto is to be considered, you must list information for all employees currently employed by you.

Driver's Name	Date of Birth	Driver's License No.	State	Class of License	Number of Years Driving Similar Vehicle	Length of Employment	List Past Three Years of Accidents & Traffic Violations

**VEHICLE INFORMATION**

- 27. Number of vehicles owned:**    \_\_\_\_\_ Light    \_\_\_\_\_ Medium    \_\_\_\_\_ Heavy    \_\_\_\_\_ Extra Heavy  
    \_\_\_\_\_ Tractors    \_\_\_\_\_ Trailers    \_\_\_\_\_ Private Passenger Type
- 28. Number of vehicles leased:**    \_\_\_\_\_ Light    \_\_\_\_\_ Medium    \_\_\_\_\_ Heavy    \_\_\_\_\_ Extra Heavy  
    \_\_\_\_\_ Tractors    \_\_\_\_\_ Trailers    \_\_\_\_\_ Private Passenger Type
- 29. Do you contemplate using double or triple trailers?** .....  Yes  No  
 If yes, what percentage of trips involves the use of multiple trailers? ..... \_\_\_%
- 30. Do all trailers have DOT-required reflective tape?** .....  Yes  No
- 31. Provide details on your vehicle maintenance program:** \_\_\_\_\_
- 32. Are any vehicles owned, operated or leased that are not included in the schedule below?** .....  Yes  No  
 If yes, provide details: \_\_\_\_\_

**SCHEDULE OF VEHICLES**  
 (Attach copies of the vehicle registration for all vehicles and explain if registration name is different from applicant's name.)

Unit No.	Year/Model	Trade Name	Type of Vehicle	Vehicle Identification Number (VIN)	GCW/GVW or Seating Capacity

Unit No.	Radius (in miles)	Garaging Location	Registration State	License Plate No.



**HIRED AUTO INFORMATION**

- 37. Why is hired auto coverage being requested?** \_\_\_\_\_
- 38. Do you haul for others?** .....  Yes  No  
If yes, indicate percentage and for whom: \_\_\_\_\_
- 39. Are any vehicles or equipment loaned, rented, or leased to others?** .....  Yes  No
- 40. Do you lease, hire, rent or borrow any vehicles from others?** .....  Yes  No  
What is the average term of the lease? \_\_\_\_\_  
Is there a written agreement? .....  Yes  No  
If yes, provide a copy of the agreement.
- 41. Does your lease agreement contain a Hold Harmless clause?** .....  Yes  No
- 42. Do you obtain a copy of the insurance form that lists "named lessee as insured" from the truckers you hire?** .....  Yes  No
- 43. Do you obtain certificates of insurance from the truckers you hire?** .....  Yes  No  
Certificates of insurance with limits of at least \$750,000 are required from your sub-haulers. If you do not have these on file when we audit, we will charge you for primary hired auto insurance.  
Do you understand? .....  Yes  No
- 44. If owner/operators are leased for six (6) months or longer, will they be scheduled on your policy?** .....  Yes  No  
If yes, provide a copy of the agreement you use.
- 45. Do you lease, hire, rent, or borrow any vehicles from others without drivers?** .....  Yes  No  
Will they be scheduled on the policy? .....  Yes  No  
What is the average term of the lease? \_\_\_\_\_
- 46. What is your cost to lease, hire, rent or borrow vehicles?** With drivers \_\_\_\_\_ Without drivers \_\_\_\_\_  
Estimated cost of hired autos: This year: \_\_\_\_\_ Last year: \_\_\_\_\_
- 47. What type of vehicles do you lease, hire, rent or borrow?** Truck-Tractors \_\_\_% Trailers \_\_\_%  
Heavy & Extra Trucks \_\_\_% Pickup trucks or Vans \_\_\_% Private Passenger Cars \_\_\_%
- 48. At any time will your employees, subcontractors, or owner/operators lease vehicles in your name?** .....  Yes  No  
If yes, explain: \_\_\_\_\_
- 49. How many years of experience does your management have in the truck/transportation business?** \_\_\_\_\_  
Please provide an explanation of their experience: \_\_\_\_\_
- 50. Do you arrange or dispatch loads for others, not including your own hired truckers?** .....  Yes  No  
Please explain: \_\_\_\_\_  
Are you named on the Bills of Lading? .....  Yes  No  
Annual number of Truckers \_\_\_\_\_ Loads? \_\_\_\_\_
- 51. Do you have brokerage authority?** .....  Yes  No  
If yes, is the brokerage authority held under the same name and motor carrier number as your trucking operation? .....  Yes  No  
What is your brokerage motor carrier number? \_\_\_\_\_  
Whose name appears on the bill of lading as the carrier? \_\_\_\_\_  
What is your brokerage revenue for the most recent twelve (12) months? \_\_\_\_\_  
Estimated next twelve (12) months? \_\_\_\_\_
- 52. Are driver teams used?** .....  Yes  No
- 53. Will more than one driver use a specific truck?** .....  Yes  No

**NON-OWNED AUTO INFORMATION**

**54. Why is non-ownership liability coverage being requested?** \_\_\_\_\_

**55. What types of non-owned autos will be used in your business?** \_\_\_\_\_

Total number of non-owned autos used: \_\_\_\_\_ How will they be used? \_\_\_\_\_

**56. How often are non-owned autos used in your business?**  Daily  Weekly  Monthly  Other: \_\_\_\_\_

Estimate the number of hours per month: \_\_\_\_\_

Estimated annual mileage for use of all non-owned autos: \_\_\_\_\_

**57. Do any employees use their autos in your business?** .....  Yes  No

If yes, what limit of liability insurance are they required to maintain? \_\_\_\_\_

Do you require evidence of insurance? .....  Yes  No

**58. Do employees lease autos on your behalf?** .....  Yes  No

If yes, under whose name are the autos leased? .....  Employees name.....  Your name

**59. Will you use non-owned autos other than those owned by employees?** .....  Yes  No

If yes, describe the relationship \_\_\_\_\_

**60. Total number of employees:** \_\_\_\_\_ **Total number of officers and partners:** \_\_\_\_\_

**61. If a social service operation, indicate the total number of volunteers furnishing autos in your operation:** \_\_\_\_\_

Maximum number of volunteers at any one time: \_\_\_\_\_ How will they use their vehicles? \_\_\_\_\_

**62. Are volunteers required to have their own insurance?** .....  Yes  No

Minimum limits required: \_\_\_\_\_

**63. Do you obtain motor vehicle records for all drivers?** .....  Yes  No

**64. Do you understand that we may audit your records for Hired and Non-Owned auto exposure, which might result in an additional premium?** .....  Yes  No

**PRIOR CARRIER AND LOSS EXPERIENCE**

**65. Have you had any insurance canceled, declined or nonrenewed in the last three years?**

(Not applicable in Missouri) .....  Yes  No

If yes, explain: \_\_\_\_\_

The following Prior Carrier and Loss Experience Section must be completed:

Policy Pe- riod	Prior Carrier	Policy No.	Past Deductible Amount	Liability Premium	Physical Damage Premium	No. of Losses	Liability Losses Paid/Open*	Phys. Damage Losses Paid/Open*

\*Include a minimum of four (4) years currently valued company loss runs for all accounts.

