

# INSURANCE AGENTS AND BROKERS ERRORS & OMISSIONS APPLICATION

## Long-Haul Trucking Supplement

**Applicant's Instructions:** Answer all questions completely. Please attach extra sheets as required.

1. Applicant's Name: \_\_\_\_\_

2. Number of long-haul trucking accounts being placed: \_\_\_\_\_

3. Classes of accounts: (hazardous material, food, livestock, consumer products, etc.)  
\_\_\_\_\_

4. % of Single Owner/Operators placed? \_\_\_\_\_ % of Trucking Companies placed \_\_\_\_\_

5. Fleet size? \_\_\_\_\_ Radius of operation? \_\_\_\_\_

6. Please provide the following information for the top 3 carriers used for long haul trucking coverages.

Carrier	Direct Access?	Premium Volume	Years Represented
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

7. Does the agency have any binding authority for any long-haul trucking related accounts  Yes  No

8. Does the agency accept brokered long-haul trucking business?  Yes  No

9. Does the agency place any long-haul trucking business through a broker?  Yes  No

**If yes,** please complete the following for the top 3 brokers used for long-haul trucking business.

Broker/Agency	Carrier	Premium Volume	Years of LHT Experience
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. List agency staff that handle long-haul trucking accounts along with experience. If more than 4 employees, please attach an additional sheet to provide information for all appropriate employees.

Name	Years of Long-Haul Trucking Experience	Position in Agency
_____	<input type="checkbox"/> 0-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10+	<input type="checkbox"/> Owner <input type="checkbox"/> Producer <input type="checkbox"/> CSR
_____	<input type="checkbox"/> 0-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10+	<input type="checkbox"/> Owner <input type="checkbox"/> Producer <input type="checkbox"/> CSR
_____	<input type="checkbox"/> 0-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10+	<input type="checkbox"/> Owner <input type="checkbox"/> Producer <input type="checkbox"/> CSR
_____	<input type="checkbox"/> 0-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10+	<input type="checkbox"/> Owner <input type="checkbox"/> Producer <input type="checkbox"/> CSR

11. Are written procedures in place for securing coverage for long-haul trucking accounts?  Yes  No

**NOTICE TO APPLICANT:** The coverage applied for is solely as stated in the policy. The policy is issued on a "CLAIMS MADE AND REPORTED" basis, it provides coverage only for those claims that are first made against the Insured during the policy period unless the extended reporting period option is exercised in accordance with the terms of the policy.

I understand that the information

\_\_\_\_\_

\_\_\_\_\_

**Print Name**

**Title**

\_\_\_\_\_

\_\_\_\_\_

**Signature**

**Date**