



TRUCK INSURANCE APPLICATION

FAX TO: ROGER J. FUYDAL

FAX#201-661-7389

Contact Info: Ph # 201-661-2454 email Rfuydal@capcoverage.com

Insured Name	
Address	
City/State/Zip	
Phone	
Fax	
Email	
DOT#/Motor Carrier Number	
Garage State	
# of Drivers	
# of Tractors	
# of Owned Trailer Units	
Total Projected Long Haul Miles	

Class of Business:

- | | | |
|---|--|--|
| <input type="checkbox"/> Armored Trucks | <input type="checkbox"/> Explosives or Hazardous Materials | <input type="checkbox"/> Local Delivery |
| <input type="checkbox"/> Automobile Haulers | <input type="checkbox"/> Fuel Products | <input type="checkbox"/> Logging/Pulpwood |
| <input type="checkbox"/> Boat Transport | <input type="checkbox"/> Flatbed | <input type="checkbox"/> Radioactive Materials |
| <input type="checkbox"/> Bulk/Pneumatic | <input type="checkbox"/> Haulers of Swinging/Hanging Meat | <input type="checkbox"/> Reefer |
| <input type="checkbox"/> Coal | <input type="checkbox"/> House Movers | <input type="checkbox"/> Residential or Commercial Waste |
| <input type="checkbox"/> Dry Van | <input type="checkbox"/> Intermodal/Containers | <input type="checkbox"/> Sand & Gravel |
| <input type="checkbox"/> Dumping Operations | <input type="checkbox"/> Livestock | <input type="checkbox"/> Star Route Mail Carriers |
| <input type="checkbox"/> Steel Haulers-coiled Steel | <input type="checkbox"/> Straight Truck (> 26,000 lbs GVW) | <input type="checkbox"/> Tanker |
| <input type="checkbox"/> OTHER _____ | | |

- | | | |
|---|------------------------------|-----------------------------|
| 1. Have you had 2 or more years of primary liability coverage? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Do you pull tanker trailers? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Do you act as a truck broker? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Are placards required for any commodity you haul? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Within the past 4 policy terms have you had any loss over \$5,000? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. Are all vehicles owned/operated by you? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7. Has your insurance cancelled or non-renewed within the past 5 years? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

8. Are Team Drivers utilized? YES NO
9. Please specify the percentage of trips from the garaging location
- a) % of trips made 0 to 100 miles from the garage location _____%
- b)% of trips made 101 to 300 miles from the garaging location _____%
- c)% of the trips made over 301 miles from the garaging location _____%
10. Are passengers allowed to accompany driver? YES NO
11. Are all power units owned and/or operated by applicant
tagged and titled in NJ? YES NO
12. Has any driver ever been convicted of a felony? YES NO
13. Does any driver have any medical impairment? YES NO
14. What is the current D.O.T Rating? _____
15. If you own and/or operate Private Passenger/Service Vehicles or Straight Trucks are they
Insured under a commercial auto liability policy
issued by another company? YES NO

TOTAL ANNUAL MILEAGE

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

Metro City Annual Mileage:

New York, NY _____

Philadelphia, PA _____

Newark, NY _____

DRIVER LIST

Attached

Driver Name	Date of Birth	Drivers License # & State

Any additional please attach separate sheet.

TRACTOR LIST

Attached

Year	Make	Model	Vehicle Identification Number	Value

TRAILER LIST

Attached

Year	Make	Model	Vehicle Identification Number	Value

GENERAL LIABILITY

- 1. How many premises do you own, rent or occupy? _____
- 2. Are there any installation, replair or maintenance operations? YES NO
- 3. Are there any warehousing or storage operations YES NO
- 4. Are there any operations performed other than trucking for hire? YES NO
- 5. Do you sell any product either on a retail or wholesale basis? YES NO

TRAILER INTERCHANGE

- 1. Do you have a trailer interchange agreement? YES NO
- 2. What are the number of total annual interchange days? _____
- 3. What is the limit required by your Interchange Agreement? _____