

Harvey Truck Center

New Castle Location

29 East Commons Blvd., Ste 300
 New Castle, DE 19720
 302-324-8340
 800-788-3176
 Fax: 302-324-8352

Delmar Location

30299 Foskey Lane
 Delmar, MD 21875
 410-896-3562
 800-388-6225
 Fax: 302-324-8352

Physical Damage / Liability Insurance Application

Desired Policy Effective Date: / / Time: AM PM

Small Fleet Application

Applicant Name

First Last Middle

Applicant Address

Street Address 1 Street Address 2
 City State ZIP Telephone

Principal Garaging Address

Street Address 1 Street Address 2
 City State ZIP Telephone

State Docket # DOT # MC #

Name of Financially-Responsible Person SS# (or FEIN # if a corporation)

Date of Birth Email Address Year Business Started Is This A "For Hire" Operation?
 Yes No

Type of Entity

Corporation LLC Sub-S Corporation Partnership Other

Coverage Desired

Coverage	Limit	Additional Coverage
Primary Liability	300 500 750 MIL	GL GKLL Trailer Interchange
Non-Trucking Liability	300 500 750 MIL	Cargo Liability \$ <input type="text"/> Limit
Personal Injury	Reject Amount \$ <input type="text"/>	Hired Non-Owned Liability
Uninsured Motorists	Reject Amount \$ <input type="text"/>	Other/Not Listed <input type="text"/>
Physical Damage	Stated Amount (as shown in Veh. Schedule)	Deductible: \$1,000 \$2,500

Loss History (Provide Carrier-Supplied Loss Runs for the Prior 4 Years, if Applicable)

Prior Carrier & Policy Number	Effective Dates	Losses (Attach a Separate Sheet if Necessary)

Questions Yes No

1	Does the named applicant operate any other vehicles not listed on this application?		
2	Are placards ever required for any vehicle?		
3	Does the applicant act as a truck broker?		
4	Does the applicant haul double trailers and/or triple trailers?		
5	Has the applicant had two or more years of primary liability coverage?		
6	Within the past four policy terms, has the applicant suffered any losses over \$5,000? If YES, please explain below.		
7	Are all of the vehicles owned/operated by the insured being scheduled on this policy? If NO, please explain below.		
8	Has the applicant's insurance been cancelled or non-renewed for any reason in the past five years? If YES, please explain below.		
9	Are team drivers used? If YES, please explain below.		
10	Maximum Radius of Operations (from garage locations): _____ miles		
11	What percent of trips are within: 0-50 miles: <input type="text"/> % 51-100 miles: <input type="text"/> % 101-300 miles: <input type="text"/> % 301-500 miles: <input type="text"/> % 501+ miles: <input type="text"/> %		
12	Are passengers allowed to accompany the driver? If YES, please explain.		
13	Is there trailer interchange exposure? If YES, please indicate the following: Does the applicant have a written Interchange Agreement? Limit of Liability Required \$ <input type="text"/> Deductible Amounts \$ <input type="text"/> Number of Interchange Days: <input type="text"/>		
14	Are all power units scheduled on the policy tagged/titled in the garaging state? If NO, please specify below which states and which units.		
15	Has any driver been convicted of a felony? If YES, please explain.		
16	Does any driver have any medical impairment? If YES, please explain.		
17	What is the current DOT Rating? (Refer to safersys.org) Satisfactory Unsatisfactory Conditional Not Rated		
18	Are any private passenger autos/service vehicles or straight trucks owned by the insured? If YES, please provide proof of coverage issued by another company if not being scheduled on this policy.		
19	What is your total annual revenue? \$ <input type="text"/> What is your total sub-haul revenue? \$ <input type="text"/>		

Questions (Continued)

20 Use this space for explanation of the questions above or for any additional information about the insured.

Miles by State

In the space below, please fill in the actual miles the applicant traveled within each state for the prior year. Indicate projected mileage if this is a new venture or if an operational change has occurred.

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							

Please submit the prior four quarters of IFTAs (fuel tax statements) or Schedule B

Financial Information (for 5+ Units)

Please attach a copy of the insured's most recent year-end profit and loss statement, tax statement, or other financial information as well as any necessary explanation.

Filings

Does this applicant require:

ICC Filing PUC Filing Other Filings (Specify type and docket #. Please list all numbers)

[Empty box for listing filings]

- Note:
- 1 We must insure all vehicles owned or operated by the insured to make an ICC or PUC filing.
 - 2 No filings will be made until down-payment is received, and the risk has been accepted.

Broker / Agent Information

First Name	Last Name	Middle Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street Address	City	State	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
County	Phone	Fax	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Broker Signature: _____

Applicant's Statement

I am hereby applying for a Physical Damage / Liability Insurance policy as set forth in this application on the basis of statements contained herein and truthful to the best of my knowledge. I authorize the verification of the information provided on this form. I have received a copy of this application.

Signature of Applicant: _____ Date: _____

Please fully complete all fields.
Print, sign, and return to:
Harvey Truck Center
c/o Edward Polarski, Finance Manager
29 East Commons Blvd., Suite 300
New Castle, DE 19720
Fax: 302-324-8352