

Cross Country Insurance Agency, Inc.

Fax 402-894-1040

GENERAL INFORMATION

info@crosscountryins.com

| | | | |
|--|--|--|-------------|
| Applicant Name _____ | | Desired Effective Date _____ At 12:01 a.m. | |
| Applicant Address _____ | | City _____ | State _____ |
| Principal Garaging Address (if different) _____ | | County _____ | ZIP _____ |
| Type of Entity: <input type="radio"/> Proprietorship, <input type="radio"/> Partnership, _____ | | City _____ | |
| <input type="radio"/> Corporation, <input type="radio"/> Individual, <input type="radio"/> Other _____ | | State _____ | |
| Applicant Phone _____ | | County _____ | |
| Social Security or Tax I.D. # _____ | | ZIP _____ | |
| Number of Years in Business _____ | | MC Number _____ | |
| | | DOT Number _____ | |
| Email address of person to contact _____ | | | |

COVERAGE DESIRED

| Coverage | Limit | Deductible |
|-------------------|---|---|
| Primary Liability | <input type="radio"/> 750,000 <input type="radio"/> 1,000,000 | N/A |
| Physical Damage | Stated Amount (fill in below under Equipment) | <input type="radio"/> 1,000 <input type="radio"/> 2,500 |
| Cargo | <input type="radio"/> 25,000 <input type="radio"/> 50,000 <input type="radio"/> 100,000 | <input type="radio"/> 1,000 <input type="radio"/> 2,500 |

DRIVER INFORMATION

| Driver Name | Date of Birth | License Number | State | Date Employed | Yrs. Experience |
|-------------|---------------|----------------|-------|---------------|-----------------|
| 1. _____ | _____ | _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ | _____ |

DRIVERS' PREVIOUS EXPERIENCE

Company Name _____

Company Name _____

VIOLATIONS AND ACCIDENTS

| Driver Name | Details of all violations/accidents in last 36 months | Date / Place |
|-------------|---|--------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |

FILINGS

Does the applicant require: ICC Filing (provide MC) PUC Filing Other state filings (specify state) _____

EQUIPMENT INFORMATION

| Owned/Leased | P/T * | Year / Make / Model | Type ** | Serial # (last 6 digits) | PD Deductible | Stated Amt. |
|--------------|-------|---------------------|---------|-----------------------------|---------------|-------------|
| 1. _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ | _____ | _____ | _____ |

* P=Power Unit, T=Trailer
 ** Tractor Type = Cabover, Conventional, Straight Truck, Service, Other (Describe)
 Trailer Type = Van, Reefer, Tank - Liquid, Dry Bulk, Gas Bulk, Flatbed, Lowboy

COMMODITIES

| Type | Revenue % | Type | Revenue% |
|-------|-----------|-------|----------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

LOSS HISTORY

| Prior Carrier | Period | Losses |
|---------------|--------|--------|
| _____ | _____ | _____ |

MILEAGE

Annual Mileage _____

Specify the percentages of trips from the garaging location: 0-100 miles _____ 101-300 miles _____ Over 300 miles _____

| | | | |
|----------|----------|------------|------------|
| 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 _____ |

Any mileage through major cities? If so, where and mileage: _____

Add any other pertinent information in this space: _____

MISCELLANEOUS QUESTIONS

- Have you had 4 or more years of primary liability coverage?
(If no, make sure "Drivers' Previous Experience" on Page 1 is completed) Yes No
- Do you pull double/triple trailers or tankers trailers? Yes No
- Do you act as a truck broker? Yes No
- Do any of the commodities hauled by you require placards? Yes No
- Within the past 4 policy terms, have you or your company suffered any loss over \$5,000? Yes No
- Are all vehicles owned/operated by you being scheduled on this policy? Yes No
- Are team drivers utilized? Yes No
- Are passengers allowed to accompany driver? Yes No
- Does any driver have any medical impairments? Yes No
- Is there trailer interchange exposure? Yes No
- Are all power units owned and/or operated tagged/titled in garaging state? Yes No
- Has any driver ever been convicted of a felony? Yes No