

AGENCY CUSTOMER ID: _____

EQUIPMENT ACORD 129 (Vehicle Section) attached for owned units

| VEHICLE TYPE | PER VEHICLE TYPE ENTER THE NUMBER OF WITHIN EACH CATEGORY | | | | | | | TERR/ ZONE |
|-------------------------|---|-----------|-----------------|------------|----------------|---------------|---------------|---------------|
| | COMPANY OWNED | NON OWNED | LONG TERM LEASE | TRIP LEASE | RADIUS (MILES) | | | |
| | | | | | LOCAL | INTER-MEDIATE | LONG DISTANCE | |
| TRUCKS | | | | | | | | |
| TRACTORS | | | | | | | | |
| SEMI-TRAILERS | | | | | | | | |
| FULL TRAILERS | | | | | | | | |
| TANK SEMI-TRAILERS | | | | | | | | |
| TANK TRAILERS | | | | | | | | |
| REFRIGERATED TRAILERS | | | | | | | | |
| SERVICE TRUCKS | | | | | | | | |
| PRIVATE PASSENGER AUTOS | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| TOTAL VEHICLES | | | | | | | | |

GENERAL INFORMATION

| EXPLAIN ALL "YES" RESPONSES | Y / N |
|---|-------|
| 1. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION? | |
| 2. DOES APPLICANT OBTAIN MVR VERIFICATION ON DRIVERS? | |
| 3. DOES APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD? | |
| 4. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION? | |
| 5. DOES APPLICANT OWN OR OPERATE EQUIPMENT NOT LISTED HERE? | |
| 6. DOES APPLICANT HAUL ANY DANGEROUS, CAUSTIC, RADIOACTIVE OR FLAMMABLE CARGO? | |
| 7. DOES APPLICANT HAUL TARGET COMMODITIES (i.e., stereos, televisions, pharmaceuticals, liquor, meat, seafood, etc.) | |
| 8. DO DRIVERS RECEIVE REGULAR PHYSICALS? | |
| 9. DOES APPLICANT HIRE EQUIPMENT FROM OTHERS? | |
| 10. DOES APPLICANT RENT OR LEASE VEHICLES OR EQUIPMENT TO OTHERS WITH / WITHOUT OPERATORS? | |
| 11. DOES APPLICANT HAUL FOR OTHER TRUCKERS? | |
| 12. DO OTHER TRUCKERS OPERATE UNDER THE PERMIT OF THE APPLICANT? (Specify percentage of total number of vehicles so operated) | |
| 13. IS COVERAGE REQUIRED FOR TRAVEL IN CANADA OR MEXICO? | |
| 14. ARE DRIVERS COMPENSATED PER TRIP? | |

GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: _____

| EXPLAIN ALL YES RESPONSES | Y / N | | | | | | | | | | |
|--|-------------------|-------------------|---------------------|---------------------|-----------|--|--|--|--|--|--|
| 15. ANY HOLD HARMLESS AGREEMENTS? | | | | | | | | | | | |
| 16. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS? APPLICABLE ONLY IN KANSAS: UNDER KANSAS LAW, THE FOLLOWING TRAFFIC VIOLATIONS ARE NOT REQUIRED TO BE REPORTED TO INSURERS: 1. A speeding violation of up to six (6) mph that occurs in an area with a maximum posted speed limit from 30 mph through 54 mph, or 2. A speeding violation of up to ten (10) mph that occurs in an area with a maximum posted speed limit from 55 mph through 70 mph. | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:5%;">DRV #</th> <th style="width:15%;">DATE (MM/DD/YYYY)</th> <th style="width:40%;">TYPE</th> <th style="width:30%;">PLACE (CITY, STATE)</th> <th style="width:10%;"># YRS REV</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> | DRV # | DATE (MM/DD/YYYY) | TYPE | PLACE (CITY, STATE) | # YRS REV | | | | | | |
| DRV # | DATE (MM/DD/YYYY) | TYPE | PLACE (CITY, STATE) | # YRS REV | | | | | | | |
| | | | | | | | | | | | |
| 17. DO ANY VEHICLES HAVE SPECIAL EQUIPMENT MOUNTED OR ATTACHED? | | | | | | | | | | | |
| 18. DOES APPLICANT PULL DOUBLE OR TRIPLE TRAILERS? | | | | | | | | | | | |
| 19. DOES APPLICANT HAVE TOW TRUCKS OR PERFORM TOWING? | | | | | | | | | | | |
| 20. ARE VEHICLES LEFT UNLOCKED WHEN UNATTENDED? | | | | | | | | | | | |
| 21. ARE ANY OVERAGE, SHORTAGE OR DAMAGE CLAIMS PENDING? | | | | | | | | | | | |
| 22. ARE ALL VEHICLES TO BE INCLUDED IN THIS POLICY PART OF A FLEET? | | | | | | | | | | | |

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT ACORD 45 attached for additional names

| INTEREST | RANK: | NAME AND ADDRESS | REFERENCE #: | CERTIFICATE REQUIRED | INTEREST IN ITEM NUMBER |
|--------------------------|--------------------|------------------|--------------|----------------------|-------------------------|
| <input type="checkbox"/> | ADDITIONAL INSURED | | | | VEHICLE: |
| <input type="checkbox"/> | LOSS PAYEE | | | | SCHEDULED ITEM NUMBER: |
| <input type="checkbox"/> | LIENHOLDER | | | | OTHER |
| <input type="checkbox"/> | EMPLOYEE AS LESSOR | | | | |
| <input type="checkbox"/> | | | | | |
| ITEM DESCRIPTION: | | | | | |
| INTEREST | RANK: | NAME AND ADDRESS | REFERENCE #: | CERTIFICATE REQUIRED | INTEREST IN ITEM NUMBER |
| <input type="checkbox"/> | ADDITIONAL INSURED | | | | VEHICLE: |
| <input type="checkbox"/> | LOSS PAYEE | | | | SCHEDULED ITEM NUMBER: |
| <input type="checkbox"/> | LIENHOLDER | | | | OTHER |
| <input type="checkbox"/> | EMPLOYEE AS LESSOR | | | | |
| <input type="checkbox"/> | | | | | |
| ITEM DESCRIPTION: | | | | | |

REMARKS