TRANSPORTATION RISK ASSESSMENT PROFILE

Contact: _____ Policy Term: _____

Phone: _____ Email: _____

General Information

1. Business Name and Physical Address: _____

   _____

   Mailing Address (if different): _____

   _____

   Website: _____

   a. Is this exactly how the name appears on your Auto Liability and Cargo Filings? ..... Yes No

      If no, how does it appear? _____

   b. FEIN: _____ DOT #: _____ MC #: _____

   c. Person responsible for insurance: _____

      Title: _____ Email: _____ Phone: _____

2. Officer Names Title % of Ownership

   _____ _____ _____ %

   _____ _____ _____ %

   _____ _____ _____ %

   _____ _____ _____ %

3. Names of any other affiliated companies to be included for insurance and operations: _____

   _____

4. Years in business under current authority: _____

   a. Years of trucking management experience: _____

   b. Applicant is: Common Contract Private Exempt

5. Base state filing requirements: _____

   a. Do you have intrastate or exempt authority in any states? ..... Yes No

      Intrastate: _____

      Exempt: _____

   b. Terminal Locations: _____

      _____

   c. Do you travel into Canada or Mexico? ..... Yes No

      If yes, list Provinces and mileage in each: _____

6. Is Intermodal Coverage required (Auto Liability and General Liability)? ..... Yes No

Radius and Operating Ratios

1. Radius: <50 Miles: ____ % 51-200 Miles: ____ % 201-500 Miles: ____ % >500 Miles: ____ %

   Average length of haul? _____ Miles

   Maximum length of haul? _____ Miles

Historic Exposure Base

Policy Period	Avg. # Active Power Units	Revenue	Total Mileage
_____	_____	$ _____	_____
_____	_____	$ _____	_____
_____	_____	$ _____	_____
_____	_____	$ _____	_____
_____	_____	$ _____	_____
_____ Projected	_____	$ _____	_____

Cargo

1. Commodity	Maximum Value	Avg. Value	% of Revenue	Major Shipper
_____	$ _____	$ _____	_____ %	_____
_____	$ _____	$ _____	_____ %	_____
_____	$ _____	$ _____	_____ %	_____
_____	$ _____	$ _____	_____ %	_____
_____	$ _____	$ _____	_____ %	_____
_____	$ _____	$ _____	_____ %	_____

2. Do any of your loads require placarding? ..... Yes No
3. Do you haul hazardous materials that require a $5,000,000 Liability Limit? ..... Yes No
4. Is there a Hazardous Materials response plan? ..... Yes No
5. Are special limits by commodity or shipper required? ..... Yes No

   If yes, explain: _____

6. Do you have a warehouse? ..... Yes No
7. Do you Trailer Interchange with anyone? ..... Yes No
8. Do you have any “off loaded” terminal exposure for cargo? ..... Yes No

   If yes, explain: _____

9. Do you haul any containerized cargo? ..... Yes No
10. Do you have any oversize-overweight operations? ..... Yes No
11. Do you have any temperature controlled equipment? ..... Yes No

Cargo Continued

12. Are trailers left loaded and unattended in terminals or otherwise? ..... Yes No

    If yes, give details of any security precautions taken to secure the vehicle and cargo: _____

    _____

    # of trailers sitting loaded at any one time: _____

13. Security

    a. Do you have a security system (alarm, load tracking, etc.) on tractor/trailer? ..... Yes No

    b. Do you have a locked or fenced yard? ..... Yes No

    c. Is yard guarded 24 hours? ..... Yes No

    d. Use temperature controlled equipment? ..... Yes No

14. Do you transport high value cargo such is electronics, pharmaceuticals, liquor, meat or seafood? ..... Yes No

15. Do you provide LTL services for your clients? ..... Yes No

    a. If yes, what % of your operation is LTL? _____ %

Equipment

1. Power Units

	Company Owned	Owner-Operator Owned
Tractors	_____	_____
Heavy Trucks	_____	_____
Medium Trucks	_____	_____
Service Trucks	_____	_____
Pickups	_____	_____
Private Passenger	_____	_____

Trailers	Company Owned	Owner-Operator Owned
Dry Van	_____	_____
Reefer	_____	_____
Flatbed	_____	_____
Tank	_____	_____
Dump	_____	_____
Hopper	_____	_____
_____	_____	_____
_____	_____	_____

2. Does the equipment have any of the following:

    a. Satellite Tracking System? ..... Yes No

    b. Safety Decals (i.e. How's My Driving)? ..... Yes No

    c. Theft Alarms? ..... Yes No

Technology

	% of Company Owned Fleet	% of Owner Operator Fleet
Roll Stability Control:	_____ %	_____ %
Forward Facing Cameras:	_____ %	_____ %
Driver Facing Cameras:	_____ %	_____ %
Side and Rear Cameras:	_____ %	_____ %
Video Event Recorder:	_____ %	_____ %
LED Headlights:	_____ %	_____ %
Lane Departure Warning Systems:	_____ %	_____ %
Collision Mitigation Braking:	_____ %	_____ %
Governors / Speed Limiters:	_____ %	_____ %
Blind Spot Warning:	_____ %	_____ %
Adaptive Cruise Control:	_____ %	_____ %
Real-Time Vehicle Diagnostics:	_____ %	_____ %
Anti-Lock Braking:	_____ %	_____ %
ELDs:	_____ %	_____ %
Satellite GPS Tracking:	_____ %	_____ %

1. Who is your ELD provider? _____
2. Who is your camera service provider? _____
3. Does your camera service provider include monitoring & coaching? _____

Driver Information

1. Total # of Drivers: _____
   # of Employee Drivers: _____
   # of Owner-Operator Drivers: _____
   Full Time Employees: _____
   Part Time Employees: _____
   Leased Employees: _____
2. Minimum number of years experience required: _____
3. Driver Trainees used? ..... Yes No
4. Who administers your driver selection process? Name: _____ Title: _____
5. Driver turnover: _____ %
6. Do you use driver teams? ..... Yes No
   a. If yes, how many? _____

Driver Safety and Maintenance

1. Does your driver selection process include the following:

   Written Application MVR Check Interview Physical

   Reference Check Written Test Drug Test Road Test

2. Length of new driver orientation program: _____

   a. Written Program: Yes No *If yes, provide a copy.*

3. How often are driver safety meetings held? _____ Are they mandatory? Yes No

4. Give details on person responsible for safety.

   Name: _____ Title: _____ Years of Experience: _____

   Email: _____ Phone: _____

5. Is it your policy to allow family members or passengers to ride with drivers? ..... Yes No

6. On average, how often do drivers get home? _____

7. Are driver hours monitored by dispatch? ..... Yes No

8. Pay Scale: Union Non-Union

   a. How is pay calculated? % Trip Mileage Hours

   b. Average driver annual pay: $ _____

9. Is a daily call-in system used on long haul operations? ..... Yes No N/A

10. Are pre-determined truck stops used on long haul operations? ..... Yes No N/A

11. How do you drug test your drivers?

    Hair Follicle Urine Mouth Swab Other

    a. If other, please explain: _____

12. Are safety incentives offered? ..... Yes No

    a. If yes, please explain: _____

    _____

13. Preventative Maintenance:

    a. Daily vehicle condition reports used? ..... Yes No

    b. Do you service your own equipment? ..... Yes No N/A

    c. Do you service Owner-Operator equipment? ..... Yes No N/A

    d. Maintenance Supervisor's Name: _____ Years of Experience: _____

    e. Number of full-time mechanics: _____

Trailer Interchange

1. Is Trailer Interchange Legal Liability (Physical Damage) coverage required? ..... Yes No
   a. If yes, calculate the number of Trailer Interchange days:

      Number of Units: _____ x Number of Days: _____ = _____ Trailer Interchange Days

      Maximum value per trailer: $ _____

      Average value per trailer: $ _____

      Deductible desired (minimum of $1,000): $ _____

Leasing Equipment

1. Leased and Hired Vehicles
   a. Do you allow others to trip lease under your authority? ..... Yes No

      If yes, what revenue do you derive from such leasing? $ _____

      If yes, do you require them to provide you with an additional insured endorsement and certificate of insurance? ..... Yes No
   b. Do you trip lease under any other motor carrier's authority? ..... Yes No

      If yes, are you required to sign a Hold Harmless Agreement? ..... Yes No

      If yes, what revenue do you derive from such leasing? $ _____
2. Do you rent or lease vehicles to others with or without operators? ..... Yes No
   a. If yes, please explain: _____

      _____
3. Are you a subhauler for another entity? ..... Yes No
4. Do you allow others to subhaul under you? ..... Yes No
5. Do you lease equipment to others on a long term basis? ..... Yes No
   a. If yes, what revenue do you derive from such leasing: $ _____
   b. If yes, please explain: _____

      _____

General Liability

1. Do you have any operations other than trucking, such as:
   a. Storage of goods of others (warehousing)? ..... Yes No
   b. Repair of vehicles of others? ..... Yes No
   c. Storage of vehicles of others? ..... Yes No
   d. Space leased to others? ..... Yes No
   e. Sale or storage of fuels? ..... Yes No
   f. Any other non-trucking operations (spotting trailers)? ..... Yes No

      If yes, please list all other operations: _____

      _____

General Liability Continued

g. Do you own, rent, or occupy any terminal besides the garaging/primary location? ..... Yes No

If yes, please provide address and occupancy: _____

_____

h. Do you own and operate any mobile equipment; i.e. snowplows, forklifts, yard goats, etc.? . Yes No

If yes, please provide details: _____

2. Please provide total square footage of your operations: _____ Sq Ft
3. Are contracts required with customers/vendors? ..... Yes No
4. Who reviews contract requirements? _____
5. Who in your organization is authorized to approve contracts? _____
6. Waiver of Subrogation required? ..... Yes No

   If yes, please provide details: _____
7. Additional insured required? ..... Yes No

   If yes, please provide details: _____

Workers Compensation

1. Are Officers to be included? ..... Yes No
2. Do drivers load/unload? ..... Yes No
   a. If yes, Manual _____ % Mechanical _____ %
3. Are lumpers used? ..... Yes No
   a. If yes, are they insured and do you collect a COI? ..... Yes No
4. Are Transitional Duty or Return-to-Work programs used? ..... Yes No
5. Is Pre-Employment Functional Capacity testing administered? ..... Yes No

Brokerage Operations

1. Do you operate as a brokerage or have a separate brokerage operations entity? ..... Yes No

   If no, you can skip the remainder of the Brokerage Operations section.

   a. Is the brokerage a separate entity? ..... Yes No
   b. What name or dba does it operate under? _____
   c. What MC# and DOT# does it operate under? MC# _____ DOT# _____
   d. Years in business under current authority: _____
   e. FEIN: _____
2. Do you have common ownership with a motor carrier? ..... Yes No
   a. If yes, what % of revenue is brokered to the affiliated motor carrier? _____ %
3. Do you broker any cross-border loads? ..... Yes No

   Canada Mexico Other _____

Brokerage Operations Continued

4. Exposures: Prior Year _____ Current Year _____ Next Year _____

   Revenue $ _____ $ _____ $ _____

   # of Loads _____ _____ _____

   a. Revenue from Truckload shipments: _____ %

   b. Revenue from Less Than Truckload shipments: _____ %

   c. Revenue from Parcel shipments: _____ %

5. Do you broker freight by air, sea, or rail? ..... Yes No

   a. If yes, please provide: _____ % Truck _____ % Air _____ % Sea _____ % Rail

6. Do you use a TMS platform? ..... Yes No

   a. If yes, what platform? _____

7. Current Insurance Coverages

	Insurer	Limit	Premium	Exp Date
Truck Broker	_____	$ _____	$ _____	_____
Contingent Auto	_____	$ _____	$ _____	_____
Contingent Cargo	_____	$ _____	$ _____	_____
Professional / E&O	_____	$ _____	$ _____	_____
General Liability	_____	$ _____	$ _____	_____
Work Comp	_____	$ _____	$ _____	_____

   a. Has any insurer cancelled, non-renewed, or declined similar insurance in the past 5 years? . Yes No

8. Have you had any covered or uncovered losses in the past 5 years? ..... Yes No

   a. If yes, please provide details: _____

   _____

   _____

9. Have you had any covered or uncovered theft claims on brokered loads in the last 3 years? ..... Yes No

   If yes, please provide details: _____

   _____

   _____

10. Do you require a signed Broker Carrier Agreement from all motor carriers before they are approved to haul a load? ..... Yes No

11. Do you prohibit a shipper or carrier from issuing a bill of lading in your name? ..... Yes No

12. Do you fine (other than passthrough from a shipper) or otherwise exercise control over the behavior of a motor carrier? ..... Yes No

13. Do you maintain a hard copy or electronic file on each approved motor carrier which includes motor carrier authority, certificate of insurance, and signed Broker Carrier Agreement? ..... Yes No

14. Do you only approve motor carriers with a Satisfactory rating with the FMCSA? ..... Yes No

Brokerage Operations Continued

15. Do you require motor carriers to provide proof of Auto Liability insurance with an A- or better financial rating from A.M. Best? ..... Yes No

16. Is the limit of insurance for Cargo on approved motor carriers' certificate of insurance always equal to or greater than the value of the shipment assigned to the motor carrier? ..... Yes No

17. Do all of your approved motor carriers also haul for other freight brokers, consignees, or shippers? ..... Yes No

18. Do you own, lease, or provide trailers, chassis, containers or other equipment to motor carriers? ..... Yes No

19. Do you arrange for the pulling of empty trailers, chassis, containers, or other equipment when the motor carriers are not carrying freight? ..... Yes No

20. Do you have any signed contracts with shippers that alter the extent of your liability? ..... Yes No

21. Do you arrange transit as an "Agent" for any other party? ..... Yes No

    If yes, confirm the associated percentage of GFR's: _____ %

22. Do outside "Agents" arrange transit for your operations? ..... Yes No

    If yes, confirm the associated percentage of GFR's: _____ %

23. Brokerage Commodities

	Freight Carried or Arranged?		% of Gross Freight Receipts
Automobiles	Yes	No	_____ %
Antiques	Yes	No	_____ %
Clocks/Watches or Components	Yes	No	_____ %
Electronics	Yes	No	_____ %
Furs or Leathers	Yes	No	_____ %
Jewelry, Precious Metals, Minerals, Stones	Yes	No	_____ %
Liquor	Yes	No	_____ %
Live Animals	Yes	No	_____ %
Non-Ferrous Metals	Yes	No	_____ %
Produce or Perishables	Yes	No	_____ %
Pharmaceuticals	Yes	No	_____ %
Tobacco	Yes	No	_____ %
Works of Art	Yes	No	_____ %
Oversize/Overweight Loads	Yes	No	_____ %
Hazardous or Classified Chemicals/Goods	Yes	No	_____ %
Flatbed Freight	Yes	No	_____ %
Dump Loads	Yes	No	_____ %
Oilfield Services	Yes	No	_____ %

Certificate Information

1. Do your clients require renewal certificates 5 or more days prior to your expiration date? ..... Yes No

   E.g.; Amazon, RMIS, Registry Monitoring, DoD, FEMA, Nucor, Direct Rail Contracts

   If yes, please list: _____

   _____

2. Do your clients require certain endorsements? ..... Yes No

   E.g.; Additional Insured, Primary and Noncontributory, Waiver of Subrogation, Broadened Pollution

   If yes, please list: _____

   _____

3. Do your clients utilize a 3rd party certificate compliance vendor? ..... Yes No

   If yes, please list: _____

   _____

I declare to the best of my knowledge that all statements herein are true, and no material facts have been misstated. I understand that misrepresentation or omission of material facts will be cause for cancellation and may void coverage. I also understand that this is only an application for insurance and that the completion of such is not an offer of or a binding of coverage, nor is it a promise to issue any insurance policy.

Signed this _____ day of _____, at _____

Applicant
_____

Officer
_____

Officer
_____

Officer
_____

Questions about this application? Contact your TruckShield representative.