

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