

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 IN REMARKS	YES	NO	EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO
1. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?			11. DOES APPLICANT HAUL FOR OTHER TRUCKERS?		
2. DOES APPLICANT OBTAIN MVR VERIFICATION ON DRIVERS?			12. DO OTHER TRUCKERS OPERATE UNDER THE PERMIT OF THE APPLICANT? (Percentage of total number of vehicles so operated)		
3. DOES APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?			13. IS COVERAGE REQUIRED FOR TRAVEL IN CANADA OR MEXICO?		
4. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?			14. ARE DRIVERS COMPENSATED PER TRIP?		
5. DOES APPLICANT OWN OR OPERATE EQUIPMENT NOT LISTED HERE?			15. ANY HOLD HARMLESS AGREEMENTS?		
6. DOES APPLICANT HAUL ANY DANGEROUS, CAUSTIC, RADIOACTIVE OR FLAMMABLE CARGO?			16. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS?		
7. DOES APPLICANT HAUL TARGET COMMODITIES (ie: stereos, televisions, pharmaceuticals, liquor, meat, seafood, etc)			17. DO ANY VEHICLES HAVE SPECIAL EQUIPMENT MOUNTED OR ATTACHED?		
8. DO DRIVERS RECEIVE REGULAR PHYSICALS?			18. DOES APPLICANT PULL DOUBLE OR TRIPLE TRAILERS?		
9. DOES APPLICANT HIRE EQUIPMENT FROM OTHERS?			19. DOES APPLICANT HAVE TOW TRUCKS OR PERFORM TOWING?		
10. DOES APPLICANT RENT OR LEASE VEHICLES OR EQUIPMENT TO OTHERS WITH/WITHOUT OPERATORS?			20. ARE VEHICLES LEFT UNLOCKED WHEN UNATTENDED?		
			21. ARE ANY OVERAGE, SHORTAGE OR DAMAGE CLAIMS PENDING?		

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					
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					
ITEM DESCRIPTION:					

REMARKS