

**SEBRITE AGENCY**  
**TOPHat Logistics**  
**DELIVERY TRUCK APPLICATION**

FAX: 800-767-6466

EMAIL – [NYOKA@SEBRITEAGENCY.COM](mailto:NYOKA@SEBRITEAGENCY.COM)

Phone: 952-563-1234

Submit Date: \_\_\_\_\_ Proposed Eff. Date: asap

Company Name: \_\_\_\_\_

How many years in business \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

EIN# \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

DOT# \_\_\_\_\_ MC# \_\_\_\_\_ Do you require filings? \_\_\_\_\_

**Auto Liability**

\$1,000,000

Hired & Non Owned

**Physical Damage**

Hired & Non Owned

\$ 80,000

Stated Value

**Motor Truck Cargo**

\$50,000

\$100,000

**MTC Deductible**

\$1,000

**General Liability**

\$2,000,000

**Excess Liability**

\$4,000,000

**Occupational Accident Insurance**

Workers Compensation \$500,000

Y  N   
Y  N

Number of Trucks: \_\_\_\_\_ Are any of the trucks weight over 26,000 GVW? \_\_\_\_\_ How Many? \_\_\_\_\_

**Radius of Mileage: Percent**

0 - 50 miles 98%

51 – 100 miles 2%

**Commodities Hauled**

**% of Total Hauls**

Mattress

100

Is the cargo properly packaged and tied down to prevent shifting in transit? Y  N

1. Are Driving programs in place – including current MVR's , including maintenance Schedules, Cell phone usage (prohibited, hands free, etc.), Yes  No
2. Where are vehicles garaged during non-business hours and what security measures are In place? \_\_\_\_\_ Are trucks maintained at distribution center? With adequate fencing, lighting, and security? Yes  No
3. Radius? 0-50 98 % 50 - 100 2 % 100 - 200 \_\_\_\_\_ % 200 up \_\_\_\_\_ %
4. Symbols & limits requested? We cannot do more than million dollar limits and we cannot write an umbrella over just the Auto. 7, 8, & 9.
5. Target premium?
6. Any leases/seasonal rentals over 30 days should be scheduled and not run under HNOA AL/PHD? Yes  No

## Questions

1. Does the applicant transport any hazardous materials?

No  Yes

2. Is the applicant involved with any livery operations?

No  Yes

3. Are vehicles leased? Yes  No  percentage of fleet? \_\_\_\_\_

4. Do drivers have set routes on greater than 75% of their runs?

No  Yes

5. Are any vehicles titled to an individual?

No  Yes

6. Are there any drivers under 21 or over 65 years of age?

No  Yes

7. Are any vehicles used by family members, other than a spouse?

No  Yes

8. Are there any drivers with an accident, regardless of fault, in the past 3 years?

No  Yes

9. Are Trailers being insured? N  Y
10. Are all commercial vehicles listed on this request? Y  N
10. Is the account non-profit? N  Y
11. Will there be more than 10 vehicles? Y  N

# EQUIPMENT LIST AND DRIVER'S INFORMATION Attached or listed below

**POWER UNIT DESCRIPTIONS: ATTACH LISTS IF NECESSARY**

	Unit Type	Year	Make	Serial #	State Value				
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									

**DRIVER INFORMATION**

	NAME	DOB	STATE	LICENSE#	YRS. OF EXPERIENCE				
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									

PLEASE PROVIDE YOUR LOSS RUNS FOR THE PAST 3 YEARS - YOU WILL NEED TO CONTACT YOUR PREVIOUS AGENT FOR THE LOSS RUNS

I understand that providing false information may void or reduce insurance coverages and certify that all information given is true and correct to the best of my knowledge.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_