MRM GROUP, LLC

Application for Automotive Physical Damage (APD) Coverage

1. Name of Applicant

Name of Company(s) and subsidiaries to be covered under this policy:		
Company Address:		
City:	State:	Zip Code:
Company Phone:	Date Established:	Company Website?
Contact Person & Title:	Contact Email:	
US DOT #:	**Motor Carrier (MC) #:**	**FEIN #:**

2. Type of Operation

For Hire ☐	Brokerage ☐	Owner of Cargo ☐
Not For Hire ☐	Freight Forwarder ☐	Other ☐
Common Carrier ☐	Non-Trucking ☐	(please specify)

3. Transport Details

0 – 250 miles %	251 – 500 miles %	500+ miles %

Description of Commodities in Transport:

Auto Carrier %	Consumer Goods %	Private Passenger %	Waste/Garbage %
Dirt/Sand/Gravel %	Refrigerated Goods %	Livestock %	Hazardous Material %
Logs/Lumber %	Medical %	Heavy Machinery %	Liquid/Gas Tanker %

4. Storage Details

	Address	Security Detail	% of Fleet
Primary Terminal Location			%
Alternate Terminal Location			%
Alternate Terminal Location			%

5. Fleet History	Aggregate Value of Fleet (ACV)	Total Number of Power Units	Total Mileage	Total Number of Drivers
Current Year				
Prior Year				
2 Years Prior				
3 Years Prior				

Please provide a schedule of Vehicles including Year, Make/Model, VIN, ACV, and Deductible

6. Vehicle Overview	Company Owned	Leased	Owner / Operator
Private Passenger			
Light Trucks			
Heavy Trucks			
Tractors			
Trailers			
Other			

a. Do any vehicles include customization?	Yes ☐ No ☐	☐ %	
b. Does insured tow oversized loads or double/triple trailers?	Yes ☐ No ☐	Please Describe	
c. Does insured lease any vehicles or equipment to others?	Yes ☐ No ☐	Please Describe	

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Please include a full Schedule of Drivers including name, Date of Birth, Date of Hire, Years of Experience, and Licensed State

7. COMPANY PROFILE

a. Select all of the following protocols utilized in the driver hiring process:

- Motor Vehicle Record (MVR) Review ☐
- Employment Background Check ☐
- Physical Examination ☐
- Pre-employment Drug Test ☐
- Road Driving Test ☐

b. Select all of the following processes utilized for driver performance management:

- Review of Accidents or Driver Violations ☐
- Tracking and Review of Driver Telematics ☐
- Incentives for Clean Driving Records ☐
- Driver Safety Training ☐
- Formal Corrective Actions ☐
- Other: ☐

c.	Does insured employee a Safety Director?	Yes ☐ No ☐
d.	Does insured implement and maintain a vehicle inspection and maintenance program?	Yes ☐ No ☐
e.	Any vehicles equipped with technology that enables platooning, semi-autonomous, autonomous operations, or other similar operations?	Yes ☐ No ☐
f.	Are vehicles equipped with any systems or devices capable of tracking telematic data of individual drivers?	Yes ☐ No ☐
g.	How often is equipment inspected and serviced?	More than annually ☐ Annually ☐ Less than annually ☐
h.	Are drivers permitted to use vehicles for personal use?	Yes ☐ No ☐
i.	Are filings required?	Yes ☐ No ☐
j.	Does insured utilize anti-theft or tracking devices on power units or equipment?	Yes ☐ No ☐

Please include 3 years of currently valued Loss Runs

8. LOSS HISTORY

LOSS HISTORY	# OF CLAIMS	GROSS LOSS INCURRED	DEDUCTIBLE	CARRIER
Current Year				
Prior Year				
2 Years Prior				
3 Years Prior				

a. Has an APD insurance provider ever cancelled or non-renewed coverage? Yes ☐ No ☐

	Expiring	**Target**
Combined Coverage Limit ($)		
Deductible ($)		
Premium ($) / Rate (%)		

9. DECLARATION

I declare that the statements and particulars in this application are true and that no material facts have been misstated or suppressed after enquiry. I agree that this application, together with any other information supplied shall form the basis of any contract of insurance affected thereon. I undertake to inform the Insurers of any material alteration to those facts occurring before completion of the contract of insurance. A material fact is one which would influence acceptance or assessment of the risk.

Printed Name: Phone:

Signature: Email:

Title: Date:

NOTICE TO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or, conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime and may subject such person to criminal and civil penalties.

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory authorities

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony (365:15-1-10, 36 §3613.1).

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto may be guilty of insurance fraud which may be subject persons to criminal and civil penalties.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO VERMONT APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or, conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which may be a crime and may subject such person to criminal and civil penalties.