



# Motor Carrier Errors & Omissions Coverage Questionnaire

### NOTICE

ALL LIABILITY COVERAGE PARTS FOR WHICH APPLICATION IS MADE APPLY, SUBJECT TO THEIR TERMS, ONLY TO CLAIMS FIRST MADE OR DEEMED MADE AGAINST INSUREDS DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD, IF APPLICABLE. THE LIMIT OF LIABILITY AVAILABLE TO PAY LOSSES WILL BE REDUCED BY THE AMOUNTS INCURRED AS DEFENSE EXPENSES, AND DEFENSE EXPENSES WILL BE APPLIED AGAINST THE RETENTION AMOUNT. THE COMPANY HAS NO DUTY TO DEFEND ANY CLAIM UNLESS DUTY-TO-DEFEND COVERAGE IS SPECIFICALLY PROVIDED.

The term **Applicant** means all corporations, organizations or other entities, including subsidiaries, proposed for this insurance.

## I. GENERAL INFORMATION

**Applicant** Information:

Name of **Applicant**: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, ZIP Code: \_\_\_\_\_

Website Address: \_\_\_\_\_

Year **Applicant's** business was established: \_\_\_\_\_

Description of **Applicant's** operations: \_\_\_\_\_

## II. PROFESSIONAL SERVICES INFORMATION

1. Describe, in detail, all professional services offered by the **Applicant**:

Professional Services
Procuring Occupational Accident, Passenger Accident, Non-Trucking Liability and Physical Damage insurance for independent contractors
of the Named Insured, provided that Professional Services does not include the rendering of or failure to render any other services related to such
Insurance.

*To enter more information, please attach a separate page to the Application.*

2. Indicate **Applicant's** annual premium revenue for the following lines of business and years:

Line of Business	Current Fiscal Year	Estimated for Next Fiscal Year
Occupational Accident	\$	\$
Physical Damage	\$	\$
Non Trucking Liability	\$	\$
	\$	\$

3. Is a written contract or agreement required for each independent contractor?  Yes  No

If Yes, please attach a sample. If No, please attach an explanation detailing how responsibilities are defined between the Applicant and the independent contractor.

4. Indicate the number of **Applicant's** independent contractors:

Prior Fiscal Year	Current Fiscal Year

**III. CURRENT INSURANCE INFORMATION/REQUESTED INSURANCE TERMS**

Requested Limit	Requested Retention	Requested Effective Date	Coverage Currently Purchased	Current Insurer
\$	\$		Yes <input type="checkbox"/> No <input type="checkbox"/>	

Expiring Limit	Expiring Retention	Expiring Premium	Date Coverage First Purchased	Current Retroactive Date
\$	\$	\$		

What is the **Applicant's** preference for defense coverage? Duty to Defend  Reimbursement

**IV. LOSS INFORMATION**

1. Is the **Applicant** or any person proposed for this insurance aware of any fact, circumstance, situation, event or act that reasonably could give rise to a claim against them under the Liability Coverage for which the **Applicant** is applying? Yes  No   
 If Yes, please attach an explanation.

*With respect to the information required to be disclosed in response to the question above, the proposed insurance will not afford coverage for any claim arising from any fact, circumstance, situation, event or act about which any executive officer of the **Applicant** had knowledge prior to the issuance of the proposed policy, nor for any person or entity who knew of such fact, circumstance, situation, event or act prior to the issuance of the proposed policy.*

2. Has any person or entity proposed for this insurance been a party to any professional liability claims during the past 5 years? Yes  No   
 If Yes, please complete the table below:

Date of Such Claim	Nature of Claim	Amount Paid for Defense	Amount Sought or Paid for Damages	Covered by Insurance?	Corrective Procedures Implemented	Current Status
		\$	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>		
		\$	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>		

*To enter more information, please attach a separate page to the Application.*