

Transportation EZ Quote Form

New Mexico Mutual 3900 Singer Blvd. NE Albuquerque NM 87109

* Please note: If operations include hauling for the Oil and Gas Industry, please complete the Oil and Gas Supplemental Application*

Completed by:	In addition to the supplemental information, please attach the following if applicable: <ul style="list-style-type: none"> • 3 to 5 Year Currently Valued Loss Runs • Associated Premium Figures • Experience Rating Worksheet
Title:	
Date:	

General Information																							
Company Name:	FEIN:	USDOT#:																					
Number of years experience in this industry:	Number of years managing in this industry:																						
Cargo Carried/Operations: (Please check all that apply) <table border="0"> <tr> <td><input type="checkbox"/> Building Materials/Machinery</td> <td><input type="checkbox"/> Liquids</td> <td><input type="checkbox"/> Sand/Gravel</td> </tr> <tr> <td><input type="checkbox"/> Cement/Redi Mix</td> <td><input type="checkbox"/> Livestock</td> <td><input type="checkbox"/> Towing</td> </tr> <tr> <td><input type="checkbox"/> Chemicals/Hazardous Materials</td> <td><input type="checkbox"/> Logging</td> <td><input type="checkbox"/> U.S. Mail/Parcels</td> </tr> <tr> <td><input type="checkbox"/> Explosives</td> <td><input type="checkbox"/> Mobile Homes</td> <td><input type="checkbox"/> Wide Loads</td> </tr> <tr> <td><input type="checkbox"/> Garbage/Refuse</td> <td><input type="checkbox"/> Passengers</td> <td><input type="checkbox"/> Other: _____</td> </tr> <tr> <td><input type="checkbox"/> Gas/Propane</td> <td><input type="checkbox"/> Pilot Cars</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Household Goods</td> <td><input type="checkbox"/> Refrigerated Food/ Meat</td> <td></td> </tr> </table>			<input type="checkbox"/> Building Materials/Machinery	<input type="checkbox"/> Liquids	<input type="checkbox"/> Sand/Gravel	<input type="checkbox"/> Cement/Redi Mix	<input type="checkbox"/> Livestock	<input type="checkbox"/> Towing	<input type="checkbox"/> Chemicals/Hazardous Materials	<input type="checkbox"/> Logging	<input type="checkbox"/> U.S. Mail/Parcels	<input type="checkbox"/> Explosives	<input type="checkbox"/> Mobile Homes	<input type="checkbox"/> Wide Loads	<input type="checkbox"/> Garbage/Refuse	<input type="checkbox"/> Passengers	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Gas/Propane	<input type="checkbox"/> Pilot Cars		<input type="checkbox"/> Household Goods	<input type="checkbox"/> Refrigerated Food/ Meat	
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Does the applicant own the cargo? <input type="checkbox"/> Yes <input type="checkbox"/> No																							
Do drivers load and/or unload the cargo? <input type="checkbox"/> Yes <input type="checkbox"/> No																							
Is group transportation provided (4 or More per Vehicle)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how often? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other: _____																							
What is the radius of operations? Usual: _____ miles Maximum: _____ miles																							
List the states traveled to, how often and the percentage of revenue for each state. <table border="1"> <thead> <tr> <th>State</th> <th>Frequency of Travel (Per Month)</th> <th>Percent of Revenue by State</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>			State	Frequency of Travel (Per Month)	Percent of Revenue by State																		
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Employee Information

How many employees are on staff? Full time: _____ Part time: _____

How many drivers have the following years of experience?

- Less than one year experience _____
- 1-3 years experience _____
- 3-5 years experience _____
- Greater than 5 years experience _____

How are employees paid?

☐ W-2's ☐ 1099's ☐ Cash ☐ Other: _____

What percentage of the work is subcontracted? _____%

If subcontractors are used, are Certificates of Insurance obtained? ☐ Yes ☐ No ☐ N/A

* Please note: Premiums must be paid on uninsured subcontract labor *

If certificates are not obtained, what amount of payroll should be added for uninsured contract labor?

- Class Code: _____ Payroll: _____
- Class Code: _____ Payroll: _____
- Class Code: _____ Payroll: _____

What is the number of company owned vehicles? _____ ☐ N/A

Who conducts the maintenance of company owned vehicles? _____

How often is vehicle maintenance performed?

☐ Daily ☐ Weekly ☐ Monthly ☐ Quarterly ☐ Annually ☐ Other: _____

Are trucks leased from other individuals or companies? ☐ Yes ☐ No ☐ N/A

If yes, what is the DOT#? _____

Who is responsible for leased vehicle maintenance? _____

How often is vehicle maintenance performed for leased vehicles?

☐ Daily ☐ Weekly ☐ Monthly ☐ Quarterly ☐ Annually ☐ Other: _____

Please check all hiring practices utilized by the applicant:

- | | |
|---|---|
| <input type="checkbox"/> Applicant Interviews | <input type="checkbox"/> Medical Questionnaire |
| <input type="checkbox"/> Background Checks | <input type="checkbox"/> New Employee Orientation |
| <input type="checkbox"/> Drug Testing/Screening | <input type="checkbox"/> Post-Offer Physicals |
| <input type="checkbox"/> Reference Checks | <input type="checkbox"/> Other: _____ |

Are CDL licenses required? ☐ Yes ☐ No **If yes, are they verified annually?** ☐ Yes ☐ No

Safety Information			
Is a safety program utilized in the workplace? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is the program? <input type="checkbox"/> Written <input type="checkbox"/> Verbal			
Does the safety program address/include: (Please check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Accident/Injury Investigation <input type="checkbox"/> OSHA Training <input type="checkbox"/> Progressive Disciplinary Action Plan <input type="checkbox"/> Return to Work Program <input type="checkbox"/> Routine Safety Inspections <input type="checkbox"/> Safety Committee/Officer </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Safety Incentive Program <input type="checkbox"/> Safety Orientation <input type="checkbox"/> Substance Abuse Awareness Training <input type="checkbox"/> Third Party Safety Company <input type="checkbox"/> Other: _____ </td> </tr> </table>		<input type="checkbox"/> Accident/Injury Investigation <input type="checkbox"/> OSHA Training <input type="checkbox"/> Progressive Disciplinary Action Plan <input type="checkbox"/> Return to Work Program <input type="checkbox"/> Routine Safety Inspections <input type="checkbox"/> Safety Committee/Officer	<input type="checkbox"/> Safety Incentive Program <input type="checkbox"/> Safety Orientation <input type="checkbox"/> Substance Abuse Awareness Training <input type="checkbox"/> Third Party Safety Company <input type="checkbox"/> Other: _____
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Does the safety driving program address/include: (Please check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Cell Phone Usage <input type="checkbox"/> Impaired/Aggressive/Distracted Driving <input type="checkbox"/> Initial and Annual MVR Checks </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Mandatory Seat Belt Usage <input type="checkbox"/> Progressive Disciplinary Plan <input type="checkbox"/> Vehicle Tracking Device </td> </tr> </table>		<input type="checkbox"/> Cell Phone Usage <input type="checkbox"/> Impaired/Aggressive/Distracted Driving <input type="checkbox"/> Initial and Annual MVR Checks	<input type="checkbox"/> Mandatory Seat Belt Usage <input type="checkbox"/> Progressive Disciplinary Plan <input type="checkbox"/> Vehicle Tracking Device
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Does the applicant perform regular safety training? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, identify the frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other: _____			
Does the applicant perform regular tailgate/tool box safety meetings? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, identify the frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other: _____			
Please Identify the individual responsible for safety training and their title? Name: _____ Title: _____			

Thank you for completing New Mexico Mutual's Underwriting EZ Quote Form. Please return this form to your assigned underwriter and we will review your account for our best pricing options.