

Vehicle Schedule

VEHICLE TYPE USE CHOICES BELOW	RADIUS USE CHOICES BELOW	VEHICLE YEAR	VEHICLE MAKE	VEHICLE MODEL	VEHICLE VALUE	VEHICLE VIN #

- TYPE OF VEHICLE _____ RADIUS _____
1. Private Passenger Auto
 2. Pickup Truck
 2. Van
 3. Stake and Flatbed
 4. Dump Truck
 5. Garbage Truck
 6. Vacuum Truck
 7. Tractor Trailer Unit
 8. Trailer – not attached to tractor

- 1 LESS THAN 50 MILES
2. 50 – 100 MILES
- 3 MORE THAN 100 MILES

GENERAL LIABILITY – UNDERWRITING QUESTIONS

- Does the applicant store/warehouse the goods of others? Yes No
- Does the applicant store vehicles of others? Yes No
- Does the applicant lease office/warehouse space to others? Yes No
- Does the applicant sell any products to others? Yes No
- Does the applicant provide freight forwarding or load consolidation service for others? Yes No
- Does the applicant own, rent, or occupy any terminal besides their garaging location? Yes No

INLAND MARINE

Cargo
 Each Covered Vehicle Limit of Insurance N/A
 Deductible

Terrorism

INLAND MARINE – UNDERWRITING QUESTIONS

N/A

Are loaded trailers left unattended in terminal or otherwise, day or night Yes No

Does the applicant haul temperature-controlled food products regulated under the Sanitary Transportation of Human and Animal Food Rule? Yes No

SECTION I: COMMODITIES

Type of Cargo	% Of Total Loads Hauled	Avg. Load Values	Max. Load Values

FRAUD WARNING: APPLICABLE TO ALL STATES

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.

WARRANTY STATEMENT

The undersigned authorized officer of the applicant declares that the statements set forth herein are true. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Signing of this application does not bind the applicant or the insurer to complete the insurance.

NOTICE TO APPLICANTS:

- a) Any person who knowingly and with intent to defraud any insurance company or Other person files an application for insurance containing any false information, or conceals for the Purpose of misleading, information concerning fact material thereto, commits a fraudulent insurance Act, which is a crime.
- b) You agree that if the information supplied in the Application changes between the date of this Application and the effective date of the proposed insurance, then you will immediately notify the Underwriters of such changes.

Signature:

Date:

Title:

SECTION G: VEHICLE MAINTENANCE

1. Do you perform maintenance for:	Company Vehicles <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Owner Operators <input type="checkbox"/> Yes <input type="checkbox"/> No
3 rd Party Customers <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Maintenance is provided by a 3 rd party <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2. Is there a written maintenance program?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	3. Do your drivers perform pre/post trip inspections? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you keep maintenance records on all vehicles?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	5. Do all vehicles comply with DOT regulations? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you have a dedicated maintenance staff?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Are mechanics certified by an outside organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. Describe your vehicle replacement policy: <i>ON AS NEEDED BASIS CURRENTLY</i>		
9. Describe your tire replacement policy: <i>ON AS NEEDED BASIS</i>		
10. Is your storage facility/truck yard?	Fenced <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Guarded <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Well-lit <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Camera monitored <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Other:

SECTION H: Auto Liability APD GL Cargo

Auto Liability Limit..... 1,000,000

Hired Auto

Non-Owned

Number of Employees.....

Trailer Interchange (provide agreement)

Non-Owned Trailer

Limit

STATE INFORMATION

Medical Payments 5,000

Personal Injury Protection

Uninsured Motorist 1,000,000

Underinsured Motorist 1,000,000

AUTO PHYSICAL DAMAGE

Collision/Comprehensive Deductible

GENERAL LIABILITY

Per Occurrence / General Aggregate Limit /

Personal & Advertising Injury Liability (same limits as Per Occurrence / General Aggregate)

Medical Expense (Limit: \$5,000)

Damage to Premises (Limit: \$100,000)

Terrorism

GL payroll: 430,000

SECTION E: DRIVER INFORMATION

1. Do you have a driver training program? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please explain:			
2. Total number of driver applicant employees: Full Time (more than 35 hours a week): <u>7</u> Part Time (less than 35 hours a week): <u>0</u>			
3. Does your company have a driver/employee handbook? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
4. Driver Selection Process			
Written Application	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Driving Test	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Written Test	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Interview	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Drug Test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Documental Driver Files	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. Tenure of drivers by %: <u>50</u> <input type="checkbox"/> 0-24 Months <input type="checkbox"/> 25 months - 48 Months <u>50</u> <input type="checkbox"/> 49 months +			
6. New hire minimum experience: Driving Miles: <u>NONE</u> Minimum Age: <u>20</u> Years of Driving Experience: <u>1</u>			
7. Driver files			
Written Application	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Interview Results	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Written Test Results	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Exam Results	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Drug Test Results	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Accidents	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Road Test Results	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Copy of License	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
MVR	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Training Records	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. Driver Compensation: <input type="checkbox"/> HOURLY <input type="checkbox"/> MILES <input checked="" type="checkbox"/> TRIPS <input type="checkbox"/> REVENUE <input type="checkbox"/> SALARY			
9. Do you have a safety bonus plan?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	10. Do you have a written MVR criteria that all drivers must meet?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
11. Do you have an annual MVR review on existing drivers?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	12. Have any of your employees been convicted of a felony in the past 5 years?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
13. Driver Indoctrination Includes		Familiarity with Equipment	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Review of Company Rules	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Ride A-Longs	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Hazmat Training	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Accident Procedures	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

SECTION F: OWNER OPERATORS

1. Do you use independent owner/operators to deliver products?	<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Are ALL Owner Operators on permanent/exclusive lease agreements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are ANY Owner Operators on a TRIP Lease Arrangement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Is equipment inspected by the insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are all drivers subject to the insured's driver hiring standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Are driver files kept on each driver?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Does the prospect keep a copy of the driver's worker's comp COI?	<input type="checkbox"/> Yes <input type="checkbox"/> No	8. Does the prospect keep a copy of the driver's Bobtail COI?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do the IFTA's include the owner operator's mileage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	10. Are the owner operators' vehicles included in this submission?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. What is the percentage of total product hauled by owner operators?		12. How many owner operators does the prospect use?	

APPLICATION DATE

NEED BY DATE

PROPOSED EFFECTIVE DATE

TARGET PREMIUM

AEGIS Trucking Transportation Application**SECTION A: APPLICANT INFORMATION**

APPLICANT RIDGEWAY TRUCKING LLC			
MAILING ADDRESS 2858 S POPLAR	CITY CASPER	STATE WY	ZIP CODE 82601
GARAGING ADDRESS IF DIFFERENT 1887 N LOOP AVE	CITY CASPER	STATE WY	ZIP CODE 82601
CONTACT NAME ADAM NICK	CONTACT E-MAIL ASTUD@L1977@GMAIL.COM	CONTACT PHONE # 307-262-5023	WEBSITE ADDRESS NA
COMPANY IS: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Other (specify)			
PROVIDE BRIEF DESCRIPTION OF APPLICANT'S OPERATIONS: OIL & GAS TRANSPORTATION (NATURAL RESOURCE)			

SECTION B: HISTORY OF COMPANY

1. Date Established: 2000	2. Does the applicant have <input type="checkbox"/> Subsidiaries <input type="checkbox"/> A parent company <input type="checkbox"/> Other related entities If yes, explain:
3. Do you share employees? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain:	
4. During the past 5 years has the name of the applicant been changed or has any acquisitions, consolidations, dissolutions, mergers taken place? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain:	

SECTION C: GENERAL INFORMATION

1. List all states of operation: LOWER 48	
2. DOT Number: 910879	3. MC Number: 395009
4. FEIN Number: 83-0332277	5. Do you have an I.F.T.A. License? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6. Radius of Operation by %: <input checked="" type="checkbox"/> LESS THAN 50 <input type="checkbox"/> 50-100 <input type="checkbox"/> 101-300 <input type="checkbox"/> Over 300	
7. Average Haul 400 Longest Haul 4400	
8. Route Type by %: <input checked="" type="checkbox"/> Regular Route <input type="checkbox"/> Irregular Route <input type="checkbox"/> One time Route	
9. What is the maximum number of hours a vehicle will be on the road on a single day? 11 HRS	
10. How many shifts do you run? 1 SHIFT	
11. Percentage of Trucks with GPS: 100%	12. Percentage of Trucks with Video Camera's: 0%
13. Percentage of Trucks with Speed Governors: 0%	
14. Does applicant transport hazardous materials, waste as defined by DOT 49 CFR? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
15. Does the applicant own or manage a brokerage operation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, in what name and docket number?	

SECTION D: COMPANY GROWTH HISTORY PROVIDE FIGURES FOR THE PAST Four (4) YEARS

YEAR	GROSS REVENUE	TOTAL MILEAGE	# OF OWNED UNITS	# OF OWNER/OPERATORS
2023	1,613,408.15	390,739.43	6	0
2022	1,584,754.73	399,347.37	7	0
2021	728,352.92	298,307.98	7	0
2020	896,409.45	237,380.19	8	0