



**GEMINI
TRANSPORTATION
UNDERWRITERS**

| a Berkley Company

This information is needed to underwrite your risk:

- **Supplemental Application** *(Gemini version is optional)*
- **Currently Valued Loss Runs** *(5 Years)*
- **Drivers List Complete with Date of Birth & Date of Hire**
- **Audited Financials**
- **Underlying Quotes/Binders**



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TRUCK SUPPLEMENTAL APPLICATION

EXCESS / UMBRELLA QUESTIONNAIRE

Broker: _____
Contact: _____
Email: _____

Phone: _____
Fax: _____

Submission Date: _____
Effective Date: _____
Target Quote Date: _____

INSURED INFORMATION

Insured: _____
dba: _____

Address: _____
City & State: _____

DOT/MC #: _____
Years In Business: _____

Click any that apply

Limits Requested: _____ \$M X \$M
UL Carrier: _____
UL Premium: _____

Contract Carrier
Common Carrier
Brokerage
Freight Forwarder

OPERATIONS

Description of
Operations:

Dry Van: _____ %

Flat Bed: _____ %

Bulk: _____ %

Double Trailers Pulled: _____ %

Triple Trailers Pulled: _____ %

_____ %

Commodities:

% Hauled:

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

Average Length of Haul: _____

Maximum Length of Haul: _____

Radius of ops: 1 to 50 Miles: _____ %
51 to 500 Miles: _____ %
Over 500 Miles: _____ %

Any hazardous materials transported: Yes No
Description: _____

TOTAL: _____ %

REVENUE, MILEAGE, & UNIT HISTORY

Effective	Expiration	Total Revenue	Unit Count
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

BROKERAGE

Estimated Brokerage Revenue: _____

Is a file maintained on all carriers that confirm the following information:

Carrier FMCSA SAFER Safety is satisfactory
Fully executed & signed Brokerage Agreement
Require all carriers maintain AM Best A-VII or better primary insurance
Require all carriers maintain at least \$1M CSL underlying insurance
Confirmation that primary does NOT exclude truck brokerage exposures
Confirm acceptable SMS scores (no more than one alert
Carriage is undertaken under carrier's FMCSA authority

"Double-brokering" is prohibited
Obtain COI (r a sampling of total) to verify carrier insurance status
Confirm carrier names our broker as additional insured
Determine system in place for ongoing review of carriers
Confirm that truck broker does not appear as "carrier"
Confirm that truck broker does not mandate routes or timeframes

**** PLEASE OBTAIN THE FOLLOWING DOCUMENTS****

- Sample copy of brokerage agreement - verify that nothing n the agreement contradicts the answers to all questions above
- Sample of the COI's that broker receives from their carriers

SAFETY TECHNOLOGY

Name & Title of person in charge of safety: _____

	YES	NO	% of Units if Yes
Units equipped with forward facing cameras?			%
Units equipped with driver facing cameras?			%
Units equipped with driver assist & collision mitigation technology? <i>Example - Blind-spot Warning System; Lane Departure Warning System; Back-up Camera, et-al.</i>			%
Units equipped with collision avoidance technology? <i>Example - Automatic Braking, Adaptive Cruise Control, Electronic Stability Control, et-al.</i>			%
Units equipped with telematics?			%
Is telematics data monitored by managemet and utilized to coach driver behavior:			
Name of telematics provider: _____			

Written formal safety program currently in use: ☐ Yes ☐ No
Written minimum hiring standards currently in use: ☐ Yes ☐ No
Written disciplinary policy currently in use: ☐ Yes ☐ No
Safety meetings held with required driver attendance: ☐ Yes ☐ No
Owner operators under permanent lease: ☐ Yes ☐ No

Additional comments: _____

MAINTENANCE

Written maintenance program currently in use: ☐ Yes ☐ No
Do you service your own vehicles? ☐ Yes ☐ No
Do you service vehicles for others? ☐ Yes ☐ No If yes, provide annual revenue: _____

GENERAL UNDERWRITING QUESTIONS

Has any company canceled or non-renewal your auto insurance, including during the current term? Yes No

If Yes, Please Explain: _____

Have you ever filed for or contemplated filing for bankruptcy or had bankruptcy proceedings initiated against you by another party? Yes No

If Yes, Please Explain: _____

OTHER COMMENTS/NOTES:

ADDITIONAL INFORMATION TO INCLUDE IN SUBMISSION:

- ☐ Named Insured list with description of operations and corresponding DOT number, if applicable
- ☐ Driver list incl name, DOH, DOB
- ☐ Vehicle list incl year, make, model, seating capacity, garaging location
- ☐ 5 years loss runs valued within 90 days of eff date
- ☐ Large loss details for claims over \$250K
- ☐ UL quote(s) when available

SIGNATURE

IMPORTANT - THE STATEMENTS (ANSWERS) GIVEN ABOVE ARE TRUE AND ACCURATE. THE APPLICANT HAS NOT WILLFULLY CONCEALED OR MISREPRESENTED ANY MATERIAL FACT OR CIRCUMSTANCE CONCERNING THIS APPLICATION. THIS APPLICATION DOES NOT CONSTITUTE A BINDER.

Applicant's Signature _____ Date _____

OUR COMPANY

Gemini Transportation Underwriters, LLC is a leading provider of excess liability insurance for the transportation industry. A subsidiary of the W.R. Berkley Corporation, Gemini delivers experience, integrity, innovative thinking, and quality risk selection. A flexible business approach allows Gemini to quickly adapt to changing market conditions and uniquely design policy language and rates to meet the needs of specific buyers. To learn more, please visit us on the web at www.geminiunderwriters.com.



Experience. Integrity. Protection.

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