

## **Trucking Insurance Application**

							Policy	Term	From: _			_ To:				
Doi	Don't feel like completing the application? Send some (or all) of the below to get started to customer.service@luckytruck.io.															
*	Previously completed application							Any insurance requirements								
*	Picture of driver(s) license and registration(s)							Schedule of vehicles and drivers								
*	MVR report							IFTA - all 4 quarters								
*	Loss runs	(3-5 years	olicable)			* A c	A copy of rental/lease agreement for leased vehicles									
Ger	neral Inform	nation														
1. SEI	1. Company Name (and "dba") 117 LIBERTY STREET LLC Owner(s) name POLONIA DEVELOPMENT & PRESERVATION SERVICES CO LLC Phone number (718) 728-7939															
2.	Mailing a	Mailing address 38-11 DITMARS City ASTORIA State NY Zip 11105														
3.	Garaging address 18-70 42ND City NEW YORK State NY Zip 11105															
4.	Business start date DOT number? 1712632 MC number?															
Dri	ver Informa	tion - atta	ch sche	edule if ove	r 3 drive				- 1							
	Name		DOB	DOB State		iver's I	License Nu	ımber	Class/T	ype Ye	ars Lice	ensed in	Class			
3	1. 2.				10	8			70	8						
20	3.		Į.		- 100			-	ă.	8				ļ		
6.	Any accie	dents or lo	sses? _		_ If yes, ]	please a	attach a d	etailed	d explan	ation. l	nclude	driver,	date, co	onvictio	on, etc.	
7.	Plan to h	ire emplo	yees? _		_ If yes, p	lease i	nclude de	ails _								
Veh	icle and Tra	ailer Infor	mation	- attach scl	nedule if	over 3	vehicles									
No.	VIN	VIN Yea		r Make		Model		nicle/Traile Owned/ Principa r Type Leased Location				Garaging Driving tate/zip) Radius				
Dhy	rsical Dama	go Covora	ao att	each schodu	lo if ovo	r 3 wohi	1				`	1				
1 11y			<del>-</del> -			1				<u> </u>						
No.	Date Current Sta Purchased Value			Attached S	Special	Amo		be Deductible Comprehensive					ical Daı ible Col			
1.				Equipment		Insure		L								
2.																
3. 4.																
Lia	bility and C															
10.	Liability l	-					nit of carg					uctible				
11.	Describe	cargo hau	led			L	ist % of tr	ip for	each co	mmodi	ty					

LuckyTrucking!, Inc.

1 (646) 859-1939

the foregoing statements and answers are true and correct. The Applicant requests the Company to rely on its statements and answers in issuing any policy or subsequent renewal. The Applicant agrees that if its statements and answers are materially false, the Company may deny a claim on any policy or subsequent renewal it may issue. If any jurisdiction in which the Applicant intends to operate or the Federal Highway Administration requires a special endorsement to be attached to the policy which increases the Company's liability, the Applicant agrees to reimburse the Company in accordance with the terms of that endorsement. The Applicant agrees that any inspection of autos, vehicles, equipment, premises, operations, or inspection of any other matter relating to insurance that may be provided by the Company, is made for the use and benefit of the Company only, and is not to be relied upon by the Applicant or any other party in any respect. The Applicant understands that an inquiry may be made into the character, finances, driving records, and other personal and business background information the Company deems necessary in determining whether to bind or maintain coverage. Upon written request, additional information will be provided to the Applicant regarding any investigation. The Applicant represents that she/he has completed all relevant sections of this Application prior to execution and that the Applicant has personally signed below (or if Applicant is a Corporation, a corporate officer has signed below). If premium financed, please list provider A PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE AN INSURANCE COMPANY FILES A CLAIM CONTAINING FALSE, INCOMPLETE, OR MISLEADING INFORMATION MAY BE PROSECUTED UNDER STATE LAW. Date Witness Applicant's signature REQUEST TO COMPANY GENERAL AGENT: Please guote Please bind at earliest possible date and issue policy Please issue policy effective Coverage was bound by

until the Compa y advises the Applicant or its representative that a policy will be issued and then only as of the

p licy & feetive date and it acceptant all policy terms. The Applicant acknowledges that the Applicant's Representative named below is acting as Applicant's agent and to on behalf of the Company. The Applicant's Representative has no authority to bind coverage, may not accept any funds for the Company, and may not modify or interpret the terms of the policy. The Applicant agrees that

1) ELD

2) All drivers/vehicles added?