

## **Trucking Insurance Application**

								Policy	Term	From:			To:			
Don	't feel like	comple	ting the	applica	ition? Send	som	ne (or a	all) of the	below	to get :	started	to cust	tomer.servic	e@luckytru	ck.io.	
*	Previously	ompl compl	leted app	n			* 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 as applicable)							* A copy of rental/lease agreement for leased vehicles								
Gen	eral Inform	ation														
1. (219	Company 9) 483-4759		(and "db	a") A &	L GREAT	LAK	ES LA	BORATOI	RIES I	NC Own	ier(s) n	ame		Phone nu	mber	
2.	Mailing a	ddress	3505 CC	NESTO	OGSA DRIV	E Ci	ty WA	YNE State	e IN Z	ip 46808	3					
3.	Garaging	addres	s 3505 C	CONEST	ГOGSA DRI	VE (	City W	AYNE Sta	ite IN	Zip 468	80					
4.	Business	start da	ate		DOT i	iuml	oer? 5	04995 MC	numi	ber?						
Driv	er Informa	tion - a	ttach scl	nedule i	if over 3 dr	ivers	5							=		
-	Name	DO	DOB State Driver's I			icense N	umber	Class/T	ype Ye	ars Lic	ensed in Cla	ss				
	1.															
Í	2. 3.					8				3	- 8	7				
6.	Any accid	dents o	r losses?	ı	If ve	es n	lease a	attach a d	etaile	d explar	ation	Include	driver, date	· conviction	ı etc	
7.	Plan to h				<del></del>	_		nclude de		a explai	idtioii.	morado	, arrver, aate	, conviction	1, 000	
17		_	<u> </u>													
LVehi	icle and Tra	ailer Int	formatio	n - attao	ch schedule	e if c	over 3	vehicles_						=		
No.	VIN Yea		Year	r Make		Model		-	Vehicle/Traile Owned/ r Type Leased			Principal Garaging Driving Location (state/zip) Radius				
D1	-:1 D	0			-111:6		2 1:	1					. 1/1			
Pnys	sicai Dama	ge Cove	erage - a	ttaen se	chedule if c	over	3 veni	cies					1			
No.	Date Current St Purchased Value			tated Value of Permane Attached Special				tal Stated	d Physical Damage Deductible Comprehensive				Physical Damage Deductible Collision			
1.	, , , , , , , , , , , , , , , , , , , ,		Equipment			Insured		r								
2.																
3.																
4.																
Liak	oility and C	argo Co	overage													
10.	Liability li	imits re	eguested				Lin	nit of card	o insu	rance		Ded	luctible			
	Describe (		-					ist % of t								

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?