

## Trucking Insurance Application

Policy Term From:	To:
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Providing Any of The Following Documents Will Enable Us To Get You The Cheapest Quotes In The Least Amount of Time!

- Any Previously Completed Applications
- Picture of Driver(s) License and Registration(s)
- MVR Report
- Loss Runs (3-5 years as applicable)
- Insurance Requirements Documentation
- Schedule of vehicles and drivers
- IFTA all 4 quarters
- A copy of rental/lease agreement for leased vehicles

General Information			
Company NameSCOTT KOZ	ZITZA DBASDK CONSTRUCTION Ph	one number <u>(</u> 763) 286-3111	
Mailing address815 UPLAN	D CityELK RIVER StateMN	Zip55330	
Garaging address815 UPLA	AND CityELK RIVER StateMN	Zip55330	
E-mail Address	Business start date	DOT Number 1958275	MC Number <u>4343</u>
Radius of travel 100	Current Carrier	. Current ELD Provider Keep Tr	rucking, Transflo, Omnitracs, Test

CDL (yes **Years of Experience Using Driver's License** Date of **Scheduled Equipment** or no) Name **Birth** State Number **BERTRAND** 06/29/1985 LDR8477 AR 12 ASONGLEFAC NOJANG Halcyon 01/02/1999 ZZ8342j 14 IA <b>User'~`</b> 1985 08/04/1985 KS 34DD234sd

Vehicle and Trailer Information - attach schedule if over 10 vehicles/trailers

VIN	Year	Make	Vehicle/Trailer Type	Garaging Zip Code	Maximum Distance Traveled from Garaging Location (Radius)	Current Value
3AKBGDBG0ESFL0772	2014	FREIGHTLINER	Bottom Dump Trailer	78987	100	4343
3FAHP07Z37R218257	2007	FORD	Travel Trailer	2008	100	
4A3AJ46G7RE012852	1994	MITSUBISHI	Travel Trailer	89558	100	
4T1BF1FK7CU522784	2012	TOYOTA	Cargo Van	77998	100	



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Consumer Goods: Clothing & Shoes (Non-Designer), Carpet (Not Oriental)  Machinery / Equipment: Office Equipment, Other Machinery / Equipment, Scientific Instruments & Equipment  Owner, Partner and Managers Information  Full Name Date of Birth Mailing Address  halcyon owner 12/14/1985 test KS  Simple Last name 23/03/1985 IA  Additional Questions  Do you pull double trailers? Do you pull triple trailers? Do you plan on adding any additional drivers?  What BI & PD Limits are you looking for? What Cargo Coverage Limits are you looking for? If plan to hire, what are the minimum Years of Commercial Driving experience required? CDL years required?  If plan to hire, are vehicles Owner-driven only? Do you lease your authority? Do you operate as a subsidiary of a different company? Have you ever changed your operating name? COMMENTS	Liability and Cargo Coverage			
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LuckyTrucking!, Inc.

1 (646) 933-0419



## Trucking Insurance Application

No coverage is bound until the Company (LuckyTrucking!, Inc. DBA LuckyTruck) advises the Applicant or its representative that a policy will be issued and then only as of the policy effective date and in accordance with all policy terms. The Applicant acknowledges that the Applicant's Representative named below is acting as Applicant's agent and not 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 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.
Witness Applicant's signature Date 5/17/2019, 3:44:46 PM
REQUEST TO COMPANY GENERAL AGENT:  Please quote
Please bind at the earliest possible date and issue policy
Please issue policy effective Coverage was bound by

LuckyTrucking!, Inc.

1 (646) 933-0419