



Trucking Insurance Application

Policy Term From: \_\_\_\_\_ To: \_\_\_\_\_

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 NameFEDERAL MOTOR CARRIER SAFETY ADMINISTRATION DBAFMCSA TECHNOLOGY DIVISION Phone number(202) 385-2363

Mailing address1200 NEW JERSEY CityWASHINGTON StateDC Zip20590

Garaging address1200 NEW JERSEY CityWASHINGTON StateDC Zip20590

E-mail Address \_\_\_\_\_ Business start date \_\_\_\_\_ DOT Number 1 \_\_\_\_\_ MC Number \_\_\_\_\_

Radius of travel \_\_\_\_\_ Current Carrier \_\_\_\_\_ Current ELD Provider \_\_\_\_\_

Driver Information - attach schedule if over 5 drivers

Name	Date of Birth	State	Driver's License Number	CDL (yes or no)	Years of Experience Using Scheduled Equipment

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



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Liability and Cargo Coverage

Type of Cargo Hauled	% of Total Cargo

Owner, Partner and Managers Information

Full Name	Date of Birth	Mailing Address

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 order MVRs on all drivers prior to Hiring? \_\_\_\_\_

Do you Agree to report all newly hired operators? \_\_\_\_\_ Do you lease your authority? \_\_\_\_\_

Do you operate as a subsidiary of a different company? \_\_\_\_\_ Have you ever changed your operating name? \_\_\_\_\_

Does our policy cover all vehicles owned operated or leased to the Business? \_\_\_\_\_

COMMENTS \_\_\_\_\_



## 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 6/4/2019, 8:44:59 AM

**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