## **Trucking Insurance Application**

Policy Term From: 2019-12-12 To: 08.01.2020

<b>Providing A</b>	iny of the I	iollowing	<b>Documents</b>	Will Enab	le us to G	et You The
<b>Cheapest Q</b>	uotes in th	e Least	Amount of Ti	me!		

- Any Previously Completed Applications
- Picture of Driver(s) License and Registration(s)
- MVR report
- Loss Runs (3-5 years as Applicable)

- Insurance Requirements Documentation
   Insurance Requirements Documentation
- Schedule of vehicles and drivers
- IFTA all 4 quarters
- A copy of rental/lease agreement for leased vehicles

General Information			
Company Name	DBA	Phone number	
Mailing address	City	State	Zi <u>p</u>
Garaging address	City	State	Zi <u>p</u>
E-mail address	B <u>usines</u> s start date	Dot Number	MC n <u>umber</u>
E-mail address	Current Carrier	C <u>urrent</u> ELD Provider	

Driver information - attach schedule if over 5 drivers								
Name	Date of Birth	State	Driver's License Number	Date of Hire	CDL (yes or no)	Years of Experience Using Scheduled Equipment		
Name	Date of Birth	State	Driver's License Number	Date of Hire	CDL (yes or no)	Years of Experience Using Scheduled Equipment		

Vehicle	Vehicle and Trailer Information- attach schedule if over 10 vehicles/trailers						
VIN	Year	Make	Vehicle/Trailer Type	Garaging ZipCode	Maximum Distance traveled from Garaging Location (Radius)	Curre Valu	
Name	Date of Birth	State	Driver's License Number	Date of Hire	CDL (yes or no)	Years Experie Using Schedu Equipm	