

## **Trucking Insurance Application**

								Policy Term From:					_ To:				
Don't feel like completing the application? Send some (or all) of the below to get started to customer.service@luckytruck.io.																	
*	Previously	y com	pleted	applicat	ion			* An	* Any insurance requirements								
*	Picture of	drive	r(s) lio	cense an	d registr	ation(s)		* Schedule of vehicles and drivers									
*	MVR repo	MVR report								* IFTA - all 4 quarters							
*	Loss runs	Loss runs (3-5 years as applicable)							* A copy of rental/lease agreement for leased vehicles								
Gei	neral Inforn	nation															
1.	Company Name (and "dba") 2 BAR B ANGUS Owner(s) name Phone number (541) 292-4387																
2.	Mailing a	Mailing address 2021 WINSTON SECTION City WINSTON State OR Zip 97496															
3.	Garaging address 2021 WINSTON SECTION City WINSTON State OR Zip 97496																
4.	Business start date DOT number? 2968821 MC number?																
Dri	Driver Information - attach schedule if over 3 drivers																
	Name			DOB State Driv			river's L	er's License Number Class/Type Years Lic					ensed i	n Class			
S	1. 2.					4						i					
5	3.					44				ą					1		
<u> </u>	Any acci	Any accidents or losses? If yes, please attach a detailed explanation. Include driver, date, conviction,													on, etc.		
7.																	
Veh	nicle and Tr	ailer I	nform	ation - a	tach sch	edule if	over 3	vehicles									
No.	VIN	VIN		r N	 1ake	Mo	odel	Vehicle/Trail			1 -						
110.	· VIII		Year	1	TUKC		<u></u>	r Type		Leased	d Location (sta		ite/zip) Radius		]		
Phy	sical Dama	ge Co	verag	e - attacl	schedu	le if ove	r 3 vehi	cles									
				tated Value of Permaner			5	tal Stated			nysical Damage		Physical Damage				
No.	Purchased	Purchased Va			Attached Special Equipment			unt to be sured	Dedu	uctible Comprehensive			Deductible Collision		llision		
1. 2.																	
3.															_		
4.																	
Lia	bility and C	argo (	Covera	age													
10.	Liability l	Liability limits requested Limit of cargo insurance Deductible															
11.	Describe	cargo	haule	d			L	ist % of t	rip for	each co	ommodi	ty				-	

LuckyTrucking!, Inc.

1 (646) 859-1939

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b lows acting a upplicant's applicant's applicant 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

darce with all policy terms. The Applicant acknowledges that the Applicant's Representative named

1) ELD

2) All drivers/vehicles added?