



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 completed application
  - \* Picture of driver(s) license and registration(s)
  - \* MVR report
  - \* Loss runs (3-5 years as applicable)
- \* Any insurance requirements
  - \* Schedule of vehicles and drivers
  - \* IFTA - all 4 quarters
  - \* A copy of rental/lease agreement for leased vehicles

General Information

1. Company Name (and "dba") 117 LIBERTY STREET LLC Owner(s) name POLONIA DEVELOPMENT & PRESERVATION SERVICES CO LLC Phone number (718) 728-7939
2. Mailing address 38-11 DITMARS City ASTORIA State NY Zip 11105
3. Garaging address 18-70 42ND City NEW YORK State NY Zip 11105

4. Business start date \_\_\_\_\_ DOT number? 1712632 MC number? \_\_\_\_\_

Driver Information - attach schedule if over 3 drivers

Name	DOB	State	Driver's License Number	Class/Type	Years Licensed in Class
1.					
2.					
3.					

6. Any accidents or losses? \_\_\_\_\_ If yes, please attach a detailed explanation. Include driver, date, conviction, etc.
7. Plan to hire employees? \_\_\_\_\_ If yes, please include details \_\_\_\_\_

Vehicle and Trailer Information - attach schedule if over 3 vehicles

No.	VIN	Year	Make	Model	Vehicle/Trailer Type	Owned/Leased	Principal Garaging Location (state/zip)	Driving Radius
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Physical Damage Coverage - attach schedule if over 3 vehicles

No.	Date Purchased	Current Stated Value	Value of Permanently Attached Special Equipment	Total Stated Amount to be Insured	Physical Damage Deductible Comprehensive	Physical Damage Deductible Collision
1.						
2.						
3.						
4.						

Liability and Cargo Coverage

10. Liability limits requested \_\_\_\_\_ Limit of cargo insurance \_\_\_\_\_ Deductible \_\_\_\_\_
11. Describe cargo hauled \_\_\_\_\_ List % of trip for each commodity \_\_\_\_\_

No coverage is bound until the Company's policy effective date and in accordance with the terms below. If Applicant is acting as Applicant's agent and no coverage may not accept any funds for the Company.

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

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Applicant's signature

Date \_\_\_\_\_

**REQUEST TO COMPANY GENERAL AGENT:**

Please quote Please bind at earliest possible date and issue policy

Please issue policy effective \_\_\_\_\_ Coverage was bound by \_\_\_\_\_

- 1) ELD
- 2) ~~All drivers/vehicles added?~~