

Trucking Insurance Application

						Policy Term From:					To:					
Dor	n't feel like	completing	the ap	oplication? Se	end som	e (or	all) of the	belov	v to get	started	to cust	omer.s	service	@luck	ytruck.ic	
*	Previously completed application							Any insurance requirements								
*	Picture of driver(s) license and registration(s)							Schedule of vehicles and drivers								
*	MVR report						* IF	IFTA - all 4 quarters								
*	Loss runs	Loss runs (3-5 years as applicable)						A copy of rental/lease agreement for leased vehicles								
Gen	eral Inform	nation												47		
1.	Company	Name (and	l "dba'	') SCOTT KO	ZITZA C)wner	(s) name	SDK C	CONSTR	UCTIO	N Phon	e num	ber (76	63) 280	6-3111	
2.	Mailing a	Mailing address 815 UPLAND City ELK RIVER State MN Zip 55330														
3.	Garaging address 815 UPLAND City ELK RIVER State MN Zip 55330															
4.	Business start date DOT number? 1958275 MC number?															
Driv	ver Informa	tion - attac	h sche	dule if over 3	drivers	3										
Ĭ	Name	Name DOB				StateDr	iver's	License NumberClass			= s/Type Years License			ed in Cla		
			SONG	IGLEFAC NOJANG06/29/19						С						
	2. 3.				4									_		
	J.															
6. 7.	Plan to h	ire employe	ees?	ES: 1 If yes,] If attach scheo	yes, pl	ease i	nclude de								etc. -	
Ven			lation	- attach sched	luie ii o	ver 5			0 1/	D : .	1.0		D : :	—		
No.	VIN	VIN		Make	Model					/ Principal Garaging Location (state/zip				٠ <u>١</u>		
1.	JH4TB2H20	H4TB2H26CC000000		MDX			PASSENGER CAR			55330			1000			
Phy	sical Dama	ge Coverag	e - atta	ach schedule	if over	3 vehi	icles									
No.				Value of Perm Attached Spe Equipme	cial	Amo	ntal Stated ount to be onsured		Physical Damage ctible Comprehensive		Physical Da Deductible Col					
1.															_	
 3. 															_	
4.																
Lial	bility and C	argo Cover	age												Ī	
10.	Liability l	imits reque	sted			Lin	nit of carg	jo inst	ırance		Ded	uctible	e			
11.	J	cargo haule					ist % of t									

LuckyTrucking!, Inc.

1 (646) 859-1939

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. Date Witness Applicant's signature REQUEST TO COMPANY GENERAL AGENT: Please guote Please bind at earliest possible date and issue policy Please issue policy effective Coverage was bound by

until the Compa y advises the Applicant or its representative that a policy will be issued and then only as of the

p licy & feetive date and it acceptant all policy terms. The Applicant acknowledges that the Applicant's Representative named below is acting as Applicant's agent and to 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

1) ELD

2) All drivers/vehicles added?