

## **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							* Any insurance requirements						
*	Picture of driver(s) license and registration(s)							* Schedule of vehicles and drivers						
*	MVR report						* IFTA - all 4 quarters							
*	Loss runs	k	* Ac	A copy of rental/lease agreement for leased vehicles										
General Information														
1. Company Name (and "dba") SCOTT KOZITZA Owner(s) name SDK CONSTRUCTION Phone number (763) 286-3111														
2.	. Mailing address 815 UPLAND City ELK RIVER State MN Zip 55330													
3.	3. Garaging address 815 UPLAND City ELK RIVER State MN Zip 55330													
4.	4. Business start date DOT number? 1958275 MC number?													
Driver Information - attach schedule if over 3 drivers														
Ž	Name			DOB			State Driver's Lice			cense Nur	nse NumberClass/Type Y		l ears Licensed in	
		ERTRAND A	SONGLE	FAC NOJA	NG06/2	9/1985C	ALIFO	RNIA					]	
6	2. 3.			10						92				
6.	Δny acci	dents or los	sees? VFS	: 1 If ves	nlease a	ttach a d	detailed	evnla	nation In	clude driv	er date c	onvictio	on etc	
<ul> <li>6. Any accidents or losses? YES: 1 If yes, please attach a detailed explanation. Include driver, date, conviction, etc.</li> <li>7. Plan to hire employees? If yes, please include details</li> </ul>														
Vehicle and Trailer Information - attach schedule if over 3 vehicles														
No.	VIN	T	Year	Make	Mo	del	Vehicle	e/Traile	e Owned/	-	Garaging		٥,	
		VIN AKBGDBG0ESFL0772 20				r Type TLINERTRUCK			Leased	ed Location (state/zip) Rac 55330 100			<u>1S</u>	
1.	SAKBGDBC	JUESFLU//	2 2014  C	Jascadia	FREIGH	ILINER	IRUCK			35330		100		
Phy	sical Dama	ge Coverag	re - attacl	n schedule	if over 3	3 vehicle	S							
No							al Stated Physical Damage Physical Deductible Comprehensive Deducti					cal Dar	0	
	Turchaseu	Equipment			Insured Deductible Col			тргенензіч	e Deddeth	ole Col.				
1. 2.													1	
3.														
4.														
Lia	bility and C	Cargo Cover	age											
10.	Liability l	imits reque	sted			Limit	of carg	o insur	rance	De	eductible _			

List % of trip for each commodity \_\_\_

LuckyTrucking!, Inc.

11. Describe cargo hauled

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?