

Trucking Insurance Application

Policy Term From: _____ To: _____

Providing Any of The Following Documents Will Enable Us To Get You The Cheapest Quotes In The Least Amount of Time!

- Any Previously Completed Applications
 - Picture of Driver(s) License and Registration(s)
 - MVR Report
 - Loss Runs (3-5 years as applicable)
- 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: AMANO EXPRESS Phone number: (651) 253-3426

Mailing address: PO BOX 6856 City: MN State: MINNEAPOLIS Zip: 55406

Garaging address: 1440 34TH ST S UNIT 304 City: ND State: FARGO Zip: 58103

E-mail Address: _____ Business start date: _____

DOT Number: 1306514 MC Number: MC-545681

Radius of travel: Infinity Current Carrier: _____ Current ELD Provider: Transflo

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
s d	1/1/1999	England	12312	1/1/1999	YES	

Vehicle and Trailer Information - attach schedule if over 10 vehicles/trailers

VIN	Year	Make	Vehicle/Trailer Type	Garaging Zip Code	Maximum Distance Traveled from Garaging Location (Radius)	Current Value
1G1AK55F167696188	2006	CHEVROLET	Hearse	34234	50	

Trucking Insurance Application

Liability and Cargo Coverage	
Type of Cargo Hauled	% of Total Cargo
Construction Materials (Raw): Cement (Dry & Bagged)	

Owner, Partner and Managers Information		
Full Name	Date of Birth	Mailing Address

Additional Questions	
Do you pull double trailers?_____ Do you pull triple trailers?_____ Do you plan on adding any additional drivers? _____	
What BI & PD Limits are you looking for?_____ What Cargo Coverage Limits are you looking for?_____	
If plan to hire, what are the minimum Years of Commercial Driving experience required? _____ CDL years required? _____	
If plan to hire, are vehicles Owner-driven only? _____ Do you order MVRs on all drivers prior to Hiring? _____	
Do you Agree to report all newly hired operators? _____ Do you lease your authority? _____	
Do you operate as a subsidiary of a different company? _____ Have you ever changed your operating name? _____	
Does our policy cover all vehicles owned operated or leased to the Business? _____	
COMMENTS fsdf _____	

Trucking Insurance Application

No coverage is bound until the Company (LuckyTrucking!, Inc. DBA LuckyTruck) advises the Applicant or its representative that a policy will be issued and then only as of the policy effective date and in accordance with all policy terms. The Applicant acknowledges that the Applicant's Representative named below is acting as Applicant's agent and not 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 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.

Applicant's signature

12/19/2019, 11:51:14 PM

Date

Request to Company General Agent:

- ☐ Please quote
- ☐ Please bind at the earliest possible date and issue policy
- ☐ Please issue policy effective _____ Coverage was bound by _____