

Trucking Insurance Application

								Policy	Term	From: _			_ To: _			
Do	n't feel like	comple	eting the	appli	cation? S	Send son	ne (or a	ll) of the	below	to get s	started	to cust	omer.s	ervice@	 luckytruck	
*	Previously completed application								* Any insurance requirements							
*	Picture of driver(s) license and registration(s)							* Schedule of vehicles and drivers								
*	MVR repo		* IFT	* IFTA - all 4 quarters												
*	Loss runs (3-5 years as applicable)							* A c	A copy of rental/lease agreement for leased vehicles							
Gei	neral Inform	nation]	
1. (77	Company 0) 439-1068		(and "dl	oa") Pl	RECISIO	N STON	E SETT	ΓING Ow	ner(s)	name W	/ESTF	ELD IN	ISURA	NCE Ph	one numbe	
2.	Mailing a	ddress	979 ME	TROM	IONT Cit	y HIRAN	И State	GA Zip 3	30141							
3.	Garaging	addres	ss 979 M	ETRO	MONT C	City HIRA	AM Stat	te GA Zip	3014	1						
4.	Business	start d	ate		D	OT numl	ber? 12	77591 M	C nun	iber?					٦	
 Dri	ver Informa	tion - a	attaçh sc	hedul	e if over	3 drjver	S								_	
	Name			DOB State			vor's Li	cansa Ni	Number Class/Type Year			ars Lice	Licensed in Class			
25	1.			'D	State Di		vei s Li	.cense ivi	illibei	Class/1	ype re	ars Lice		ii Ciass	-	
ş	2. 3.				8	-			Ť	Ş					1	
6. 7.	Any acci							detailed		nation.	Includ	e drive	r, date,	convict	ion, etc.	
Veh	nicle and Tr	ailer In	formatio	n - att	ach sche	edule if o	over 3 v	ehicles								
No.	VIN Ye		Year	r Make			del		ehicle/Traile Owned/ Princ r Type Leased Locat			ipal Garaging Driving ion (state/zip) Radius				
Phy	sical Dama	ge Cov	erage - a	ıttach	schedule	e if over	3 vehic	les							_	
No.	Date Purchased		nt Stateo Talue	Value of Permanently Attached Special			Amou	-					Physical Damage ve Deductible Collision			
1.					Equipme	ent	Ins	ured								
2.																
3.																
4.																
Lia	bility and C	argo C	overage													
10.	Liability l	imits re	equested				Limi	it of carg	o insu	rance _		Ded	uctible			
11.	Describe	cargo l	hauled				Li	st % of tr	rip for	each co	mmodi	ty				

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?