



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") A MCNEIL TRANSPORT SERVICES LLC Owner(s) name _____ Phone number (404) 590-8829
2. Mailing address 3147 LOWER CREEK City DOUGLASVILLE State GA Zip 30135
3. Garaging address 3147 LOWER CREEK City DOUGLASVILLE State GA Zip 30135

4. Business start date _____ DOT number? 2121738 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 below as Applicant's agent and no coverage may not accept any funds for the C

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

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?~~