

Trucking Insurance Application

							Policy	Term	From:			_ To: _			-		
Dor	n't feel like	completing	g the a	pplication?	Send som	ne (or a	all) of the	below	to get s	started	to cust	omer.s	ervice@	luckyt	ruck.io.		
*	Troviously completed application								* Any insurance requirements * Schodule of vehicles and drivers								
			* Schedule of vehicles and drivers * IFTA - all 4 quarters														
*	MVR repo		years as applicable) * ne (and "dba") A MCNEIL TRANSPORT SEF ss 3147 LOWER CREEK City DOUGLASVIL ess 3147 LOWER CREEK City DOUGLASVI						-								
* Loss runs (3-5 years as applicable)								A copy of rental/lease agreement for leased vehicles									
Gen	neral Inforn	nation											242				
1. 590	Company -8829	Name (an	d "dba	.") A MCNEI	L TRANS	PORT	SERVICE	S LLC	Owner	(s) nam	.e		Pho	one nu	mber (404		
2.	Mailing a	ddress 314	ess 3147 LOWER CREEK City DOUGLASVILLE State GA Zip 30135														
3.	Garaging	address 3	s 3147 LOWER CREEK City DOUGLASVILLE State GA Zip 30135														
4.	Business	start date			OT numl	oer? 2:	121738 M	C nun	iber?					1			
Driv	ver Informa	ition - attac	h sche	edule if over	3 drivers	5		,	E	1				_			
Name			DOB	State	Dri	ver's I	icense Ni	ımber	Class/T	vne Ye	ars Lice	ensed i	n Class	-			
<u> </u>	1. 2.		DOD	Julio				1111001	Oldoo, I	<i>y</i> po 10	aro Eroc			1			
2. 3.				1 4	18				8	9							
6.	Any accidents or losses? If yes, please attach a detailed explanation. Include driver, date, conviction, etc.																
7.	Plan to h	ire employ	ees? _		If yes, pl	ease ii	nclude de	tails _									
Veh	icle and Tr	ailer Inforr	nation	- attach sch	edule if c	over 3	vehicles										
No.	T			Make Mod					Owned/ Principal Gar Leased Location (sta				_				
Phy	rsical Dama	ge Coveraç	ge - att	tach schedu	le if over	3 vehi	cles		<u>l</u>			ļ		1			
No.	Date Purchased	Current S Value			hysical i				sical Da tible Col								
1.				Equipm	ient	In	surea										
2.																	
3.																	
4.																	
Lia	bility and C	argo Cove	rage														
10.	Liability l	imits reque	ested_			Lim	nit of carg	o insu	rance _		Ded	uctible	;				

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?