



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") ALLEN'S OIL & PROPANE INC Owner(s) name ALLEN'S OIL & PROPANE Phone number (609) 859-2334
2. Mailing address 427 N MAIN City VINCENTOWN State NJ Zip 08088
3. Garaging address 427 N MAIN City VINCENTOWN State NJ Zip 08088

4. Business start date _____ DOT number? 219779 MC number? _____

Driver Information - attach schedule if over 3 drivers

| Name | DOB | State | Driver's License Number | Class/Type | Years Licensed in Class |
|----------------------|------------|-------|-------------------------|------------|-------------------------|
| 1. Patricia LaForest | 05/07/1980 | MN | A123-456-789-123 | D | |
| 2. | | | | | |
| 3. | | | | | |

6. Any accidents or losses? YES: 1 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

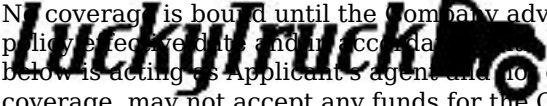
| No. | VIN | Year | Make | Model | Vehicle/Trailer Type | Owned/Leased | Principal Garaging Location (state/zip) | Driving Radius |
|-----|-------------------|------|---------|-----------|----------------------|--------------|---|----------------|
| 1. | 2CNDL33F396209386 | 2009 | Equinox | CHEVROLET | Auto Hauler | | 08088 | 100 |

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 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.

| | | |
|------------------|--------------------------------|---------------|
| _____ 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? |