



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") AECON-WACHS TECHNICAL SERVICES INC Owner(s) name \_\_\_\_\_ Phone number (803) 508-7896
2. Mailing address 531 PERFORMANCE City JACKSON State SC Zip 29831
3. Garaging address 531 PERFORMANCE City JACKSON State SC Zip 29831

4. Business start date \_\_\_\_\_ DOT number? 3267241 MC number? \_\_\_\_\_

Driver Information - attach schedule if over 3 drivers

Name	DOB	State	Driver's License Number	Class/Type	Years Licensed in Class
1.				D	
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
1.	KL4CJBSB0EB786490	2014	Encore	BUICK	MULTIPURPOSE PASSENGER VEHICLE (MPV)		29831	200

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?