



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")

BARRY GILBERT

Owner(s) name

BLT

Phone number

(770) 992-6200
2. Mailing address

City

CHOCOLOCCO

State

AL

Zip

36254
3. Garaging address

2392 CONE

City

SNELLVILL

State

GA

Zip

30078
4. Business start date

DOT number?

1051439

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
1.	WMWZG3C53BTY36248	2011	Cooper S Clubman	MINI	PASSENGER CAR		30078	1000

Physical Damage Coverage - attach schedule if over 3 vehicles

	Date	Current Stated Value	Value of Permanently Attached Special Equipment	Total Stated Amount to be Insured	Physical Damage Deductible Comprehensive	Physical Damage Deductible Collision
No.	Purchased					
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?~~