

Truck Insurance Application

Policy Term From: _____ To: _____

Providing Any of The Following Documents Will Enable Us To Get You The Cheapest Quotes In The Least Amount of Time!

- Any Previously Completed Applications
- Picture of Driver(s) License and Registration(s)
- MVR Report
- Loss Runs (3-5 years as applicable)
- Insurance Requirements Documentation
- Schedule of vehicles and drivers
- IFTA - all 4 quarters
- A copy of rental/lease agreement for leased vehicles

General Information

Company Name (and "dba") 5555DAVID OSENTOSKI Phone Number (989) 658-8561

Mailing Address: 2697 BAY CITY FORRESTVILLE City: UBLY State: MI Zip: 48475

Garaging Address: 2697 BAY CITY FORRESTVILLE City: UBLY State: MI Zip: 48475

E-mail Address: luckyman03@gmail.com Business start date: _____

DOT Number: 1646719 MC Number: _____

Radius of travel: 1646719 Current Carrier: _____ Current ELD Provider: _____

Driver Information - attach schedule if over 5 drivers

Name	Date of Birth	State	Driver's License Number	Date of Hire	CDL (yes or no)	Years of Experience Using Scheduled Equipment
David Jones	11-11-1976	MI	123456	11-01-2006	1	

Vehicle and Trailer Information - attach schedule if over 10 vehicles/trailers

VIN	Year	Make	Vehicle/Trailer Type	Garaging Zip Code	Maximum Distance Traveled from Garaging Location (Radius)	Current Value
2C3KA53G88H119888	2008	CHRYSLER	PASSENGER CAR	12334234	50	