

Trucking Insurance Application

									Polic	cy Term	From:			To:		
Dor	ı't feel like	completin	g the	appli	cation?	Send so	ome	(or a	ll) of th	e below	to get :	started	to cust	omer.service@	luckytruc	
*	Previously completed application									Any insurance requirements						
*	Picture of driver(s) license and registration(s)								* S	Schedule of vehicles and drivers						
*	MVR report								* II	IFTA - all 4 quarters						
*	Loss runs (3-5 years as applicable)								* A	A copy of rental/lease agreement for leased vehicles						
Gen	eral Inform	nation														
1. ROA	Company ADSIDE ASS	•							DSIDE	ASSIST	ΓANCE 1	LLC Ov	vner(s)	name TOWIN	G AND	
2.	Mailing address City CO									N Stat	e LA Zip	70434	:			
3.	Garaging	address 2	0377	HIGH	HWAY 40	City E	BUSE	H Sta	te LA Z	ip 7043	1					
4.	Business	start date			Ι	OT nu	mbe	r? 29	21280 :	MC nun	nber? _				7	
Driv	ver Informa	tion - atta	çh sc l	nedul	e if over	3 drjve	ers				F		1		_	
	Name	DO	OOB State Driver's L					conso N	Jumbor	Class/I	wo Vo	are Lie	ensed in Class	-		
8	1.		100	ДОД ЗТО		,e DIIV		—————			Classy	ypc re	ars Lici	enseu in Class	-	
5	2. 3.				8	18					ş	8			-	
6. 7.									ttach a clude d		d explan	ation.	Include	driver, date, o	conviction,	
Veh	icle and Tra	ailer Infor	matio	n - at	tach sch	edule i	fove	er 3 v	ehicles							
No.	VIN Ye		ar Make		Model		1	Vehicle r Ty		Owned/ Leased		pal Gai on (sta		- 1		
Phy	sical Damaç	ge Covera	.ge - a	ttach	schedu	le if ove	er 3	vehic	les					·	_	
No.	Date Purchased	Stated	tated Value of Permar Attached Special Equipment			5			be Deductible Comprehensive			Physical Damage Deductible Collision				
2. 3.																
2.																
2. 3. 4.	bility and Ca	argo Cove	erage													
2. 3. 4.	bility and Ca							Limi	t of oar	go incu	rance		Dod	uctible		

LuckyTrucking!, Inc.

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?