



Trucking 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 NameR SCOTT SUNILA DBAR SCOTT TRUCKING Phone number(262) 255-3458

Mailing addressW202 N10110 LANNON CityCOLGATE StateWI Zip53017

Garaging addressW202 N10110 LANNON CityCOLGATE StateWI Zip53017

E-mail Address _____ Business start date _____ DOT Number 1077961 MC Number _____

Radius of travel 300 _____ Current Carrier _____ Current ELD Provider Transflo _____

Driver Information - attach schedule if over 5 drivers

Name	Date of Birth	State	Driver's License Number	CDL (yes or no)	Years of Experience Using Scheduled Equipment
Devin B	09/09/1990	AR	13135		4

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
1LNHL9FT8CG803503	1900	800	Passenger Van	20002	300	8000



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Liability and Cargo Coverage

Type of Cargo Hauled	% of Total Cargo
Misc.: Animal By Products	
Consumer Goods: Carpet (Not Oriental)	
Paper / Plastic / Glass: Containerized Freight	

Owner, Partner and Managers Information

Full Name	Date of Birth	Mailing Address
Devin B	09/09/1990	13213 AK

Additional Questions

Do you pull double trailers?_____ Do you pull triple trailers?_____ Do you plan on adding any additional drivers?

What BI & PD Limits are you looking for?_____ What Cargo Coverage Limits are you looking for?_____

If plan to hire, what are the minimum Years of Commercial Driving experience required? _____ CDL years required?

If plan to hire, are vehicles Owner-driven only? _____ Do you order MVRs on all drivers prior to Hiring? _____

Do you Agree to report all newly hired operators? _____ Do you lease your authority? _____

Do you operate as a subsidiary of a different company? _____ Have you ever changed your operating name? _____

Does our policy cover all vehicles owned operated or leased to the Business? _____

COMMENTS asdf; asdf



Trucking Insurance Application

No coverage is bound until the Company (LuckyTrucking!, Inc. DBA LuckyTruck) 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 5/29/2019, 2:55:18 PM

REQUEST TO COMPANY GENERAL AGENT:

- ☐ Please quote
- ☐ Please bind at the earliest possible date and issue policy
- ☐ Please issue policy effective _____ Coverage was bound by _____

LuckyTrucking!, Inc.

1 (646) 933-0419