



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")

SCOTT KOZITZA

Owner(s) name

SDK CONSTRUCTION

Phone number (763) 286-3111
2. Mailing address

815 UPLAND

City

ELK RIVER

State

MN

Zip

55330
3. Garaging address

815 UPLAND

City

ELK RIVER

State

MN

Zip

55330
4. Business start date

DOT number?

1958275

MC number?

Driver Information - attach schedule if over 3 drivers

Name			DOB	State	Driver's License	Number	Class/Type	Years Licensed in
1. BERTRAND A	SONGLE	FAC NOJANG	06/29/1985	CALIFORNIA				
2.								
3.								

6. Any accidents or losses? YES: 1

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.	3AKBGDBG0ESFL0772	2014	Cascadia	FREIGHTLINER	TRUCK		55330	100

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'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?~~