

Trucking Insurance Application

								P	olicy	Term	From:			_ To:				
Do	n't feel like	completii	ng the	appli	cation?	Send s	ome (c	or all) of	the	below	to get	started	to cust	omer.se	rvice@	luckytruc		
*	Previously completed application								* Any insurance requirements									
*	Picture of driver(s) license and registration(s)							*	* Schedule of vehicles and drivers									
*	MVR report								* IFTA - all 4 quarters									
*	Loss runs (3-5 years as applicable)									* A copy of rental/lease agreement for leased vehicles								
Gei	neral Inform	nation																
1.	Company	npany Name (and "dba") 007 TRUCKING CORP Owner(s) name Phone number (954) 464-4176																
2.	Mailing a	iling address 4790 NW 5TH COURT COCONUT City State Zip																
3.	Garaging	Garaging address 4790 NW 5TH COURT COCONUT City State Zip																
4.	Business	start date	e		Σ	OT nu	mber?	873899) MC	numl	oer?							
Dri	ver Informa	tion - atta	ach sch	edul	e if over	3 driv	ers]		
	Name	DO	DOB State)river':	s Licens	ense Number Cla			ass/Type Years Lice			ensed in Class				
	1.]		
	2.]		
	3.				9						5 5]		
6.	Any acci	dents or l	osses?			If yes,	, pleas	e attach	a d	etaileo	d explar	ation.	Include	driver,	date, co	onviction,		
7.	Plan to h	ire emplo	yees?			If yes,	please	e includ	e de	ails _								
Veh	icle and Tra	ailer Info	rmatio	n - att	tach sch	edule i	if over	3 vehic	les							-		
								Vehi	cle/T	raile (Owned/	Princ	ipal Garaging Drivin			<u> </u>		
No.	VIN	Ye	ear	M	lake Mod		lodel	ו ובאי					-		e/zip) Radius			
Phy	sical Dama	ge Cover	age - at	ttach	schedul	le if ove	er 3 ve	ehicles										
No.	Date Current Salue			tated Value of Perman Attached Specia Equipment			J	Total St mount to Insured	be Deductible Comp				age Physical Da rehensive Deductible Co					
1.					Берги	iciit		mource								1		
2.																		
3.																		
4.																		
Lia	bility and C	argo Cov	erage															
10.	Liability l	imits requ	uested_				L	Limit of	carg	o insu	rance _		Ded	uctible _				
11.	Describe	cargo hai	ıled					List %	of tr	ip for	each co	ommod	itv					

LuckyTrucking!, Inc.

1 (646) 859-1939

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b lows acting a upplicant's applicant's applicant 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

darce with all policy terms. The Applicant acknowledges that the Applicant's Representative named

1) ELD

2) All drivers/vehicles added?