

Trucking Insurance Application

									Policy	7 Term	From: _			_ To: _			
Do	n't feel like	completi	ng the	appli	cation? S	Send so	ome	e (or all	l) of the	below	to get s	started	to cust	omer.s	ervice@	luckytrı	ıck.i
*	Previously completed application								* An	Any insurance requirements							
*	Picture of driver(s) license and registration(s)								* Sc	Schedule of vehicles and drivers							
*	MVR repo	MVR report								IFTA - all 4 quarters							
*	Loss runs	Loss runs (3-5 years as applicable)								A copy of rental/lease agreement for leased vehicles							
Gei	neral Inform	nation													1		
1. Company Name (and "dba") DANILO CHAVAJAY Owner(s) name 1ST CHOICE SPRAY FOAM INSULATION LLC Ph number (770) 865-5918															hon		
2.	Mailing address 3276 BUFORD City BUFORD State GA Zip 30519																
3.	Garaging address 4050 HILL STATION City SUGAR HILL State GA Zip 30518																
4.	4. Business start date DOT number? 2513112 MC number?																
Dri	Driver Information - attach schedule if over 3 drivers																
	Name		DO	DOB State		D	rive	er's Lic	ense N	umber	Class/Type Years Lic			ensed i	1		
	1.															1	
3 20	2. 3.				8						\$]	
6. 7.																n, e	
7. Plan to hire employees? If yes, please include details Vehicle and Trailer Information - attach schedule if over 3 vehicles																	
I VEL	Lie and Traner Information - attach schedule ir over 5								Frailo	Owned	Dringi	nal Car	raging	Driving	i 1		
No.	VIN Ye		ear	ar Ma		ake Mod		el v	-	cle/Traile Own Type Leas		· •		0 0			
Phy	sical Dama	ge Cover	age - a	ttach	schedul	le if ove	er 3	vehicl	es								
No.	Date Purchased				Value of Permanently Attached Special Equipment			Amoun		be Deductible Comprehens				Physical Damage ve Deductible Collision			
1.					Equipin	ient		mst	ıred								
2.																	
3.																	
4.																	
Liability and Cargo Coverage																	
10.	Liability l	imits req	uested					_ Limit	of carg	o insu	rance _		Ded	uctible			_
11.																	

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?