

Trucking Insurance Application

* Picture of * MVR report * Loss runs General Inform 1. Company 2. Mailing ac 3. Garaging	completed driver(s) light (3-5 years lation Name (and ddress address 23 start date tion - attace	d applicat cense and as applicat d "dba") E	tion d registration able) BARRY GILB E City SNEL	BERT Owner City Control LIVILL State number? 1	* An * So * IF * A r(s) name HOCCOLO	ny insuchedule TA - al copy o BLT P OCCO 30078	e of vehicl 4 quar of rental/hone nu State AI	equiremicles and ters Tlease and mber (7	d drive	rs ent for 2-6200	leased ve	
* Picture of * MVR repor * Loss runs General Inform 1. Company 2. Mailing ac 3. Garaging ac 4. Business s Driver Informat Name 1. 2. 3. 6. Any accid 7. Plan to hi	driver(s) li rt (3-5 years lation Name (and ddress address 23 start date tion - attace	as applicated as	d registration able) BARRY GILB City SNEL DOT le if over 3 of	BERT Owner City Control LVILL State number? 1	* So * IF * A r(s) name HOCCOLO e GA Zip 3	Ehedule TA - al copy o BLT P OCCO 30078 AC nur	e of vehi	ters Tease ac	d drive	2-6200)	hicles
* MVR report * Loss runs General Inform 1. Company 2. Mailing act 3. Garaging act 4. Business s Driver Informat Name 1. 2. 3. 6. Any accid 7. Plan to hi	rt (3-5 years lation Name (and ddress address 23 start date tion - attace	as applications as a second as	able) BARRY GILB E City SNEL DOT le if over 3 o	BERT Owner City Control LVILL State number? 1	* IF * A r(s) name HOCCOLO e GA Zip 3	TA - al copy o BLT P OCCO 30078 MC nur	d 4 quar of rental/ hone nu State AI	ters Tease a mber (7	770) 99 254	2-6200)	hicles
* Loss runs General Inform 1. Company 2. Mailing ac 3. Garaging 3 4. Business s Driver Informat Name 1. 2. 3. 6. Any accid 7. Plan to hi	(3-5 years ation Name (and ddress address 23 start date tion - attac	l "dba") E 392 CONE h schedu	BARRY GILB E City SNEL DOT le if over 3 o	City City City City City City City City	* A r(s) name HOCCOLO e GA Zip 3	BLT P DCCO 80078 4C nui	hone nu State AI	mber (7	770) 99 254	2-6200)	hicles
General Inform 1. Company 2. Mailing ac 3. Garaging a 4. Business s Driver Informat Name 1. 2. 3. 6. Any accid 7. Plan to hi	Name (and ddressaddress 23 start datetion - attace	l "dba") E 392 CONE h schedu	BARRY GILB E City SNEL DOT le if over 3 o	City City City City City City City City	r(s) name HOCCOLO e GA Zip 3	BLT P. OCCO 80078 AC nui	hone nu State AI mber?	mber (7	770) 99 254	2-6200)	hicles
1. Company 2. Mailing ac 3. Garaging ac 4. Business s Driver Informat Name 1. 2. 3. 6. Any accid 7. Plan to hi	Name (and ddress 23 start date _ tion - attace	392 CONE	E City SNEL DOT le if over 3 o	City City City City City City City City	HOCCOLO e GA Zip 3 1051439 N	OCCO 80078 AC nui	State AI	_ Zip 36	254			
2. Mailing ac 3. Garaging ac 4. Business s Driver Informat Name 1. 2. 3. 6. Any accid 7. Plan to hi	ddress address 23 start date _ tion - attac	392 CONE	E City SNEL DOT le if over 3 o	City City City City City City City City	HOCCOLO e GA Zip 3 1051439 N	OCCO 80078 AC nui	State AI	_ Zip 36	254			
3. Garaging a 4. Business s Driver Informat Name 1. 2. 3. 6. Any accid	address 23 start date _ tion - attac	992 CONE	E City SNEL DOT le if over 3 o	LVILL State I number? 1 drivers	e GA Zip 3	30078 AC nui	mber? _				in Class	
A. Business s Driver Informat Name 1. 2. 3. 6. Any accid	start date _ tion - attac	h schedu	DOT	number? 1	1051439 N	1C nur	Æ				in Class	
Name 1. 2. 3. 6. Any accid	tion - attac	h schedu	le if over 3 o	drivers			Æ				in Class	
Name 1. 2. 3. 6. Any accid			1	4	License N	fumber	r Class/I	Гуре Үе	ars Lice	ensed i	in Class	
1. 2. 3. 6. Any accid		DOB	State	Driver's	License N	umbei	r Class/1	Гуре Үе	ars Lice	ensed i	in Class	
2. 3. 6. Any accid 7. Plan to hi	dents or los											
3. 6. Any accid 7. Plan to hi	lents or los		1 8	- 18								
'. Plan to hi	lents or los	-					18	8				
'. Plan to hi		sees?	If.	ves nlease	attach a	detaile	d evnlar	nation l	nclude	driver	r date co	nvictio
				-			_					
/ehicle and Tra												
	ailer Inform	nation - at	ttach schedı	ule if over 3								
Jo. VIN		Year	Make Model		11 '	ehicle/Traile Owned/ Principal (r Type Leased Location (_		_	
. WMWZG3C	WMWZG3C53BTY3624		Cooper S	-		SSENGER R		30078	30078		1000	
Physical Damac								50070			1000	
1 1										l		
No. Purchased	Current St Value		ue of Perma Attached Speci	otal State ount to be	d I Dedu	Physical ictible C			Phy Deduc	vsical Dar ctible Coll	nage ision	
1.			Equipment	t I	nsured							
3.												
4.												

11. Describe cargo hauled ______ List % of trip for each commodity _____

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?