

Trucking Insurance Application

									Policy	Term	From:			_ 10:			
Doı	n't feel like	completin	g the	appli	cation?	Send	som	e (or all) of the	below	to get s	started	to cust	omer.ser	vice@lı	ıckytrucl	
*	Previously completed application								* An	Any insurance requirements							
*	Picture of driver(s) license and				l registration(s)				* Scl	Schedule of vehicles and drivers							
*	MVR report								* IFT	IFTA - all 4 quarters							
*	Loss runs	able)				* A c	A copy of rental/lease agreement for leased vehicle										
Ger	neral Inform	nation															
1.	Company nber (321) !	•	nd "db	a") B	OSTICK	ENTI	ERP	RISES I	NC Ow	ner(s)	name O	NE ST	OP PRI	NTING A	MD SIC	3NS Phor	
2.	Mailing a	ddress 70	0 S JC	HN I	RODES I	BLVD	D5 (City ME	LBOUR	NE St	ate FL Z	Zip 329	04				
3.	Garaging	address 7	700 S J	OHN	RODES	BLVI	D D	5 City M	ELBOU	RNE S	State FL	Zip 32	904				
4.	Business	start date			T	OT n	uml	er? 262	9000 M	C nun	iber?				$\overline{}$		
 Dri	ver Informa	tion - atta	ch scl	redul	e if over	3 drj	vers			-	(-			=		
	Name 1.		DOB		State D		Driv	Driver's Lice		ımber	Class/Type		ears Licensed in Cla		Class		
23																	
ĺ	2. 3.				2						8	8					
6.	Any acci	dents or l	osses?			If yes	s, pl	ease att	ach a d	etaileo	d explan	ation. 1	Include	driver, d	ate, co	nviction,	
7.	Plan to h	ire emplo	yees?			If yes	s, pl	ease inc	lude de	tails _							
Veh	icle and Tr	ailer Infor	matio	n - at	tach sch	edule	if o	ver 3 ve	hicles						;		
No.	VIN	ear	ar Make			Model			ehicle/Traile Owned/ Principal Garager Type Leased Location (state/					riving adius			
Phy	rsical Dama	ge Covera	age - a	ttach	schedul	le if o	ver	3 vehicle	es								
		<u> </u>		l					Stated	П	hroical	Domog		Dhyroic	al Don	2000	
No.	Date Current S Purchased Value			tated Value of Perr Attached S _I			ппу	Amoun	t to be			ysical Damage ible Comprehensive			Physical Damage Deductible Collision		
1.					Equipm	ent		lnsu	red							\dashv	
2.																	
3.																	
4.																	
Lia	bility and C	argo Cove	erage														
10.	Liability l	imits requ	ıested					Limit	of carg	o insu	rance _		Ded	uctible _			
11.	Describe	cargo hau	lled					List	; % of ti	rip for	each co	mmodi	tv				

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?