

Trucking Insurance Application

							Policy	Term	From:			_ To: _			
Doı	n't feel like	completing	the app	lication? Se	nd som	e (or a	all) of the	below	to get	started	to cust	omer.s	service@l	uckytruck.io.	
*	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	* A c	* A copy of rental/lease agreement for leased vehicles												
Ger	neral Inform	nation													
1. Company Name (and "dba") A D DEVINE DISTRIBUTION COMPANY LLC Owner(s) name Phone in (770) 285-4283														Phone number	
2.	2. Mailing address 7267 UNION GROVE City LITHONIA State GA Zip 30058														
3.	Garaging	Garaging address 7267 UNION GROVE City LITHONIA State GA Zip 30058													
4.	4. Business start date DOT number? 2831803 MC number?														
Dri	ver Informa	ition - attaç	h sched	ıle if over 3	drivers	S									
ĺ.	Name DOD Chate Driver/o I					icamaa Ni	rook or	Class	Crro o Vo	omo Tio	anaad i	m Class			
8	Name 1. De	e vin Bostick	DOB 09/09/	State 1990AR	13513	er's License Number 13513			Type re	ars Lice	ensea	in Class			
4	2. 3.		:	38					8						
6. Any accidents or losses? 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															
VCI				TUTACH SCHOOL		VCI O	ı	, [0 1/	. .	1.0		.		
No.	VIN	VIN		ear Make		Modall		nicle/Traile r Type		l/ Principal Gara d Location (stat		0 0	Driving Radius		
1.	1FTFW1CT	FTFW1CT9DKD5115020		F-150	FORD		Mini Van			30058			500		
Phy	rsical Dama	ge Coverag	je - attac	h schedule i	f over	3 vehi	cles								
U:	Date Current Stated Value of Permanently Tota						tal Stated		sical Dar						
No.	Purchased	urchased Value		Attached Special Equipment		Amount to be Insured		Dedu	eductible Comprehensive			Deduc	tible Col	lision	
1.				_ qupo											
2.															
3.															
4.															
Lia	bility and C	argo Cover	age												
10.	Liability l	imits reque	sted			Lim	nit of carg	o insu	rance _		Ded	uctible	e		

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?