

Trucking Insurance Application

								Policy	Term	From: _			_ To: _			
Do	n't feel like	comple	eting th	ne appli	cation? S	end som	e (or a	all) of the	below	to get s	tarted	to cust	omer.s	ervice@l	uckytruck.	
*	Previously		* Any	Any insurance requirements												
*	Picture of driver(s) license and registration(s)							* Sch	Schedule of vehicles and drivers							
*	MVR repo	* IFT	IFTA - all 4 quarters													
*	Loss runs (3-5 years as applicable)							* A c	A copy of rental/lease agreement for leased vehicles							
Gei	neral Inform	nation														
1. 716		Name	(and "o	dba") A	-PLUS CO	ONCRET	E & E	XC LLC O	wner(s) name	A-PLU	S C & I	E Phon	e numbe	er (513) 290	
2.	Mailing a	ddress	3875 (CLIFTO	N City CI	NCINNA	ATI Sta	ate OH Zi	p 4522	20						
3.	Garaging	addre	ss 3875	CLIFT	ON City (CINCINI	NATI S	state OH 2	Zip 45	220						
4.	Business	start d	ate		D(OT numl	oer? 24	190694 M	C nun	iber?					1	
 Dri	ver Informa	ition - a	attach s	schedul	e if over (3 drivers	5			8	3					
2.	Name		D	DOB State		Driv	ver's L	icense Nı	ımber	Class/T	ype Ye	ars Lice	ensed i	n Class		
	1.								-							
2. 3.					2					2						
6.	Any acci	dents c	or losse	e?		If was in	lease a	ittach a di	etailed	l evnlan	ation l	nclude	driver	date co	onviction, e	
7.	Plan to h							iclude de		скріші	ation.	norado	diivei,	date, ee	, iivictioii, c	
67															1	
LVeh	icle and Tr	ailer In	nformat	ion - at	tach sche	dule if o	ver 3 v			T			1		J	
No.	VIN Ye		Year	ar Make		Model						Principal Garaging Driv Location (state/zip) Rad			1	
Dlee	l 	0		- 44 1-		:£	2 h : .						. 17			
Pny	rsical Dama	ge Cov	erage -	- attacn	schedule	e ii over	3 venic	cies								
No.	Date Purchased				ed Value of Permanently Attached Special			Total Stated Physical Damage Physical I Dount to be Deductible Comprehensive Deductible Comprehe								
				Equipment				sured								
1. 2.															<u>, </u>	
3.																
4.																
Lia	bility and C	argo C	Coverag	e												
10.	Liability l	imits r	egueste	ed			Lim	it of carg	o insu	rance		Ded	uctible			
11.	J		-					ist % of tr								

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?