

## **Trucking Insurance Application**

							Policy	7 Teri	n From	:	To	):		
Do	n't feel like	completing	the ap	oplication? S	end som	e (oı	r all) of the	belo	w to ge	t started	to custome	r.service@	luckytruck.io	
*	Previously completed application							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 (	A copy of rental/lease agreement for leased vehicles						
Gei	neral Inform	nation										10		
1.	Company	Name (and	d "dba'	') SCOTT KO	ZITZA C	)wne	er(s) name	SDK	CONST	RUCTIO	N Phone nu	mber (763)	) 286-3111	
2.	Mailing a	Mailing address 815 UPLAND City ELK RIVER State MN Zip 55330												
3.	Garaging	address 81	.5 UPL	AND City EI	LK RIVEI	R Sta	ate MN Zip	5533	30					
4.	Business	start date _		D(	OT numb	er?	1958275 M	IC nu	mber?					
Dri	ver Informa	ition - attac	h sche	dule if over :	3 drivers								]	
Ž	Name				DOB		State			s Licens	e NumberC	class/Type Y	ears Licens	
		RTRAND A	SONG	LEFAC NOJA	ANG06/2	9/19	85CALIFO	RNIA	1					
	2. 3.				18				18	- 6			_	
		1 . 1	2.77	TO 4 If	100		1 1	1	1		1 . 1		ļ	
6. 7.	-			ES: 1 If yes,	_			_			e driver, da	te, convicti	on, etc. 	
Veh	icle and Tr	ailer Inform	nation -	- attach sche	dule if o	ver 3	3 vehicles							
No.	VIN	VIN		r Make Mo		odel	Vehicle/Tr r Type			/ Principal Garagin		_		
1.	IH4TB2H2	H4TB2H26CC000000		000	ACURA		PASSENGER CAR			55330		Unlimited		
	<u>r                                      </u>		<u>I</u>	ach schedule		3 vel	hicles	<u> </u>					I	
	<u> </u>	<u> </u>						I		_				
No.	Date Purchased			Value of Permanently Attached Special Equipment		An	Total Stated nount to be Insured	Ded	Physical Damage Deductible Comprehensive			Physical Damage Deductible Collision		
1.					,,,,								-	
2.														
3.														
4.														
Lia	bility and C	argo Cover	age											
10.	Liability l	imits reque	sted			Li	imit of carg	o ins	urance		Deducti	ble		
11.	Describe	cargo haule	ed				List % of t	rip fo	r each	commodi	.ty			

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?