



Physical Damage Express Rating Solution

Physical Damage Application

Submission Date: 9/18/2017

Requested Effective Date: 9/18/2017

Rating Number: 324106

Application For: PEDRO A MARTINEZ

Section 1 - Applicant Information

Applicant Name: PEDRO A MARTINEZ		Trade or DBA:		
Applicant Mailing Address: 4210 KENDALL ROCK LANE	City: katy	State: TX	County: 	Zip Code: 77449
Principal Garage Location: (if different) 4210 KENDALL ROCK LANE	City: katy	State: TX	County: HARRIS	Zip Code: 77449
Business Owner: (first, last) PEDRO A MARTINEZ		Title: (owner/officer/loss control/etc.)		
E-Mail Address:		Phone Number:		

Business Type:

☐ Corporation/LLC ☐ Partnership ☒ Individual ☐ Other

Federal ID #: (if corporation)	Date of Authority: 9/18/2017	U.S. DOT Number:
MC Number:	State Docket #:	Current DOT Safety Rating:
Operation Classification: (for-hire/private/other)	Carrier Operation: (interstate/intrastate/both)	Total Garage Locations: 1
Business Category(s) (i.e., dry van, flatbed, refrigerated, etc.) Flatbed		

Section 2a - Coverage Requested

Coverage Type:	Requested Limits:	Details/Coverage Forms:
Physical Damage:	\$ 57,150 TIV	TIV for 1 Truck / 1 Trailers
Deductible Amount:	\$ 1,000 Amount	

Section 2b - Supplemental Coverage Requested

Coverage Type:	Requested Limits:	Filings/Options/Coverage Forms:
Trailer Interchange:	\$ No Coverage Amount	Interchange Agreement Required
Terrorism Coverage:	<input checked="" type="checkbox"/> Reject <input type="checkbox"/> Include	PD Terrorism Form Required
Non-Trucking Liability:	<input checked="" type="checkbox"/> Reject <input type="checkbox"/> Include	*Third Party Coverage
Roadside Masters:	<input checked="" type="checkbox"/> Reject <input type="checkbox"/> Include	*Third Party Coverage
Other Coverage:	\$ _____ Amount	

Supplemental coverage, if requested, may be issued under separate insurance policies and provided by separate insurance companies. A supplemental application may be required for requested Third Party Coverage.

Section 3 - Radius and Area of Operations

The Percentage Hauled entered for the Average Distance must total 100%

Location Zip Code: 77449	1,500	Maximum Radius (miles)	City/State/County: katy, TX HARRIS
0% 0 - 25 miles	0% 25 - 50 miles	0% 50 - 100 miles	
20% 100 - 200 miles	20% 200 - 300 miles	20% 300 - 500 miles	
20% 500 - 1,000 miles	20% 1,000 - 1,500 miles	0% over 1,500 miles	

States and Cities Traveled: Alabama, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Wisconsin, Wyoming

Note: The radius is measured on a straight line from the street address of an auto's principal garaging to its farthest point of regular operations.

Section 4 - Scheduled Equipment

Year: 2014	Make: Kenworth	Model: T680	Serial Number (VIN): 1XKYDP9X6EJ398790			
Type: Truck Tractor	GVW Class: Class 8: 33,001 lb And Over		Garage Zip: 77449	Owned?:	Value: (N/A if no PhysDam) \$42,150.00	
Lien Holder/Loss Payee: N/A		Address:		City:	State:	Zip Code:
Year: 2004	Make: Transcraft	Model: Platform	Serial Number (VIN): 1TTF4820742011764			
Type: Flatbed	GVW Class: Trailer		Garage Zip: 77449	Owned?:	Value: (N/A if no PhysDam) \$15,000.00	
Lien Holder/Loss Payee: N/A		Address:		City:	State:	Zip Code:

Coverage, if afforded, will be provided for specifically described equipment scheduled with the insurance company.

NOTE: Only complete "Lien Holder/Loss Payee" information if the above equipment have a Lien Holder.

Section 5 - Scheduled Driver(s)

Driver Name: (first, last) pedro martinez	DOB: 9/23/1970	Married?:	Date Hired:(mm/yyyy): 6/1/2017	Driver Type: Owner-Operator
License Number: 36432159	State: TX	Issue Year:(yyyy): 2015	CDL?: (yes/no) Yes	MVR Pts. (MV/Acc): No pts (0/0)

Current MVRs are required on all drivers and must be dated within 60 days of the coverage effective date.

Section 6 - Loss History Information

Policy Term:	Power Units:	#Claims:	Incurred Losses:	Insurance Company Name:
No prior coverage				
Applicant must submit verifiable Hard Copy Loss Runs for the policy periods entered.				

Section 7 - General Questions

- ☐ Yes ☒ No 1. Has the Applicant ever operated a trucking business under a different Authority or Name?
If Yes, Please provide DOT#/MC# and Date of Operation (from/to):

- ☐ Yes ☒ No 2. Do you haul Hazardous Material?
If Yes, Please describe: _____
- ☐ Yes ☒ No 3. Has the applicant ever filed for bankruptcy? If yes, enter date: N/A
- ☐ Yes ☒ No 4. Has the applicant's insurance been cancelled or non-renewed for any reason in the past 5 years?
If Yes, Please explain: _____
5. Commodities Hauled:
steel pipes and building materials

Section 8 - Billing Options and Payment Information

- ☐ \$3,367.91 (Pay in Full with no premium financing)
- ☐ \$960.11 Down Payment with Premium Finance Agreement

Note: You must select one payment type in order to request coverage.

Applicant Signature

Certification Statement: I Certify all particulars herein, attached to, provided with or submitted prior to completion of this application are warranted complete and no information has been withheld or suppressed. I agree that this Application and the terms and conditions of the policy in use by the insurer shall be the basis of any contract between the Insurer and the Applicant. I hereby authorize the Insurer or an authorized representative of the Insurer to verify all of the information I have provided in order to procure the insurance policy I am making application for. I also understand that failure to report completely and accurately may result in sanctions including but limited to voidance of the insurance policy, denial of claims and in civil or criminal penalties.

MVR DISCLOSURE NOTICE: In accordance with the Fair Credit Reporting Act (FCRA) your administrator and/or insurance company(s) may request limited consumer report information for purposes solely related to the underwriting and rating of insurance. The administrator and/or insurance company(s) may request MVRs for you or your driver(s) for the sole purpose of determining the insurability of your Physical Damage Insurance program. The contents of your driver's MVR(s) will be compared to the underwriting criteria of the Physical Damage Insurance carrier(s). By law no consumer report information acquired will be disclosed or provided to additional parties.

FRAUD NOTICE: Please Read Carefully!

Texas: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

DISCLAIMER: THIS IS NOT A BINDER OF COVERAGE, AND THIS DOCUMENT DOES NOT PROVIDE INSURANCE COVERAGE! This is an application for insurance only and does not guarantee coverage to anyone in possession of this document, nor should this document be relied upon by any person or entity as evidence of the existence of insurance coverage. The general coverage descriptions in the application are for information purposes only and are abbreviated. You will need to refer to the actual insurance policy for all specific coverages, coverage amounts, terms, conditions, limitations and exclusions. If there is any conflict between the information contained within this application and the actual insurance policy, the policy provisions will prevail. To obtain a complete policy, please contact our office.

Applicant Signature: _____ Date: _____

Applicant Printed Name: _____ Title: _____

Producers Information:

Contact: Juan Pereira
Agency: JLP Insurance Services LLC
Email: lp@jlpinsurancellc.com
Phone: 281-599-3741 **Fax:** 281-599-3741

Supplemental - Prior Applicant Experience**Prior Experience for Driver/Manager: (Enter the driver or current manager for whom the experience is begin entered.)**

Name: _____	Position Title: _____	DOB: (mm/dd/yyyy) _____
Experience Type: <input type="checkbox"/> Driving Only <input type="checkbox"/> Management Only <input type="checkbox"/> Both Driving and Management		Starting: (mm/dd/yyyy) _____

Prior Experience History**Prior Experience: (List most recent first)**

Company Name: _____	DOT or MC# _____	Position Title: _____	Starting (mm/dd/yyyy) _____	Ending (mm/dd/yyyy) _____
Description of Work Performed: (e.g., type of equipment used, commodities hauled, specific duties) _____				
Company Name: _____	DOT or MC# _____	Position Title: _____	Starting (mm/dd/yyyy) _____	Ending (mm/dd/yyyy) _____
Description of Work Performed: (e.g., type of equipment used, commodities hauled, specific duties) _____				
Company Name: _____	DOT or MC# _____	Position Title: _____	Starting (mm/dd/yyyy) _____	Ending (mm/dd/yyyy) _____
Description of Work Performed: (e.g., type of equipment used, commodities hauled, specific duties) _____				
Company Name: _____	DOT or MC# _____	Position Title: _____	Starting (mm/dd/yyyy) _____	Ending (mm/dd/yyyy) _____
Description of Work Performed: (e.g., type of equipment used, commodities hauled, specific duties) _____				
Company Name: _____	DOT or MC# _____	Position Title: _____	Starting (mm/dd/yyyy) _____	Ending (mm/dd/yyyy) _____
Description of Work Performed: (e.g., type of equipment used, commodities hauled, specific duties) _____				

If Prior Experience includes transportation management experience, please provide additional details below.

Prior Management Experience

Please provide a brief description of past trucking management experience and specific management position(s) held.

Applicant Signature

The undersigned applicant represents that the information provided herein is true and correct. I further understand that by applying for insurance, I authorize the insurance company or its presentative to verify the information provided above.

Applicant Signature: _____ Date: _____