



## Application For Coverage

## Physical Damage / Motor Truck Cargo / Non-Trucking Liability

☐ Bind Effective: 09/08/2016

☐ Quote Needed by: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Insured Information:**

US DOT# : 2901387

MC # \_\_\_\_\_

Insured's Name: \_\_\_\_\_ FEIN or SS#: 812848834

Address: 23405 fernhurst dr apt 2304 City: HOUSTON ST: TX Zip: \_\_\_\_\_

Phone: ( 832-292-9758 ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ email: \_\_\_\_\_

Radius of operation: \_\_\_ % 0-50, \_\_\_ % 50-200, \_\_\_ % 200-500, \_\_\_ % over 500

	% hauled	Minimum Value	Maximum Value
Commodities hauled: <b>REFEER</b>		\$	\$

☐ Refrigerated \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

☐ Dry Van \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

☐ Flatbed \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Number of years in business: \_\_\_\_\_ Number of years' experience operating like equipment: \_\_\_\_\_

**Driver Information:** (attach additional drivers list)

<u><b>Driver Information:</b></u> (attach additional drivers list)						Moving	# of
Driver Name	DOB	License #	ST	Yrs Exp	last 3 years	Violations	Accidents
<u>Reinaldo pina Pavon</u>	<u>12/29/1968</u>	<u>tx dl# 38147003</u>	<u>          </u>	<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>
<u>Rafael machado matos</u>	<u>07/22/2013</u>	<u>tx # 26758624</u>	<u>          </u>	<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>

**\*\*Driver's must be reported immediately upon hiring. Failure to do so could result in cancellation or an unpaid claim\*\***

**Vehicle Information:** (attach additional equipment list with values)

Year	Make	Type	GVW	VIN #	Stated Value	Radius
2005	FRTH	TR	80	1fujapav25dn44707	\$	1500
					\$	
					\$	
					\$	

\*\* Attach loss runs for any loss over \$25,000 for Physical Damage or Motor Truck Cargo past 3 years with explanation

Endorsement Requested: Loss Payee: ☐ Additional Insured: ☐

**Rate:**

**Physical Damage:** ☐ \$1,000 deductible Total Values: \$ \_\_\_\_\_ % of stated values

**Motor Truck Cargo Limit :** ☒ \$100,000 ☐ \$150,000 ☐ \$250,000 \$ \_\_\_\_\_ per power unit

**Non-Trucking Liability:** ☐ \$1,000,000 ☐ \$\_\_\_\_\_ per power unit

Trailer Interchange: ☐ \$40,000 ☐ \$ \_\_\_\_\_ (3% X limit) \$ \_\_\_\_\_

Please sign, indicating policy(s) is/are to be bound based on quoted coverage(s). Policy(s) are not bound until premium is received and insured has received a binder reflecting coverage(s) bound.

X Perun'z

Date: 9 / 7 / 16.

Print

## Save

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