



# COMMERCIAL AUTO APPLICATION

irbinding@mdjensvold.com

1. Agency Information									
Submitting Agency:				Phone					
Contact Person				Email:					
2. Applicant Information									
Applicant					Effective Date:				
Mailing Address:				City		State:			Zip
Garage Address ( if different from mailing)				City		State			Zip
Description of Operations :					MC#:			US DOT #/TXDMV #:	
Radius Of Operations:					Major Cities Traveled: Houston, New Orleans,			States Traveled: TX,LA,CO	
Applicants Contact Person:					Telephone No.			Yrs In Business:	
Previous Carriers	2014-2015				Loss Information :				
	2013-2015				Attach current Loss Runs				
3. Coverage Requested									
Auto Liability			Physical Damage			Motor Truck Cargo			
CSL:			Comprehensive			Limit:			
UM/UIM			Specified Perils			Ded:			
PIP:			Collision			Refrigeration Breakdown		Yes <input type="checkbox"/>	
Hired Auto (Cost of Hire)			Deductible					No <input type="checkbox"/>	
Trailer Interchange									
Limit:			# of Units	Is there a signed trailer interchange agreement in place?					
			Yes <input type="checkbox"/> No <input type="checkbox"/>						



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4.Commodities Hauled						
Commodity		Maximum Value	Average Value			

5. Drivers (Indicate O for Owner/Operator or E for Employee) Please attach MVR's						
Name	O/E	Date of Birth	Years of Experience	Drivers License #	State	# of Accidents/Violations
		05/30/1978				

6.Vehicles (Attach separate schedule if needed)			
Tractors (YR/Make/Model)	Type	VIN	Stated Amount
2005 FRHT		1FUJBBCK65LN61857	
Trailers (YR/Make/Model)	Type	VIN	Stated Amount

Signature of Agent	Date
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**IF NEW VENTURE PLEASE COMPLETE THIS PAGE FOR REVIEW**

<b>7.New Venture Section (Complete if applicant has been in business for less than 2 full years)</b>		
1.	Has the applicant been involved in any accidents in the past 3 years?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give details below
2.	How many years of experience does the applicant have hauling these type of commodities with like-kind equipment	
3.	Does the applicant expect to increase the number of autos within the next 12 months	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, give details below.
4.	Has the applicant ever had their own insurance in the past under a different authority?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, give details below.