

# Application For Coverage

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

☐ Bind Effective: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

**Insured Information:**

US DOT# : \_\_\_\_\_ MC # \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Fax: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ email: \_\_\_\_\_

Radius of operation: ☐ -200 ☐ -500 ☐ +500

	% hauled	Minimum Value	Maximum Value
Commodities hauled: _____	_____	\$ _____	\$ _____
<input type="checkbox"/> Refrigerated _____	_____	\$ _____	\$ _____
<input type="checkbox"/> Dry Van _____	_____	\$ _____	\$ _____
<input type="checkbox"/> Flatbed _____	_____	\$ _____	\$ _____

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

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

Driver Name	DOB	License #	ST	Yrs Exp	Moving Violations last 3 years	# of Accidents
_____	_____	_____	_____	_____	_____	_____
Please see the attachments	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**\*\*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
_____	_____	_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	_____	\$ _____	_____
Please see the attachments	_____	_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	_____	\$ _____	_____

**\*\*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) \$ \_\_\_\_\_ deductible

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. By binding you are becoming a member of Continental Trucking Association. Surplus Lines Tax and Fees are applicable.

X \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_