

COMMERCIAL AUTO APPLICATION irbinding@mdjensvold.com

| 1.Agency Information | | | | | | | | | | |
|---------------------------------|--|------------------|-----------------|------------|--------------------------|----------------------------|----------|------------------|-------------------|--|
| Submitting Agency: | | Phone | | | | | | | | |
| | | | | | | | | | | |
| Contact Pe | erson | Email: | | | | | | | | |
| 2.Applic | cant Information | | | | | | | | | |
| Applicant | | | | | Effective Date: | | | | | |
| Mailing Address: City | | | | | | | | | | |
| Mailing Ad | iaress: | City | | | State: | | | | Zip | |
| Garage Ad | dress (if different from mailing |) | City | | State | | | Zip | Zip | |
| | | | | | | | | | | |
| Description | of Operations : | | | | MC#: | | | US | US DOT #/TXDMV #: | |
| | | | | | Major Cition Travalade | | | States Traveled: | | |
| Radius Of Operations: | | | | | Major Cities Traveled: | | | 318 | States Traveleu. | |
| Applicants Contact Person: | | | | Telephone | | No. | | Yrs | In Business: | |
| | | | | | | | | | | |
| | Previous 2014-2015 Carriers 2013-2015 | | | | Loss Information : | | | | | |
| | | | | | Attach current Loss Runs | | | | | |
| 3. Cove | rage Requested | | | | | | | | | |
| | Auto Liability | | Physical Damage | | | Motor Truck Cargo | | | uck Cargo | |
| CSL: | | Comprehensive | | ensive | | Limit: | | | | |
| | | | 0 11 15 11 | | | | | | | |
| UM/UIM | | Specified Perils | | | | Ded: | | | | |
| PIP: | | | Collision | | | | | | | |
| | | | | | | Refrigeration Breakdown | | Ye | s 🗆 | |
| Hired Auto (Cost of Hire) | | Deductible | | | | | | No | No 🗆 | |
| Trailer Interchange | | | | | | | | | | |
| Limit: | | | # of Inits | Is there | e a signed tra | ailer interch | ange agr | eement i | n place? | |
| | | | | Yes □ No □ | | | | | | |



COMMERCIAL AUTO APPLICATION irbinding@mdjensvold.com

| 4.Commodities Hauled | | | | | | | | | |
|--|-----------|--------------|---------|---------|----------------|--------|---------------|--|--|
| Commodity | | | | Ма | ximum Value | | Average Value | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 5. Drivers (Indicate O for | r Owner/ | Operator or | E for E | mploye | e) Please atta | ach MV | R's | | |
| Date of Years of Drivers State # of Accidents/ | | | | | | | | | |
| Name | O/E | Birth Ex | | erience | License # | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 6.Vehicles (Attach separ | rate sche | dule if need | ded) | | | | | | |
| Tractors (YR/Make/Model) Type | | | | VIN | | | Stated Amount | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Trailers (YR/Make/Model) | Туре | | | VIN | | | Stated Amount | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Signature of Agent | | L | | | Date | I | | | |

13105 NORTHWEST FWY, SUITE 790 HOUSTON, TEXAS 77040 TELEPHONE: (713) 939-8585 and (800) 635-7406 FAX: (713) 939-0560

4920 SOUTH LOOP 289, SUITE 101 LUBBOCK, TEXAS 79414 TELEPHONE: (806) 698-6653 and (800) 635-7406 FAX: (806) 698-6694

SAN ANTONIO

12042 BLANCO RD., SUITE 201 SAN ANTONIO, TEXAS 78216 TELEPHONE: (210) 477-9082 and (855) 259-9357 FAX: (210) 340-7922



COMMERCIAL AUTO APPLICATION irbinding@mdjensvold.com

IF NEW VENTURE PLEASE COMPLETE THIS PAGE FOR REVIEW

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

and (800) 635-7406 FAX: (713) 939-0560

HOUSTON

12042 BLANCO RD., SUITE 201 SAN ANTONIO, TEXAS 78216 TELEPHONE: (210) 477-9082 and (855) 259-9357 FAX: (210) 340-7922

SAN ANTONIO