Bind Effective: \_\_\_ / \_\_\_\_ / \_\_\_\_\_\_ Quote Needed by: \_\_\_ / \_\_\_\_ / \_\_\_\_\_\_   
 **INSURED INFORMATION**

Insured’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

US DOT#: \_\_\_\_\_\_\_\_\_\_\_\_\_ MC#: \_\_\_\_\_\_\_\_\_\_\_\_ TX DMV#: \_\_\_\_\_\_\_\_\_\_\_\_\_ FEIN or SS#: \_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_

Zip Code: \_\_\_\_\_\_\_\_\_\_\_ Ph#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No. of Years in Business (With own insurance): \_\_\_\_ No. of Years’ experience operating like equipment: \_\_\_\_

Radius of Operation: 0 -200 0-500 +500

|  |
| --- |
| **Who is the prior carrier?** |
|  |
|  |
|  |

**COMMODITIES HAULED:**

Refrigerated Dry Van Flatbed

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Commodity** | **%Hauled** | **Minimum Value** | **Maximum Value** |
|  |  |  |  |
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**DRIVER(S) INFORMATION:**

\* Specify the number of year’s commercial driving experience each driver has. If there are any drivers with a “not at fault”   
 accident, please provide a copy of the policy report with your submission.

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** | **DOB** | **License Number** | **Exp. Years** |
|  |  | Please see the Attachments |  |
|  |  |  |  |
|  |  |  |  |

**VEHICLE(S) INFORMATION:**

\*If there are 5 or more power units, please provide a completed ACORD or completed company application instead of this form   
 for quoting.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **VIN Number** | **Year** | **Make** | **Type** | **Stated Value** | **Radius** |
| Please see the Attachments |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**PRIOR INSURANCE HISTORY FOR THE PAST 3 YEARS:**Please see the loss runs for any loss over $25,000 for physical Damage or Motor Truck Cargo past 3 years with explanation in the attachments files.

**COVERAGES INFORMATION**

**Auto Liability:**

$100K CSL$300K CSL$500K CSL$750K CSL$1M CSLOther: \_\_\_\_\_\_\_\_\_\_

Deductible: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Uninsured Motorist BI:**

$15,000 / $ 30,000$25,000 / $50,000$30,000 / $60,000

**Cargo:**

$100,000$250,000$ \_\_\_\_\_\_\_\_\_\_\_ Deductible: \_\_\_\_\_\_\_\_\_\_\_

**Trailer Interchange:**

$15,000$25,000$ \_\_\_\_\_\_\_\_\_\_\_ Deductible: \_\_\_\_\_\_\_\_\_\_\_

**Physical Damage:**

$ \_\_\_\_\_\_\_\_\_\_\_ per unit $ \_\_\_\_\_\_\_\_\_\_\_ 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: \_\_\_ / \_\_\_\_ / \_\_\_\_\_\_ |