COMMERCIAL AUTO APPLICATION

THE PLICINSKI AGENCY

Company Info:

Business Name:	
Requested Effective Date:	
ICC MC#:	
DOT#:	
FEIN#:	
Phone:	
Email:	
Years in Business:	

Operations:

Current Insurance:	
Max Radius:	

Check if You Need Cargo Coverage |

Check for Reefer Breakdown Coverage |

Cargo Limit:	

Mailing Address:

Street:	
City:	
State:	
Zip:	

Garaging Address:

Street:	
City:	
State:	
Zip:	

Commodities:

Commodity 1:	
Commodity 2:	
Commodity 3:	
Commodity 4:	
Commodity 5:	

Any Claims in The Past 3 Years? | Yes   No

Explain:

Drivers:

Driver - First Name – Last Name	Date of Birth	License Number	License State

Vehicles:

Year	Make	VIN#	Value