

Requested Effective Date:		Agent:		Agency:	
Agent email:				Agent Phone #:	
Insured Name including DBA:				MC Number:	US DOT Number:
Type of Business: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other _____					Yrs in Trucking Ind.
Are Filings Required: <input type="checkbox"/> Yes <input type="checkbox"/> No					FEIN#
Location	Address		City	State	Zip Code:
Mailing					
Garaging					

Description of Operations:		<input type="checkbox"/> For Hire <input type="checkbox"/> Private <input type="checkbox"/> Non Trucking <input type="checkbox"/> Other _____			
Maximum Radius:		Range of Transport: <input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate			
What percentage of loads are:			Please list major Metropolitan Areas traveled through or into:		
0-100 miles: _____% 101-300 miles: _____%			_____		
301-500 miles: _____% 501+ miles: _____%			_____		
Operation History					
	Projected	Past Year	Past Year 2	Past Year 3	
Revenue					
Mileage					
# Units Operated					

Motor Truck Cargo		Requested Limit:		Deductible:	
Commodity	% of Loads	Maximum Value	Average Value	Comments: If Autos % New/% Used	
Optional Coverages: <input type="checkbox"/> Earned Freight <input type="checkbox"/> Refrigeration Breakdown					

Driver Information		Must be completed on all drivers. (Include owner)			
Driver Name		Date of Birth	License Number	State	#Yrs Driving Similar Equip
1	Owner:				
	Owner SSN:				
2					
3					
4					

Driver Information Continued (last 3 years)				
	Date of Hire	#Violations	# Accidents	Details (Accidents are considered at fault unless report showing not at fault is submitted)
1				
2				
3				
4				
5				

Insurance History and Loss Experience					Years Prior Insurance Under Business Name: _____				
Has any insurance company canceled or nonrenewed your policy in the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain in Comments section below.					Type: P = Physical Damage C = Cargo L = Primary Liability N = Non Truck Liab				
From	To	Ins. Co	Type	Pol #	# Units Insured	Any Losses	# Losses	Amount	Driver Involved

Schedule of Autos to be Insured			All units you own or are leased to you must be scheduled and insured if filings are to be made.						
Type: TR = Tractor TK = Truck TL = Trailer V = Van			Trailers: D = Dump F = Flat Bed R = Reefer CC = Car Carrier DV = Dry Van T = Tanker						
Model YR	Trade Name	Type	Trailer Type	Vin	GVW/G CQW	Stated Value	Max Radius	Owner's Name	

Coverages and Limits	Auto Liability: CSL \$	<input type="checkbox"/> Non-Owned Auto: # of Employees: <input type="checkbox"/> Hired Auto Cost of Hire: If Any Basis <input type="checkbox"/>
<input type="checkbox"/> Med Pay: \$	UM/UIM Limits: \$	
<input type="checkbox"/> Physical Damage Deductible: \$	PIP Coverage Limit: \$	
<input type="checkbox"/> Motor Truck Cargo \$ Deductible \$	<input type="checkbox"/> General Liability <input type="checkbox"/> Trailer Interchange: # Executive officers	

Comments:	Phone:
Employees: / Payroll: / Gross Sales: / FEIN #: / W.C. Carrier:	