## COM

DOT#:

FEIN#: Phone: Email: Years in Business:

COMMERCIAL AUTO APPLICATION	THE PLICINSKI A G E N C Y
Company Info:	
Business Name:	Operations:
Requested	Current Insurance:
Effective Date:	Max Radius:
ICC MC#:	

	Mailing Address:	
Street:		
City:		
State:		
Zip:		

	Garaging Address:
Street:	
City:	
State:	
Zip:	

Opera	ntions:
Current Insurance:	
Max Radius:	

Check if You Need Cargo Coverage |

Cargo Limit:	

Check for Reefer Breakdown Coverage |

Check if You Need Trailer-Interchange |

Trailer-Interchange Amount:	
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(	Commodities:
Commodity 1:	
Commodity 2:	
Commodity 3:	
Commodity 4:	
Commodity 5:	

Any Claims in The Past 3 Years? | Yes No Explain:

	Drive	ers:	
Driver - First Name - Last Name	Date of Birth	License Number	License State

Vehicles:			
Year	<u>Make</u>	<u>VIN#</u>	<u>Value</u>