

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 <input type="checkbox"/> Med Pay: \$ <input type="checkbox"/> Physical Damage Deductible: \$ <input type="checkbox"/> Motor Truck Cargo \$ Deductible \$	Auto Liability: CSL \$ UM/UIM Limits: \$ PIP Coverage Limit: \$ <input type="checkbox"/> General Liability # Executive officers	<input type="checkbox"/> Non-Owned Auto: # of Employees: <input type="checkbox"/> Hired Auto Cost of Hire: If Any Basis <input type="checkbox"/>
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Comments:	Phone:
Employees: / Payroll: / Gross Sales: / FEIN #: / W.C. Carrier:	