

ATTENTION: _____

Agency Information

Agency Name _____ City _____ State _____
 Contact Name _____ Phone _____ E-mail _____

Insured Information

Insured Name _____ Garaging Address _____ City _____ State _____ Zip _____ Phone _____ DOT # _____ Desired Effective Date _____ How many years of primary liability coverage under above name? _____ Owner's Name _____ If Non-Trucking Liability, name of company leased to & DOT # _____ Business Start Date _____	1. Annual Mileage _____ Annual Revenue _____ 2. Filings needed? Yes No (If yes, MC # _____) 3. Is there any related broker authority? Yes No (MC # _____) 4. Commodities Hauled _____ 5. States Entered _____ 6. Major Cities _____ 7. Has risk been cancelled or non-renewed in last 3 years? Yes No 8. Is risk covered by workers compensation? Yes No 9. How many years has insured owned commercial equipment? _____ 10. FEIN or SSN # _____ 11. Do you pull: Doubles Triples Both Neither 12. Do you allow non-employee passengers? Yes No
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Driver Information

Driver Name	Date of Birth	License Number	State	Date Hired	# Years Commercial Driving	Last 3 Years # of	
						Mov. Violations	Accidents

Vehicle Information

Year	Make	Trailer Type	GVW	Stated Value	VIN #	Radius (Miles)

Loss Information (Previous career & loss information - must show current year and previous 2 years. If previously leased to another company, list that company.)

Policy Dates	Company Name or Previous Lessee Name	Policy Numbers	Premium Amount	# of Claims	Total Paid & Reserved

Coverage & Limits

Liability	
Primary Liability	Non-Trucking Liability
Auto Liability	Limit \$ _____
UM/ UIM	Limit \$ _____
Personal Injury Protection	Limit \$ _____
Medical Payments	Limit \$ _____
General Liability	Limit \$ _____
Hired Auto	Limit \$ _____
Trailer Interchange	Limit \$ _____
Other (_____)	Limit \$ _____

Physical Damage			
Specified causes of loss & collision		Collision	\$ _____
Comprehensive & collision		Other than Collision	\$ _____
Cargo			
Commodities	% of Total Revenue	Value per Truck Load	
		Maximum	Average
Broadform Cargo	Cargo Limit _____		
Refrigeration Malfunction	Cargo Deductible(s) _____		
Expanded Refrigeration	Reefer Deductible(s) _____		