

ATTENTION: _____

AGENCY INFORMATION

Agency _____ City _____ State _____ Licensed producer _____
Contact name _____ Phone _____ Email _____

INSURED INFORMATION

Insured name _____ Email _____ FEIN or SSN _____
DOT # _____ Phone _____ Desired effective date _____ Business start date _____
Garaging address _____ City _____ State _____ Zip _____
How many years of primary liability coverage under above name? _____ Owner's name _____
If non-trucking liability, name of company leased to & DOT # _____

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 canceled or non-renewed in last 3 years?
 Yes No
8. Is risk covered by workers compensation? Yes No
9. Years insured has owned commercial equipment? _____
10. Do you pull: Doubles Triples Both Neither
11. Do you allow non-employee passengers? Yes No
12. Number of vehicles with electronic logging device or telematics service provider _____
If applicable, what provider? _____

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)

CARRIER & 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

HISTORICAL UNIT COUNT

Prior year (0-12 months ago) _____ 3rd prior year (25-36 months ago) _____
2nd prior year (13-24 months ago) _____ 4th prior year (37-48 months ago) _____

LIABILITY LIMITS

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 COVERAGE

Specified causes of loss & collision Collision \$ _____
 Comprehensive & collision Other than collision \$ _____

CARGO COVERAGE

Commodities	% of total revenue	Value per truck load	
		Maximum	Average

Broadform cargo → Cargo limit
Refrigeration malfunction → Cargo deductible(s)
Expanded refrigeration → Reefer deductible(s)



Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

Arkansas: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Louisiana: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Tennessee: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Vermont: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Virginia: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Washington: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

All other states: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signature

Date