

TRUCKING INSURANCE APPLICATION

Business Name: _____ Contact Name: _____

Address: _____
Street City State Zip

Phone: _____ Fax: _____ E-Mail: _____

Years In Business: _____ MC#: _____

DOT#: _____ FED ID #: _____ ELD Company: _____

Present Agent: _____ Present Carrier: _____ Renewal Date: _____

Losses (Past 3 Years): _____

Commodities: _____

Radius & Main Routes: _____

Filings: _____

Leased To: _____ Broker Loads? (Y/N) _____

VEHICLES

Year	Make / Model	Serial Number	Value

Additional space available on next page

DRIVERS

Name	D.O.B.	DL# & State	SS #	Yrs. Exp.	Date of Hire

Additional space available on next page

COVERAGES

Liability Limits: _____ Primary/Boatail: _____

Physical Damage (Y/N): _____ Deductible: _____

Cargo: _____ Deductible: _____

Hired Auto: _____ Non-Owned Trailer: _____

General Liability: _____

***Reminder: Please provide the last 5 years of loss history and 4 quarters of IFTAs.**

TRUCKING INSURANCE APPLICATION - SUPPLEMENT

Complete for each additional vehicle and driver

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