



Agency Name _____ Contact Name _____

1. Named Insured Information

Named Insured _____ Effective Date _____ DOT # _____
Street Address _____ MC # _____
City _____ State _____ Zip _____ County _____
Insured's Operations _____ For-profit business? Yes [] No []
Business Entity: Individual [] LLC [] Corp [] Other [] Do you haul for hire? Yes [] No []
Cargo Hauled _____ Describe Any HazMat Hauled _____
Do you operate in more than one state? Yes [] No [] Largest Cities Entered _____
Filings required: No [] Single State [] Multi-State [] ICC [] Do you haul double trailers? Yes [] No []

2. Coverage Information

Primary Liability [] Non-Trucking Liability []
Auto Liability Limit _____
Medical Payments Limit _____
PIP Limit _____
UM/UIM Limit _____
CARGO COVERAGE
Limit _____ Deductible _____
Commodities _____
% Of each commodity _____
PHYSICAL DAMAGE
Comprehensive _____ Collision _____
Specified Causes of Loss _____ Deductible _____

3. Driver Information

Table with 5 columns: Name, DOB, # Yrs. CDL, Hire Date, Moving Violations/Acc. - Last 3 Yrs.

* IF MORE SPACE IS NEEDED PLEASE ATTACH LIST

4. Vehicle Information

Table with 7 columns: Body Type, Year, Make, Current Value, Radius, GVW, Complete VIN #

* IF MORE SPACE IS NEEDED PLEASE ATTACH LIST

5. Loss Experience – Provide prior insurance carriers information for past full three years.

Table with 10 columns: Policy Term (From, To), Insurance Company Name, No. of Motor Powered Vehicles, No. of Accidents, Premium (Liab, Phys Dam), Total Amount Claims Paid & Reserves (BI, PD, Comp/Coll, Other)

6. Prior Class Information _____ # of years in business with coverage _____

7. Specialty Class Information

Limousines: Are the limousines stretched? Yes [] No [] If so, length stretched _____
Tow Trucks: Are towing vehicles associated with a [] service station [] repair shop [] full-time towing business
Equipped with tilt bed? Yes [] No [] Repossess autos? Yes [] No [] If so, what % of time? _____
All Public: Is transportation of people your primary business? Yes [] No []
Are you transporting physically disable persons? Yes [] No [] If so, what % of time? _____
Contingent: Equipment is under permanent/long-term lease to _____ What % of time? _____