

Agency Name \_\_\_\_\_ Contact Name \_\_\_\_\_

**1. Named Insured Information**

 Named Insured \_\_\_\_\_ Effective Date \_\_\_\_\_  
 Street Address \_\_\_\_\_ Corporation? Yes  No   
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
 Insured's Operations \_\_\_\_\_ For-profit business? Yes  No   
 Is the transportation of people your primary business? Yes  No  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   
 USDOT # \_\_\_\_\_ MC# \_\_\_\_\_

**2. Coverage Information**

Primary Liability <input type="checkbox"/>	Non-Trucking Liability <input type="checkbox"/>	<b>CARGO COVERAGE</b>
Auto Liability Limit _____		Limit _____ Deductible _____
Medical Payments Limit _____		Commodities _____
PIP Limit _____		% Of each commodity _____
UM/UIM Limit _____		<b>PHYSICAL DAMAGE</b>
		Comprehensive _____ Collision _____
		Specified Causes of Loss _____ Deductible _____

**3. Driver Information**

Name	DOB	# Yrs. Exp.	License Class	Moving Violations/Acc. - Last 3 Yrs.

**4. Vehicle Information**

VIN Number	Year	Make	Current Value	Radius	GVW	Body Type

**5. Prior Carrier Information** \_\_\_\_\_ # of years in business with coverage \_\_\_\_\_

**6. 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:** Are you transporting physically disable persons? Yes  No  If so, what % of time? \_\_\_\_\_  
 How many vans are wheel chair equipped? \_\_\_\_\_

Non Trucking Equipment is under permanent/long-term lease to \_\_\_\_\_ What % of time? \_\_\_\_\_