



TRUCK APPLICATION
1-35 Power units

Entire Application Must Be Completed

Today's Date: _____ Proposed Effective Dates: FROM: _____ TO: _____

INSURED'S INFORMATION

Individual Corporation Partnership LLC Other: _____

Name _____

Mailing Address _____

City	State	ZIP Code	Business Phone
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E-Mail Address _____

Garaging Address (if different) _____

City	State	ZIP Code	
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Tax ID: Federal ID # or SS #	U.S. DOT #	MC #	State Filing #	# of Yrs -Trucking Exp
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OWNER/PRINCIPAL

of Yrs w/ FHWA authority

Owner Name (First, Middle, Last) _____

Home Address _____ Business Phone _____

City _____ State _____ ZIP Code _____

LOSS HISTORY: Any losses in the past 5 years: **Yes** **No** (Please provide all loss runs)

Are IFTA's Included: **Yes** **No** (Must include last 4 Quarters)

DESCRIPTION OF OPERATIONS

Type of Operation: For Hire Common Contract Private
Other: _____

MOTOR TRUCK CARGO

Commodity	% of loads	Avg. Value	Max. Value	Commodity	% of loads	Avg. Value	Max. Value

RADIUS - (one-way)

Interstate Intrastate

Operations Less than 300 Mile Radius - List City Destinations Below

Operations Beyond 300 Mile Radius - Identify Metropolitan Areas Traveled Through or Into

- | | | | | | |
|---|---|---------------------------------------|---|---------------------------------------|---|
| <input type="checkbox"/> Atlanta | <input type="checkbox"/> Cleveland | <input type="checkbox"/> Jacksonville | <input type="checkbox"/> Milwaukee | <input type="checkbox"/> Orlando | <input type="checkbox"/> Salt Lake City |
| <input type="checkbox"/> Balt.-Washington | <input type="checkbox"/> Dallas/Ft. Worth | <input type="checkbox"/> Kansas City | <input type="checkbox"/> Mpls./St. Paul | <input type="checkbox"/> Philadelphia | <input type="checkbox"/> San Diego |
| <input type="checkbox"/> Boston | <input type="checkbox"/> Denver | <input type="checkbox"/> Little Rock | <input type="checkbox"/> Nashville | <input type="checkbox"/> Phoenix | <input type="checkbox"/> San Francisco |
| <input type="checkbox"/> Buffalo | <input type="checkbox"/> Detroit | <input type="checkbox"/> Los Angeles | <input type="checkbox"/> New Orleans | <input type="checkbox"/> Pittsburgh | <input type="checkbox"/> Seattle |
| <input type="checkbox"/> Charlotte | <input type="checkbox"/> Hartford | <input type="checkbox"/> Louisville | <input type="checkbox"/> New York City | <input type="checkbox"/> Portland | <input type="checkbox"/> Tampa |
| <input type="checkbox"/> Chicago | <input type="checkbox"/> Houston | <input type="checkbox"/> Memphis | <input type="checkbox"/> Oklahoma City | <input type="checkbox"/> Richmond | <input type="checkbox"/> Tulsa |
| <input type="checkbox"/> Cincinnati | <input type="checkbox"/> Indianapolis | <input type="checkbox"/> Miami | <input type="checkbox"/> Omaha | <input type="checkbox"/> St. Louis | <input type="checkbox"/> _____ |

Cities other than above or regular routes: _____

Percent of Loads: 0 - 100 Miles _____ 101 - 300 Miles _____ 301 Miles + _____

Longest Trip One Way: _____ Miles

DRIVER INFORMATION - (if more than 4 drivers, please put on an excel spreadsheet)

Must be Completed for All Drivers

Driver Name (Last, First, Middle)	Date of Birth	License Number	State	# Yrs. Driving Similar Equip.	Date of Hire

DRIVER VIOLATION HISTORY - Past 3 Years

Driver Name (Last, First, Middle)	Violations/Convictions			Date of Most Recent Moving Violation/Conviction	# Accidents
	# Minor Speeds	# Minor Other Than Speeds	# Majors		

HISTORICAL DATA**REVENUE, MILEAGE, POWER UNITS, & POLICY PREMIUMS**

YRS POLICY TERMS Annual Mileage Est. Revenue # of Power Units Policy Premiums

Current Policy Year

1st Prior Policy Year

2nd Prior Policy Year

3rd Prior Policy Year

4th Prior Policy Year

Target Premium**Upcoming Year Projections******Target premium is important, so I will be able to tell if we'll be competitive and most importantly to avoid wasting your time, as your time is valuable******Vehicle Information (if more than 3 units - please put on an excel spreadsheet)**

Year Make Model Body Type Vehicle Identification Number Stated Value

COVERAGES

AUTO LIABILITY Limits: _____ CSL

NON-OWNED LIABILITY Number of Employees _____

HIRED AUTO LIABILITY Cost of Hire _____

MEDICAL PAYMENTS Limits _____

GENERAL LIABILITY

MECHANICAL BREAKDOWN (Only available if physical damage is covered - \$100 additional per power unit)

TRAILER INTERCHANGE *Provide a Copy of Agreement*

of Power Units Under Agreement: _____ Maximum Trailer Value: _____

Trailer Days per Power Unit: _____

PHYSICAL DAMAGE DEDUCTIBLES

Comprehensive _____ OR Specified Causes of Loss _____

Collision _____

CARGO Limit _____ Deductible _____

UNINSURED / UNDERINSURED MOTORISTS AND NO-FAULT OPTIONS

UNINSURED MOTORIST _____

UNDERINSURED MOTORIST _____

PERSONAL INJURY PROTECTION _____

Brief explanation for losses:

Additional Information:

Producer's Name:

Agency Name:

Contact Number: