

**Insured's Information**

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

**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	DL # /Moving Violations/Acc. - Last 3 Yrs.

**4. Vehicle Information**

Body Type	Year	Make/Model	Current Value	Radius	Seating Capacity/ GVW	VIN

**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? \_\_\_\_\_