

TRUCKING APPLICATION

AGENCY INFORMATION

Agency Name: _____

Application Date: _____

Producer: _____

Effective Date: _____

INSURED INFORMATION

Insured Name: _____

Mailing Address: _____

Address: _____

City: _____

City: _____

State: _____

State: _____

Phone Number: _____

Phone Number: _____

Yrs. In Business: _____

Filings: Yes No

Owner's Name: _____

Email: _____

FEIN#: _____

Plans to Expand: _____

USDOT#: _____

How Much?: _____

MC#: _____

TYPE OF OPERATIONS

Equipment:	Dry Van	Reefer	Intermodal
	Flatbed	CarHauler	Doubles/Triples
	Hazmat:	Other: _____	

Operating Radiuses (please enter percentages):

Local Radius: Up to 50 Miles _____ Intermediate: 51-200 Miles _____ Long Haul: over 201 Miles _____

LOSS HISTORY

POLICY TERM	INSURANCE COMPANY	LOSSES	DETAILS	DRIVER INVOLVED
		Yes No		
		Yes No		
		Yes No		
		Yes No		
		Yes No		

Please explain any CANCELLATIONS/NONRENEWAL in the past 3 years:

TRUCKING APPLICATION (CONTINUED)

DRIVER INFORMATION

DRIVER NAME	DOB	LICENSE #	STATE	YEARS OF EXPERIENCE	DATE HIRED	ACCIDENTS

VEHICLE INFORMATION

TYPE	YEAR	MAKE	VEHICLE VIN	GVW	VALUE	RADIUS

COMMODITIES

COMMODITIES TRANSPORTED	% OF TOTAL	AVG. VALUE PER LOAD	AVG. MAX. VALUE

COVERAGE AND LIMITS

AUTO LIABILITY	
Primary Liability	
Non-Trucking	
AUTO LIABILITY LIMITS	
UM/UIM	
PIP Coverage	
Med Pay	
Non-Owned	
GL Coverage	
Other	

COVERAGE AND LIMITS

MOTORTRUCK CARGO	
Maximum Cargo Limit	
Cargo Deductible	
Reefer Breakdown Deductible	
Trailer Interchange	
Limit Needed	

PHYSICAL DAMAGE

COVERAGE	DEDUCTIBLE
Specified Perils	
Comprehensive	
Collision	

SIGNATURE _____ **DATE** _____