

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** _____