

Trucking Application

		AGENT NAME	EMAIL	SOURCE	DATE
Insured Name			Company Name (DBA)		Bus Type
Operations			Telephone	Fax Number	Contact Person
DOT	MC	CA	SSN / FEIN	Email Address	
Mailing Address:		Physical Address:		Garaging Address:	

Radius	< 50	51 - 100	201-300	301-500	501-1500	1500 +	Total	Average	Maximum
							100%		
CITIES Entered to:					STATES Entered to:				

COMMODITIES HAULED									100%

SCHEDULE OF DRIVERS										
	NAME	DOB	LICENSE	State	Class	Exp	Hired	# Minors	# Majors	# Acc
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

SCHEDULE OF TRUCKS										
	Year	Make	Model	TYPE	VIN	Value	Deductible	G. V. W.	Purchased	
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										

Prior Insurance History	Effective	Expiration	Policy Number	Premium	AL Losses	PD Losses	MC Losses	Mileage	# Units

ADDITIONAL INFORMATION			

REQUESTED LIMITS			
AUTO LIABILITY - CSL	Liability Deductible	Uninsured Motorist - BI	Medical Payments
Motor Truck Cargo	MTC - Deductible	Reefer Breakdown	RB - Deductible
Physical Damage - Truck(s)	Physical Damage - Trailer(s)	General Liability	Annual Payroll
Hired Auto Liability	Cost of Hire	Non-Owned Auto - Liability	No of Employees
			N/A