

Use space on the last page or attach an extra sheet if there is insufficient space for answers

COVERAGES \$500K NTL \$1M NTL \$1.5M NTL \$500K UL \$1M UL Physical Damage

OPTIONS Additional Equipment Downtime Vehicle Replacement Personal Effects
 Tarps, Chains & Binders Truckers' Package Additional Towing: \$2,500 \$5,000 \$10,000

Name of Applicant: _____ Effective Date: _____

Email Address: _____ Phone Number: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Garaging Address: _____ City: _____ State: _____ Zip: _____

DOT #: _____ Years in Business: _____

Name of Owner: _____ DOB: _____ Gender*: M F

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Is the owner also a driver? Yes No

1. Has your PD, NTL, or UL insurance been cancelled or non-renewed, for any reason, in the past 3 years? Yes No

DATE	INSURANCE CARRIER	REASON FOR NOTICE OF CANCEL / NON-RENEWAL

2. What Authorized Regulated Motor Carrier are you permanently leased to?

Name of Carrier: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Do lease to other companies? Yes No If yes, please explain: _____

2. Radius of Operation: 0-50 miles _____% 51-300 miles _____% 301+ miles _____%

3. Cargo Carried: _____

4. Please provide driver details. Current MVRs are required for all drivers, including the owner.

FIRST LAST NAME	DOB	GENDER*	LICENSE #	STATE	YOE**
		<input type="checkbox"/> M <input type="checkbox"/> F			
		<input type="checkbox"/> M <input type="checkbox"/> F			
		<input type="checkbox"/> M <input type="checkbox"/> F			
		<input type="checkbox"/> M <input type="checkbox"/> F			
		<input type="checkbox"/> M <input type="checkbox"/> F			
		<input type="checkbox"/> M <input type="checkbox"/> F			

*Gender is required for our National Driver's Association Driver Program

**YOE – Years of Commercial Driving Experience

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5. Please provide any violations / accidents within the last 3 years.

FIRST LAST NAME	DATE	VIOLATION / ACCIDENT DETAILS

6. Please provide vehicle details, including any / all trailers.

YEAR	MAKE	TYPE	GVW	VIN	VALUE
					\$
					\$
					\$
					\$
					\$
					\$
					\$

7. Do you require Trailer Interchange? Yes No Number of Trailers _____ Limit Required \$ _____

Number of trailers must be equal to number of power units listed on the vehicle schedule. Written trailer interchange agreement must be in place & a copy provided for our file.

8. Do any of the vehicles or trailers listed above have any prior damage? Yes No

If yes, please specify vehicle/trailer and describe damage: _____

9. Please provide prior carrier information.

CARRIER	EFFECTIVE DATE	EXPIRATION DATE	POLICY #	PREMIUM
				\$
				\$
				\$

10. Please provide loss experience, whether insured or not, for the past 3 years.

YEAR	PAID	OUTSTANDING	DETAILS
	\$	\$	
	\$	\$	
	\$	\$	

11. Please provide lien holder information.

NAME	ADDRESS	CITY	STATE	ZIP

TRUCK INSURANCE APPLICATION SUPPLEMENT

By signing this application, you agree that the facts stated in the application are correct and accurate. Should we issue a policy, this application shall be the basis of the contract between you and us, and shall be void if you have concealed or misrepresented any material fact or circumstance concerning this insurance or the subject thereof or in any case of fraud, attempted fraud swearing by you touching upon any matter relating to this insurance or the subject thereof, whether before or after an accident or loss.

APPLICANT'S SIGNATURE: _____ DATE: _____

BROKER INFORMATION

Agent's Signature: _____ Date: _____

Agency: _____ Agency Contact: _____

Email Address: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____