



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

### 1. Named Insured Information

Named Insured \_\_\_\_\_ Effective Date \_\_\_\_\_ DOT # \_\_\_\_\_  
 Street Address \_\_\_\_\_ MC # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
 Insured's Operations \_\_\_\_\_ For-profit business? Yes  No   
 Business Entity: Individual  LLC  Corp  Other  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

### 2. Coverage Information

Primary Liability <input type="checkbox"/> Non-Trucking Liability <input type="checkbox"/> Auto Liability Limit _____ Medical Payments Limit _____ PIP Limit _____ UM/UIM Limit _____	<div style="text-align: center;"><b>CARGO COVERAGE</b></div> Limit _____ Deductible _____ Commodities _____ % Of each commodity _____ <hr/> <div style="text-align: center;"><b>PHYSICAL DAMAGE</b></div> Comprehensive _____ Collision _____ Specified Causes of Loss _____ Deductible _____
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### 3. Driver Information

Name	DOB	# Yrs. CDL	Hire Date	Moving Violations/Acc. - Last 3 Yrs.

\* IF MORE SPACE IS NEEDED PLEASE ATTACH LIST

### 4. Vehicle Information

Body Type	Year	Make	Current Value	Radius	GVW	Complete VIN #

\* IF MORE SPACE IS NEEDED PLEASE ATTACH LIST

### 5. Loss Experience – Provide prior insurance carriers information for past full three years.

Policy Term		Insurance Company Name	No. of Motor Powered Vehicles	No. of Accidents	Premium		Total Amount Claims Paid & Reserves			
From	To				Liab	Phys Dam	BI	PD	Comp/Coll	Other

6. Prior Class Information \_\_\_\_\_ # of years in business with coverage \_\_\_\_\_

### 7. 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:** Is transportation of people your primary business? Yes  No   
 Are you transporting physically disable persons? Yes  No  If so, what % of time? \_\_\_\_\_

**Contingent:** Equipment is under permanent/long-term lease to \_\_\_\_\_ What % of time? \_\_\_\_\_