DOT # (N/A if not applicable):

# of Years Under This DOT #? (N/A if not applicable):

Has DOT # Changed in Last 60 days? (N/A if not applicable): Yes/No

Company Name:

DBA:

Business Structure: Sole-Prop/LLC/Corporation/Partnership/Non-Profit

Industry (towing/hotshot/trucker/janitorial/landscaping/etc):

Best Phone Number:

Best Email Address:

Owner 1 First and Last Name:

Owner 1 Date of Birth:

Owner 1 Residence Street:

Owner 1 Residence City, State, Postal Code:

Owner 2 First and Last Name (if applicable):

Owner 2 Date of Birth (if applicable):

Owner 2 Residence Street (if applicable):

Owner 2 Residence City, State, Postal Code (if applicable):

Owner 3 First and Last Name (if applicable):

Owner 3 Date of Birth (if applicable):

Owner 3 Residence Street (if applicable):

Owner 3 Residence City, State, Postal Code (if applicable):

Best Phone Number:

Best Email Address:

Years in Business:

Garaging Street:

Garaging City, State, Postal Code:

# of Power Only Units:

# of Flatbeds:

# of Auto Haulers:

# of Truck/Trailers:

# of Animal Haulers:

# of Box Trucks:

# of Pickups:

# of Cargo Vans:

# of Other:

Hazmat?: Yes/No

Intrastate/Interstate?:

# of Years Driving Similar Units?:

Tractor/Trailer Age?:

# of Cancellations over Past Year?:

Doubles/Triples?: Yes/No, (if Yes, Which?)

Hitch Type (ball at bumper/5th wheel/tow boom/ball in bed/none):

Currently Insured?: Yes/No

Insure with Progressive?: Yes/No (if Yes, Since When?)

Had Continuous Coverage? (declaration pages needed to bind): Yes/No

Desired Effective Date:

Personal Injury Protection Desired? (or Medpay, if PIP not offered): Yes/No

Uninsured/Underinsured Motorist Coverage Desired?: Yes/No

Rental Reimbursement Desired?: Yes/No

Roadside Assistance Desired?: Yes/No

Hired Auto Liability Desired? (if offered): Yes/No

How many Autos rented/hired/borrowed in Last Year? (put “0” if 0):

Motor Truck Cargo Coverage Desired?: Yes/No

How much Motor Truck Cargo Limit Desired: 5k/10k/25k/50k/75k/100k/150k/200k/250k

Desired Motor Truck Cargo Deductible?: $1,000/$2,500

Trailer Interchange Coverage Desired?: Yes/No

Trailer Interchange Limit Desired?: 15k/20k/30k/40k/60k/70k/80k

Trailer Interchange Deductible Desired?: $1,000/$2,500

Truckers General Liability Desired?: Yes/No

Truckers General Liability Limit Desired: $1M/$1M or $1M/$2M

Non-Owned Trailer Coverage Desired?: Yes/No

# of Non-Owned Trailers (if applicable):

Type of Non-Owned Trailer(s) (if applicable): Dry Freight/Flatbed/Refrigerated Dry Freight/Gooseneck

Non-Owned Trailer Limit Desired (if applicable): 15k/20k/30k/40k/60k/70k/80k

Non-Owned Trailer Deductible Desired (if applicable): $1,000/$2,500

Type(s) of Freight Hauled?:

Please include a brief description of operations:

# of Claims in Last 3 Years with Greater Than $0 Payout?:

Do you have 2 years of Loss Runs?: Yes/No

3 Years?: Yes/No

Is a Blanket Additional Insured Endorsement Needed by Contract?: Yes/No

Is a Blanket Waiver of Subrogation Endorsement Needed by Contract?: Yes/No

Federal filings required?: Yes/No

State filings required?: Yes/No

State MC (if applicable):

Currently Using ELD?: Yes/No

If Yes, which system:

VIN(s):

Year(s), Make(s), Model(s):

Farthest One-Way Distance Traveled 90% of the time (in miles): 50/100/200/300/500/500+

Value(s) of Vehicle(s):

Comp/Collision Deductibles?: $1,000/$2,500/None

Insuring a Trailer?: Yes/No

Type(s) of Trailer(s) Insuring?: Dry Freight/Flatbed/Refrigerated Dry Freight/Gooseneck

VIN(s):

Year(s), Make(s):

Farthest One-Way Distance this Trailer Travels for Work?: 50/100/200/300/500/500+

Value(s) of Trailer(s):

Comp/Collision Deductibles: $1,000/$2,500/None

Driver 1 First Name:

Driver 1 Last Name:

Driver 1 Date of Birth:

Driver 1 Driver License # and State:

Driver 1 # of Years CDL Experience?:

Driver 1 Date of Hire:

Driver 2 First Name (if applicable):

Driver 2 Last Name (if applicable):

Driver 2 Date of Birth (if applicable):

Driver 2 Driver License # and State (if applicable):

Driver 2 # of Years CDL Experience? (if applicable):

Driver 2 Date of Hire (if applicable):

Driver 3 First Name (if applicable):

Driver 3 Last Name (if applicable):

Driver 3 Date of Birth (if applicable):

Driver 3 Driver License # and State (if applicable):

Driver 3 # of Years CDL Experience? (if applicable):

Driver 3 Date of Hire (if applicable):