

DATE:		DESIRED EFFECTIVE DATE:	
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INSURED INFORMATION

Insured Name				Us Dot#	
Garaging Address:				MC#	
City:		State:		Zip:	
# Of Units Owned		# Of Years In The Business			
Description Of Operation:					
Brokerage:	Yes	No	Average Miles Driven:	States Entered:	
Major Cities:				Owner Name:	
Have you ever been canceled or non-renewed in the last three years?					
Do you allow non-employee passengers?	Yes	No	# Years Primary Liability Coverage Under Above Name:		
Is Physical Damage Quote Requested? <i>If yes, please indicate stated amount per unit below.</i>				Yes	No

DRIVER INFORMATION

Driver Name	DOB	License Number	State	Date Hired	# Yrs. Comm'l Driving	Last 3 Yrs. Moving Violations	Last 3 Yrs. Accidents

Enter additional driver info on page 2

LOSS HISTORY | Hard Copy Loss Runs Are Required

Policy Year & Carrier	Loss Information	Coverage & Deductible	Premium

EQUIPMENT INFORMATION

Year	Make	Type	GVW	Stated Value	Physical Damage Deductible	VIN

Enter additional equipment info on page 2

LIABILITY

Liability Limit	
Uninsured Motorist Limit	
Underinsured Motorist Limit	
Medical Payments	
Personal Injury Protection	
Trailer Interchange	

CARGO

Cargo Limit			
Reefer Breakdown:	Yes	No	
Cargo Deductible:			
Commodity Transported	% of Loads	Maximum	Average
GL			
Hired Auto			
Non-Owned			

