

How soon would you like
to hear back from us?

How did you hear about us?

Date:
Time:

Business Insurance

Sole Proprietor/LLC/Partnership/Corp/ Non Profit Association/Estate/Gov/Joint Venture/Legal Rep/Organization/Trust/Trustee

Business Name _____ Date Business Started _____

DBA _____

Primary Contact Legal Name _____

Phone _____

Mailing Address _____

Business Loc Address _____

DOB _____ DL# _____ SocialSec#/FEIN# _____

Email _____ WebSite _____

Have you had a bankruptcy or been convicted of a felony within the past 10 years? _____

Commercial General Liability

Description of Each Business Operation _____

How many years of ownership/management experience do you have in a similar business operation? (Or Experience in General)

Projected Gross Sales _____ Sub-Contractor Gross _____ Annual Payroll _____

Employees FT _____ PT _____ Yr of Building _____ Building Sq Ft _____ Business occupies SqFt _____

Do you have Prior Insurance? _____

Have you had any claims on any commercial policy? _____

Business Personal Property

Stationary BPP left in building \$ _____ and/or Mobile Tools and Equipment amount \$ _____

List Tools and Equipment over \$2,000 _____

Building Coverage

Purchase Price of Building _____ Year Built _____ Building SqFt _____ Business Occupies SqFt _____

Building constructed of? Frame _____ Joist Masonry _____ Steel _____ Detached Structure? _____

When was the last C or P updates to the building? Wiring _____ Plumbing _____ Heating _____ Roofing _____ Exterior _____

Heat Natural Gas Electric Propane Base Board Cieling Wall Unit _____ Central Cooling? _____

Roof Asphalt Metal Wood Tar Rubber Membrain Gravel T-Lock _____

Any mantaince issues building? Peeling paint Clutter Missing shingles Trees Touching or Over Hanging House? _____

Mortgagee _____ Additional Insured _____

Commercial Auto

Operators:	DOB	DL#	Married	CDL
#1				
#2				
#3				
#4				
#5				
#6				
#7				

Year/Make/Model/Sub-Model/Vin #/Value/

#1	Full/Liability
Financed/Leased _____ Reg Owner _____ Furthest Miles One Way _____	
#2	Full/Liability
Financed/Leased _____ Reg Owner _____ Furthest Miles One Way _____	
#3	Full/Liability
Financed/Leased _____ Reg Owner _____ Furthest Miles One Way _____	
#4	Full/Liability
Financed/Leased _____ Reg Owner _____ Furthest Miles One Way _____	
#5	Full/Liability
Financed/Leased _____ Reg Owner _____ Furthest Miles One Way _____	
#6	Full/Liability
Financed/Leased _____ Reg Owner _____ Furthest Miles One Way _____	
#7	Full/Liability
Financed/Leased _____ Reg Owner _____ Furthest Miles One Way _____	

Operator:	Moving Violations Last 3yrs	At Fault or Not At Fault	Accidents last 5yrs	Windshield Claims	SR22
#1					
#2					
#3					
#4					
#5					
#6					
#7					

Regarding your auto insurance coverage is “ _____ ” important to you?

Wind Shield Replacement	Yes	No	Maybe	Road Side Assistance	Yes	No	Maybe
Rental Car Reimbursement	Yes	No	Maybe	Price or coverage more imp.	Price	Cov	Both

Prior Ins. Comp.? _____ Time With Company? _____ Current Pmts? _____

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Date Coverage Desired:		Commercial Trucking									
Insured						Producer					
Name:						Agency:					
DBA:						Agent:					
Mailing address:						Phone:					
Garaging Address:						Are you the Incumbent Producer?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Operation Information											
1. All Destination Cities:				3. Actual Gross Revenue past yr:				Projected:			
				4. Past Yr Milage:				Projected Milage:			
				5. FMCSA/ICC #:				DOT#:			
				6. Years Insured under this name?							
2. Major cities traveled through				7. Cancelled or Non-renewed in the past 3 yrs?:		<input type="checkbox"/> Yes		<input type="checkbox"/> No			
				8. Doubles?		<input type="checkbox"/> Yes		<input type="checkbox"/> No		Triples? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				9. Hazardous Materials?		<input type="checkbox"/> Yes		<input type="checkbox"/> No			
				10. Sand & Gravel?		<input type="checkbox"/> Yes		<input type="checkbox"/> No		Dump? <input type="checkbox"/> Yes <input type="checkbox"/> No	
PLEASE ATTACHED PAST 4 QUARTERS OF IFTA MILEAGE REPORT											
Do you operate primarily on fixed routes to regular destinations? <input type="checkbox"/> Yes <input type="checkbox"/> No % of loads through a broker											
Description of Fixed Routes Traveled (Origination and Destination cities, commodities hauled & percentage of hauls)											
Driver Information (Please attach MVR's)											
Name		License #		State		DOB		Hire Date		Yrs Exp	
										Vio 1 yr	
										Vio 3 yr	
										Accidents	
Vehicle Information											
	Year	Make		VIN		Value		Radius		Type/Use	
#1											
#2											
#3											
#4											
#5											
Number of Power Units Operated the Past Year:											
Insurance Carrier Information (past 3 years) If any losses please attach a complete loss run											
Policy Dates		Company		Policy #		Premium		# of Claims			
to											
to											
to											
Coverage & Limits											
Liability		<input type="checkbox"/> Primary <input type="checkbox"/> Non-Trucking		Cargo		No					
Auto Liability Limit				Limit:				Reefer Breakdown: <input type="checkbox"/>			
Uninsured Motorist				Ded:				Percent of		Value Per Load	
Underinsured Motorist				Commodities		Revenue		Average		Maximum	
Pers. Injury Protection											
Medical Payment											
Hired Auto Liability											
Trailer Interchange											
Rental Reimbursement											
Physical Damage		Deductible									
<input type="checkbox"/> SP & Coll. None		Coll.:									
<input type="checkbox"/> Comp & Coll		OTC:									