



10 S 106th East Pl  
 Tulsa, OK 74128  
 Phone (501) 536-0359  
 Derek@djktruckingins.com

## COMMERCIAL AUTO APPLICATION

### GENERAL INFORMATION

Effective Date:	US DOT#:	Years in Business:	FEIN#:
Applicant Name:			
Mailing Address:			
Principal Garaging Address (If Different):			
Contact Name:			
Phone #:		E-mail:	
Entity Type:	Proprietorship	Partnership	Corporation
	LLC	Individual	Other

### OPERATIONS

Sand/Gravel	Logging	Lumber	Waste	Oil Field	Construction	Other
-------------	---------	--------	-------	-----------	--------------	-------

### COMMODITIES

Identify the principal types of cargo hauled; avoid listing "General Merchandise". Percentages should total to 100%

Description	Flammable, Explosives or Chemicals?	Percentage (Must Equal 100%)

### CURRENT AND HISTORICAL INFORMATION

Attach 3 -5 years of currently valued loss runs for all coverage being requested.

Proposed Policy Period (Estimate)	# of Power Units <i>Do Not List Trailers here</i>	Total Incurred Auto Liability Only	# of Claims Auto Liability Only	Auto Liability Insurance Carrier	Physical Damage Insurance Carrier
Current Policy Period					
Prior Policy Period 1					
Prior Policy Period 2					
Prior Policy Period 3					

### TARGET PRICING

Auto Liability Per Unit Target Price	Auto Physical Damage Target Price
--------------------------------------	-----------------------------------

### INSURANCE REQUESTED

Auto Liability	Limit	Deductible
Uninsured Motorist*	Limit	Reject
Underinsured Motorist*	Limit	Reject
Personal Injury Protection*	Limit	Reject
Physical Damage	Deductible	
Trailer Interchange	Limit	Number of Trailers
Hired Auto Liability**	Cost of Hire	Number of Days
Non-Owned Liability	Number of Employees	

\*Requested limits (or rejection of limits, where permissible) as completed here is a preliminary indication only. The selection and/or rejection of limits by state will be reflected in the applicant's completed and submitted UM/UIM Selection/Rejection Tool and PIP Selection/Rejection Tool.

\*\*Attach a copy of the insured's most recent year-end profit and loss sheet, tax statement, or other financial information.

### REQUIRED FILINGS

We must insure all vehicles owned or operated by the insured to make a filing.

Federal MC#	CA Authority#	Other State (list state & authority#)
		PA PUC#
		TX Dot#



10 S 106th East Pl  
 Tulsa, OK 74128  
 Phone (501) 536-035  
 Derek@djktruckingins.com

## COMMERCIAL AUTO APPLICATION

### EQUIPMENT INFORMATION

\*Vehicle Type = Tractor, Dump Truck (150/250), Truck, Van, Auto, Trailer – Only Vehicles Listed on the Policy are Covered. All New Vehicles must be approved by TCCI

Veh #	VIN	Year	Make	*Vehicle Type	Class	GVW
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

  

Vehicle Info Continued	Garaging Location		Registration State	Maximum Radius (Miles) 0-100; 100-300; Over 300	Longest One Way
	State	Zip Code			
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					



10 S 106th East Pl  
 Tulsa, OK 74128  
 Phone (501) 536-035  
 Derek@djctruckingins.com

## COMMERCIAL AUTO APPLICATION

### DRIVER INFORMATION

Please attach all Current MVR's – Only Drivers Listed on the Policy are covered. All New Drivers must be approved by TCCI.

Driver #	Driver Name	Date of Birth	License State	License Number	Years of Experience	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
Driver Info Continued	Date of Hire	Owner		# of Infractions	MVR Attached	
		Yes	No		Yes	No
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

