

Commercial auto application for Auto hauler risks



DBA:		Owner:	
Contact:		EIN:	
Email:		<input type="checkbox"/> Sole <input type="checkbox"/> Corp <input type="checkbox"/> LLC	CA #:
Cell:		US DOT #:	MC #:
Mailing:		Garaging:	
City & zip:		City & zip:	
Employees:	Vehicles:	Interstate	<input type="checkbox"/> No <input type="checkbox"/> Yes
Radius in miles:	1-100 miles %:	101-500 miles %:	500+ miles %:
Autos hauled	<input type="checkbox"/> Used <input type="checkbox"/> New	Used %:	New %:
Haul other than auto	<input type="checkbox"/> No <input type="checkbox"/> Yes	Other goods:	
Employee info			
Name	License #	Date of birth & FT or PT	Position & years experience
Vehicle info			
Year & maker	Body type & GVW	Stated value & VIN	
		\$	
		\$	
Commodities hauled:			
Insurance history & coverages requested			
Current carrier:		Expires:	Premium: \$
Auto liability limit	<input type="checkbox"/> \$ 1M <input type="checkbox"/> \$750,000	Motor truck cargo limit	\$
General liability	<input type="checkbox"/> No <input type="checkbox"/> Yes	Gross receipts	\$
Years w insurance:	Date:	Source:	SP code:
Narrative of operations			

The insured affirms and certifies the above is true and correct to the best of their knowledge: