

Account Application

☐ Lite \$120 LTR 24 01095 19

☐ STD \$145 LTR 24 01096 2375

☐ HD \$175 LTR 24 01097 2945

BUSINESS INFORMATION:

Legal Name: _____ ☐ Individual ☐ Corp ☐ LLC ☐ Partnership
Physical Address: _____ City: _____ State: _____ Zip: _____
Contact Person: _____ Telephone: _____ Fax: _____
Email Address: _____ MC's EIN#: _____ # Years in Business: _____
Motor Carrier ID #: _____ Motor Carrier's DOT #: _____

1. Method of Driver Compensation ☐ Mileage ☐ Revenue ☐ Trip ☐ Other: _____
2. Do you haul ☐ Haz Mat ☐ Explosives ☐ Flammable ☐ Any Radioactive Cargo
3. Do you execute a Contractor Agreement with the Motor Carrier? ☐ Yes ☐ No

DRIVER INFORMATION:

Total Number of Drivers: _____

Are all drivers over the age of 23 and under the age of 65? ☐ Yes ☐ No

Do all drivers have at least two years or more of CDL driving experience? ☐ Yes ☐ No

Are any of the drivers residents of New York, South Dakota, or Maryland? ☐ Yes ☐ No

AGENT IDENTIFICATION & SIGNATURE:

Agency Name: _____ City: _____ State: _____ Zip: _____ Requested Effective Date: _____

Agency Contact Person: _____ E-mail: _____

Signature of Applicant/Account: _____ Date: _____

Signature of Producer: _____ Date: _____



LOTUS BENEFITS CORP.

www.lotusbenefits.com

Loss Statement

Date: _____

To whom it may concern,

Regarding: _____

Please select the reflecting period for this statement:

☐ Last 3 years

☐ Dates: From _____ to _____

- **I/We have sustained loss(s) totaling \$_____ and filed #_____ claims within the selected reflecting period,**
- **I/We have no knowledge or reason to anticipate additional claim(s) or loss(s) within the selected reflecting period, either within the named company or any associated or previously owned entities.**

I understand that this warranty will be incorporated into the insurance contract.

Warranty:

The purpose of this loss letter is to assist in the underwriting process; information contained herein is specifically relied upon in the determination of insurability. The undersigned, therefore, warrants that the information contained herein is true and accurate to the best of his/her knowledge, information, and belief. This no loss letter shall be the basis of any insurance that may be issued and will be part of such policy. Please note that it is essential to provide accurate and truthful information in this statement.