

AFFIANCE INSURANCE AGENCY, LLC

PO Box 1306 Buda, TX 78610
Phone 512-284-9051 • Fax 866-364-2147

Company Name:			
Contact:		Entity Type:	
Garaging Address:		County:	
Mailing Address:			
Cell #		Fax #	
Home#		Office#	
		Email:	
		Email:	

TXDMV:		MC:		USDOT:	
---------------	--	------------	--	---------------	--

Years In Business:		Radius:		Texas Only:	
ELD installed:		ELD Type:			
Hire or Self:		Hauling:			
Current Ins:		Exp:			
Social SN:		FEIN#:			

Liability Limit:		Cargo Limit:		Refer Breakdown?	
GL Limit:		TIV:		Ded:	
Other Coverage:					
Claims in 3 years:			Requested Loss runs:		
Current Premium:			ELD installed?		

Year	Make	Model	VIN#	GVW/axels	Value (phys dam) \$\$

Driver Name	License# & St.	CDL	DOB	M/S	Yrs Exp	DOH	MVR

Notes: