

PREVIOUS INSURANCE HISTORY
Complete For Past 3 Years

Policy Term				Company Name	Policy Number	Liability		Physical Damage		Cargo	
From		To				No. Clms.	Amount Incurred	No. Clms.	Amount Incurred	No. Clms.	Amount Incurred
Mo.	Yr.	Mo.	Yr.								

24. Describe Each Claim in Detail: _____

25. Have any of these Coverages been Cancelled, Refused, or Non-Renewed? _____
 If yes, Give Company Name, Date and Reason: _____

DRIVER INFORMATION

DRIVER'S FULL NAME	Date of Birth	License No. & State	No. Years Comm'l. Driving	No. Years Empl. By Applicant	No. of Accidents Last 3 Yrs.	No. of Violations Last 3 Yrs.	Describe Any Physical Impairments

26. Will Passengers Be Carried? _____ If yes, explain: _____

27. How Many Drivers Operate Each Unit? _____ Average Hours Per Day Units Operated _____

28. Do You Check Driving Records of All Drivers Prior to Hiring? _____

29. Do You Hire Drivers Under Age 24 or Over Age 67? _____

30. Do You Agree to Promptly Report All Driver Changes to Company or Agent? _____

31. Do You Agree to Report All Claims Immediately to the Company Claims Dept.? _____

32. Remarks: _____

LIMITS OF LIABILITY REQUESTED

Bodily Injury \$ _____ Each Person \$ _____ Each Occurrence
 Property Damage \$ _____ Each Occurrence
 Combined Single Limits \$ _____
 Uninsured Motorists \$ _____ Underinsured Motorists \$ _____
 Personal Injury Protection \$ _____ Other \$ _____

SCHEDULE OF EQUIPMENT

Unit	Model Year	Trade Name	Body Type <small>See Below*</small>	Gross Vehicle Weight	Serial Number	Maximum Radius	Terr. or Maximum Zones	Current Value	Date Purchased	Purchase Price
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

***BODY TYPES:** PU-Pickup; T-Truck; TD-Truck, Dump; TR-Tractor; TRD-Tractor, Dump; ST-Semi; STD-Semi, Dump
 FT-Full Trailer; FTD-Full Trailer, Dump

Physical Damage: Are Any Units Equipped with Reefers? _____ If yes, identify by Unit and furnish Serial No. of Reefer _____

PREMIUMS

Unit	Liability					Physical Damage				Cargo			Other	
	BI	PD	UM	UIM	PIP	Collision		Specified Perils		Deductible \$			Cov.	Prem.
						Ded.	Prem.	Ded.	Prem.	Rate	Limit	Prem.		
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														

Debit/Credit _____ % Coverages _____ Reason _____

LIENHOLDERS

Unit(s)	Name	Address	City	State	Zip	Monthly Payments	Loan Balance

Additional Insureds _____

Certificates of Insurance _____

NEW VENTURE

Must be completed if three years prior carrier information has not been supplied.			
TRUCK DRIVING EMPLOYMENT FOR LAST THREE YEARS	Employment Date Month/Year	Type of Unit	Maximum Radius Of Operation
FIRM	from		
ADDRESS	to		
FIRM	from		
ADDRESS	to		
Do you object to our verifying the above information? <input type="checkbox"/> Yes <input type="checkbox"/> No			

PLEASE READ

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FRAUD WARNING

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PLEASE READ

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

In connection with the processing of this Application, the Company may undertake an investigation of the credit worthiness of the Applicant and other matters contained herein. By signing this Application, Applicant authorizes Company to undertake such investigations which may include contacting credit references and others with knowledge of Applicant's affairs.

This Application shall not be binding unless and until a policy is issued and a down payment made and then only as of the commencement date of the policy and in accordance with the terms of this Application and of the policy. The Applicant hereby covenants and agrees that the statements and answers contained in this Application are a just, full and true exposition of all the facts and circumstances with regard to the risk to be insured, insofar as the same are known to the Applicant. This Application and the information provided herein are made the basis and the condition of the insurance, and are representations on the part of the insured. Material or fraudulent representations may prevent recovery on the policy.

If the laws or regulations of any city, county, regulatory body, state or states in which the Applicant intends to operate or of the Department of Transportation or Federal Motor Carrier Safety Administration require a special endorsement or rider to be attached to the policy, the Applicant hereby agrees that if the Company shall be obliged to pay any claim which it would not have been required to pay except for such endorsement or rider, the Applicant shall reimburse the Company for any and all claims and disbursements of every kind, including loss payments, costs and expenses paid in connection with such claim, and expenses incurred by the Company in enforcing the terms of this Application and the policy. The terms of this Application shall apply not only to the original policy or policies issued in connection with this Application, but also to any renewals or extensions thereof.

It is mutually understood and agreed between the Company and the Applicant that any inspection of premises, operations, or any matter pertaining to insurance provided by the Company is made for the use and benefit of the Company only, and is not to be relied upon by the Applicant in any respect.

THE APPLICANT, BY HIS/HER SIGNATURE CONFIRMS FULL KNOWLEDGE OF ALL OF THE ABOVE, AND FULL KNOWLEDGE OF, AND ADHERENCE TO, CURRENT D.O.T. SAFETY REGULATIONS.

Signature of Applicant

Date

Name and Address of Agency

Phone Number

Signature of Agent