

Application For Coverage

Physical Damage / Motor Truck Cargo / Non-Trucking Liability

Bind Effective: ___ / ___ / ___ Quote Needed by: ___ / ___ / ___

Insured Information: US DOT# : _____ MC # _____

Insured's Name: _____ FEIN or SS#: _____

Address: _____ City: _____ ST: ___ Zip: _____

Phone: (___) ___ - ___ Fax: (___) ___ - ___ email: _____

Radius of operation: ___ % 0-50, ___ % 50-200, ___ % 200-500, ___ % over 500

	% hauled	Minimum Value	Maximum Value
Commodities hauled: _____	_____	_____	_____
<input type="checkbox"/> Refrigerated _____	_____	_____	_____
<input type="checkbox"/> Dry Van _____	_____	_____	_____
<input type="checkbox"/> Flatbed _____	_____	_____	_____

Number of years in business: ___ Number of years' experience operating like equipment: ___

Driver Information: (attach additional drivers list)

Driver Name	DOB	License #	ST	Yrs Exp	Moving Violations last 3 years	# of Accidents
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

****Driver's must be reported immediately upon hiring. Failure to do so could result in cancellation or an unpaid claim****

Vehicle Information: (attach additional equipment list with values)

Year	Make	Type	GVW	VIN #	Stated Value	Radius
_____	_____	_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	_____	\$ _____	_____

Delete Striking of an Overhead Object Exclusion Debris Removal Increase to \$5,000

Increase Towing Limit to \$10,000 Earned Freight Increase to \$ _____ **Rate:**

Physical Damage: \$1,000 deductible Total Values: \$ _____ % of stated values

Motor Truck Cargo Limit : \$100,000 \$150,000 \$250,000 \$ _____ per power unit

Non-Trucking Liability: \$1,000,000 \$ _____ per power unit

Trailer Interchange: \$40,000 \$ _____ (3% X limit) \$ _____

Please sign, indicating policy(s) is/are to be bound based on quoted coverage(s). Policy(s) are not bound until premium is received and insured has received a binder reflecting coverage(s) bound. By binding you are becoming a member of Continental Trucking Association. Surplus Lines Tax and Fees are applicable.

X _____ Date: ___ / ___ / ___

Leased to: _____