

GENERAL INFORMATION

Effective Date	US DOT#	Years in Business	FEIN#
Applicant Name			
Mailing Address			
Principal Garaging Address (If Different)			
Contact Name			
Phone #	E-Mail		
Type Of Entity:	Proprietorship	Partnership	Corporation
	Individual	Other	

OPERATIONS

Dump	Wood Chip	Flatbed	Tanker	Dry Bulk	Containerized	Dump
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COMMODITIES

Identify the principal types of cargo hauled; avoid listing "General Merchandise". Percentages should total to 100%.

Description	Flammables, Explosives or Chemicals?	Percentage

CURRENT AND HISTORICAL INFORMATION

Attach 3 - 5 years of currently valued loss runs for all coverages being requested.

Proposed Policy Period (Estimate)	# of Power Units	Gross Receipts	Total Mileage	Auto Liability Insurance Carrier	Physical Damage Insurance Carrier
Current Policy Period					
Prior Policy Period 1					
Prior Policy Period 2					
Prior Policy Period 3					

TARGET PRICING

Auto Liability Per Unit Target Price	Auto Phys Dam Target Rate
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INSURANCE REQUESTED

Auto Liability	Limit	Deductible
Uninsured Motorist*	Limit	Reject
Underinsured Motorist*	Limit	Reject
Personal Injury Protection*	Limit	Reject
Physical Damage	Deductible	
Trailer Interchange	Limit	Number of Trailers
		Number of Days
Hired Auto Liability**	Cost of Hire	**Attach a copy of the insured's most recent year- end profit and loss sheet, tax statement or other financial information.
Non-Owned Liability	Number of Employees	

REQUIRED FILINGS

We must insure all vehicles owned or operated by the insured to make a filing.

Federal MC#	Other State (list state & authority#)
CA Authority#	PA PUC#
	TX Dot#

EQUIPMENT INFORMATION

*Vehicle Body Type = Tractor, Straight Truck, Dump Truck, Pickup Truck, Van, PPT, Trailer

Veh #	Year	Make	Body Type*	Vin	GVW	Stated Value
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						

Radius (Local 0-50) (Intermediate 51-200) (Long Haul 200+ * attach IFTA)	Garaging Location		Registration	Company Owned / Long Term Lease w/o driver / Exclusive dedicated O/O	If O/O, non- trucking cov in place?
	State	Zip Code	State		
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					

