

Quick Quote

301 Louisiana Ave Bogalusa, La70427 Phone (985) 888-0081 UW@t-creekins.com

GENERAL INFORMATION																		
Effective Date				US DOT# Years in Business							ness		FEIN	1#				
Applicant Name																		
Mailing Address																		
Principal Garaging Address (If Different)																		
Contact Name																		
Phone # E-Mail																		
Type Of Enti	ty: Pro	prietorsh	nip	Partnership Corp				poration		Individual			Other					
OPERATIONS																		
Dump Wood Chip Flat					Tanker Dry B					Bulk	lk Containerized Dump							
COMMODITIES Identify the principal types of cargo hauled; avoid listing "General Merchandise". Percentages should total to 100%.																		
		[Descripti	on						F	Flammables, Explosives of			or Percentage				
			<u> </u>								Chemicals?							
				CUR	RENT ANI	D HIS	TOR	ICAL	INFC)RM/	ATION	J						
				ears o	f currently v	/alued	loss	runs f	or all o	covera		ing re		1				
Proposed Policy # of Power U			ver Units	Jnits Gross Receipts T			Total Mileage		age	Auto Liability Insurance Carrier				Physical Damage Insurance Carrier				
Period (Estimate) Current Policy Period												insurance carrier			insurance carrier			
Prior Policy Period 1																		
Prior Policy Period 2																		
Prior Policy Period 3																		
Auto Liability Per Unit Auto Phys Dam																		
Auto Liability Per Unit Target Price										Target Rate								
INSURANCE REQUESTED																		
Auto Liability Lii				Limit Deduc					luctil									
Uninsured Motorist*				Limit				Reject			*Requested limits (or rejection of limits, where permissible) as completed here is a preliminary							
Underinsured Motorist*				Limit				Reject		ect	indication only. The selection and/or rejection of limits					f limits		
Personal Injury Protection*			Limit Re				Reje	ect	by state will be reflected in the applicant's compl and submitted UM/UIM Selection/Rejection Tool									
Physical Damage Dec				Deductible					PIP Selection/Rejection Tool.					oi aiiu				
			imit Number o					•										
Hired Auto Liability** Cos			Cost of Hire					**Attach a copy of the insured's most recent year- end profit and loss sheet, tax statement or other financial										
Non-Owned Liability Nu				Number of Employees info						nformation.								
REQUIRED FILINGS We must insure all vehicles owned or operated by the insured to make a filing.																		
Federal MC#					Other State (list state & author													
CA Authority#					PA PUC#							TX [Oot#					

		*Vehicle Rody Tyr	EC	UIPMENT II	NFORMATION . Dump Truck, Pickup Tru	ck. Van PPT Trail	ler	
Veh#	Year	Make	Body	Type*	Vin	on, vally i i i i i i all	GVW	Stated Value
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
	ocal 0-50		Gara	ging Location	n Registration	Company C	wned / Long	
(Intermediate 51-200)		Garaging Location				e w/o driver/	trucking cov	
	ıul 200+ *	attach IFTA)	State	Zip Code	State	Exclusive de	edicated O/O	in place?
1								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
			<u> </u>					l

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Attach cu	DRIVER INFO	RMATION ehicle reports for all dri	vers.							
Driver Name	Date of Birth		Date of Hire	Full Time/Part Time						
GENERAL QUESTIONS				Yes No						
Any policy or coverage declined, cancelled or non-	_		for any premises or							
operations? (Missouri Applicants - Do not and Has applicant had a foreclosure, repossession, bar			e last five (5) years?							
Do you act as a freight broker or freight forwarder or arrange loads for others?										
Do any entities derive revenue from sources other than "for hire" trucking?										
Do you use double trailers and/or triple trailers?										
Are driver teams utilized?										
Are passengers ever allowed to accompany driver	?									
Are any vehicles leased to others?										
Are all vehicles owned or operated under the appl	icant's authority sch	eduled on this applica	ation?							
Is a formal safety program in operation?										
Is there a vehicle maintenance program in operation	on?									
	COMME	ENTS		LL						
	AGENCY INFO									
Agency		Pho	ne Number							
Address										
Agent Name	Agent Si	gnature		Date						
	APPLICANT'S S	TATEMENT								
I hereby apply to AIG The Truck Insurance Gro	oup for a policy of i	nsurance as set for	th in this application	on on the basis of						
statements contained herein.		1.61		Date						
Applicant Name	Applican	nt Signature		Date						

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