

Agency Information					
Submitting Agency:		Contact Person:			
Applicant Information					
Applicant Name:		Effective Date:			
Garaging Address:		DOT #:			
City, State, Zip:		Years in Bus:			
Mailing Address:		City, State, Zip:			
Contact Name:	Phone #:	E-mail Address:			
Radius of Operations (%)					
0-100 Miles	100-300 Miles	300-500 Miles	500 Miles +		
Major cities travelled through:					
Auto Liability Coverage		Physical Damage Coverage		Motor Truck Cargo Coverage	
CSL:		Deductible:		Limit	
UM/UIM:		<input type="checkbox"/> Comprehensive / Collision		Deductible	
PIP:		<input type="checkbox"/> Specified Perils / Collision		<input type="checkbox"/> Reefer Breakdown?	
Additional Coverages					
<input type="checkbox"/> Hired Auto	Cost of Hire	<input type="checkbox"/> Trailer Interchange	Limit:		
<input type="checkbox"/> Non-Owned Auto	# of Employees	# of Trailers			
<input type="checkbox"/> Truckers GL (99793)	Non-Driver Payroll	# of Days Active			
Provide ACORD 126 to bind	# of Owners	Is a signed interchange agreement in place? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Vehicle Schedule					
Tractors (Year, Make)	VIN	Stated Amount	Loss Payee (if any)		
Trailers (Year, Make)	VIN	Stated Amount			

Drivers ** Employed drivers, including owner = E Independent Contractors = O						
Name	E/O*	State & License #	Years of Experience	Date of Birth	Date of Hire	# Accidents /Violations

Cargo Carried			
Commodity	% Hauled	Maximum Value	Average Value

Operation History			
Projected Year	# of Power Units	Total Miles	Gross Receipts
Current Year			
1 Years Prior			
2 Years Prior			

	Liability		Physical Damage		Motor Truck Cargo	
	# of Losses	Total Incurred	# of Losses	Total Incurred	# of Losses	Total Incurred
Current Year						
1 Year Prior						
2 Years Prior						

Additional Questions
Does the applicant have any owned, leased or operated equipment not listed on the vehicle schedule? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are any vehicles leased, loaned or rented to others? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant's policy canceled or non-renewed in the prior 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No

Attention all applicants in the states of AL, AR, AZ, CO, DE, FL, IN, KY, MN, NH, NJ, NY, OH, OK, PA, TN, UT – For your protection, the preceding states' laws require the following to appear on this form: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false, incomplete, or misleading information, or conceals information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime punishable by incarceration, and shall also be subject to civil penalties.

For risks located in New York, Pennsylvania, and California: Any person who knowingly makes or assists, abets, solicits or conspires with another to make a false or misleading reports or the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, a state department of motor vehicles, or an insurance company, commits perjury or a fraudulent insurance act, which are crimes punishable by incarceration, and shall also be subject to a civil penalty.

The Applicant hereby applies to the Company for a policy of insurance as set forth in this application on the basis of statements contained herein. Applicant agrees that such policy shall be null and void if such information is materially false or misleading so that the Company would have rejected the risk, prior to inception. Applicant understands that an inquiry may be made which will provide applicable information concerning character, general reputation, financial stability and other pertinent financial data, personal characteristics, mode of living or other background information the company deems necessary in order to determine whether the Company will accept or reject Applicant for coverage. Upon written request, additional information as to the nature and scope of the inquiry, if one is made, will be provided. The Applicant understands this application is a request for quotation and no information provided herein shall be construed by either party as creating a binding contract for insurance.

Signature of Applicant	Date
Print Name	Title
Signature of Agent	Date