

Proposed effective date: _____ To: _____ (12:01 am Standard Time at the address below.)

 New Policy Renewal Policy

Insured Information:

Business Name:	_____			
DBA:	_____			
Mailing Address:	_____			FL
	Street	City	State	ZIP
Garage Address:	_____			FL
	Street	City	State	ZIP

Business Information:

<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Individual	<input type="checkbox"/> Other: _____
Is this operation a New Venture: <input type="checkbox"/> Yes <input type="checkbox"/> No			
How long have you been operating under own MC/DOT #? _____			
Have you ever operated a trucking business under any other name? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please provide name: _____		Previous DOT #: _____	
Have you ever filed for bankruptcy under any name? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, explain: _____			

Business Operations Information:

You are a: <input type="checkbox"/> Contract Carrier <input type="checkbox"/> Common Carrier <input type="checkbox"/> Exempt Carrier			
What percentage of your operation is: _____ Interstate? _____ Intrastate?			
Your MC #: _____	Your DOT #: _____	Are MCS filings needed? _____	
Name all primary locations where you regularly PICK-UP or DROP-OFF loads: _____			
Do you haul any of your own products or commodities? <input type="checkbox"/> Yes <input type="checkbox"/> No			

General Information:
(Please explain all Yes answers. If additional space is necessary, attach supplemental to application.)

Do you have cargo insurance currently in force with ANY other company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain: _____		
Has your cargo insurance ever been refused, cancelled, or non-renewed in the past 3 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain: _____		
Do you haul branded trailers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain: _____		
Do you haul intermodal / containerized freight?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain: _____		
Do you pull oversized / overweight loads?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain: _____		
Do you pull double / triple trailers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain: _____		

Power Unit(s) Description:

#	Year	Make	Type (i.e. dump, tractor, etc.)	VIN	GVW/GCW
1					
	Garaging (City, State)		Radius	Cargo Limit	
				\$	

#	Year	Make	Type (i.e. dump, tractor, etc.)	VIN	GVW/GCW
2					
	Garaging (City, State)		Radius	Cargo Limit	
				\$	

#	Year	Make	Type (i.e. dump, tractor, etc.)	VIN	GVW/GCW
3					
	Garaging (City, State)		Radius	Cargo Limit	
				\$	

#	Year	Make	Type (i.e. dump, tractor, etc.)	VIN	GVW/GCW
4					
	Garaging (City, State)		Radius	Cargo Limit	
				\$	

#	Year	Make	Type (i.e. dump, tractor, etc.)	VIN	GVW/GCW
5					
	Garaging (City, State)		Radius	Cargo Limit	
				\$	

Driver Information (ALL DRIVERS MUST BE LISTED ON APPLICATION FOR COVERGE TO APPLY)

#	First Name	Last Name		Date of Birth
1				
	License Number	Years CDL Driving	Date of Hire	Last 3 Years Violations / Accidents

#	First Name	Last Name		Date of Birth
2				
	License Number	Years CDL Driving	Date of Hire	Last 3 Years Violations / Accidents

#	First Name	Last Name		Date of Birth
3				
	License Number	Years CDL Driving	Date of Hire	Last 3 Years Violations / Accidents

#	First Name	Last Name		Date of Birth
4				
	License Number	Years CDL Driving	Date of Hire	Last 3 Years Violations / Accidents

#	First Name	Last Name		Date of Birth
5				
	License Number	Years CDL Driving	Date of Hire	Last 3 Years Violations / Accidents

Commodity Information:

Commodity / Packaging	Average Load (%)	Average Value (\$)

Commodity / Packaging	Average Load (%)	Average Value (\$)

Motor Truck Cargo Additional Coverages:

Theft Coverage: <input type="checkbox"/> Included <input type="checkbox"/> Excluded Deductible Requested: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 Terrorism Coverage: <input type="checkbox"/> Included <input type="checkbox"/> Excluded

Prior Loss Information:

Complete information for all losses which have occurred in the last three (3) years.

Date of Loss (MM/DD/YYYY)	Type of Loss	Amount Paid	Amount Reserved	Status of Claim
				<input type="checkbox"/> Open <input type="checkbox"/> Closed
				<input type="checkbox"/> Open <input type="checkbox"/> Closed
				<input type="checkbox"/> Open <input type="checkbox"/> Closed
				<input type="checkbox"/> Open <input type="checkbox"/> Closed

Prior Insurance Coverage:

Coverage	Carrier	Limits	Current Premium	Expiration Date	Renewal Premium

IN FLORIDA ONLY:

“Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.”

Applicant’s Name Applicant’s Signature Title Date

Broker’s Name Broker’s Signature Broker’s Phone Broker’s Email Address