NON-TRUCKING LIABILITY, UNLADEN LIABILTY & PHYSICAL DAMAGE APPLICATION

Use space on last page or attach an extra sheet if there is insufficient space for answers.

TRANSPORTATION INSURORS
A DOXA COMPANY

Coverages: ☐ $500k NTL ☐ $1M NTL ☐ $1.5M NTL ☐ $500K UL ☐ $1M UL ☐ Physical Damage

Endorsements: ☐ Additional Equipment ☐ Additional Towing ☐ Downtime ☐ Vehicle Replacement
☐ Truckers' Package ☐ Personal Effects ☐ Tarps, Chains & Binders

Name of Applicant _____ Effective Date: _____

Email Address _____ Phone Number _____

Address _____ City _____ State _____ Zip Code _____

1. Owner Name _____ Phone Number _____
   Address _____
   City _____ State _____ Zip Code _____ D.O.B. _____
   Gender? ☐ Male ☐ Female *(Gender is required for our National Driver's Association Program)*

2. What Authorized Regulated Motor Carrier are you permanently leased to:
   Name _____ Phone Number _____
   Address _____ City _____ State _____ Zip Code _____
   a) Do you lease to other companies? ☐ YES ☐ NO
      If 'YES', please explain: _____
   b) Radius of Operation: _____ Years in Operation: _____
      Cargo Carried: _____
      Previous Carrier: _____

3. Please give driver(s) details:

   Name _____ D.O.B. (mm/dd/yy) _____
   DL# _____ State _____ Total Years of Commercial Driving Experience _____
   Gender? ☐ Male ☐ Female *(Gender is required for our National Driver's Association Program)*
   Any Violations/Accidents? ☐ YES ☐ NO
   If 'YES', please explain: _____

   Name _____ D.O.B. (mm/dd/yy) _____
   DL# _____ State _____ Total Years of Commercial Driving Experience _____
   Gender? ☐ Male ☐ Female *(Gender is required for our National Driver's Association Program)*
   Any Violations/Accidents? ☐ YES ☐ NO
   If 'YES', please explain: _____

(Additional driver spaces on the next page)

Name ____ D.O.B. (mm/dd/yy) ________________
DL# _____________________ State ______ Total Years of Commercial Driving Experience __________
Gender? ☐ Male ☐ Female *(Gender is required for our National Driver's Association Program)*
Any Violations/Accidents? ☐ YES ☐ NO
If 'YES', please explain: ____

Name ____ D.O.B. (mm/dd/yy) ________________
DL# _____________________ State ______ Total Years of Commercial Driving Experience __________
Gender? ☐ Male ☐ Female *(Gender is required for our National Driver's Association Program)*
Any Violations/Accidents? ☐ YES ☐ NO
If 'YES', please explain: ____

Name ____ D.O.B. (mm/dd/yy) ________________
DL# _____________________ State ______ Total Years of Commercial Driving Experience __________
Gender? ☐ Male ☐ Female *(Gender is required for our National Driver's Association Program)*
Any Violations/Accidents? ☐ YES ☐ NO
If 'YES', please explain: ____

Name ____ D.O.B. (mm/dd/yy) ________________
DL# _____________________ State ______ Total Years of Commercial Driving Experience __________
Gender? ☐ Male ☐ Female *(Gender is required for our National Driver's Association Program)*
Any Violations/Accidents? ☐ YES ☐ NO
If 'YES', please explain: ____

4. Please give vehicle(s) details:

Year	Make	Model/GVW	VIN	Value	
				$	
				$	
				$	
				$	
				$	
				$	
				$	

5. Please give lienholder information:

Name ____ Phone Number ______________________
Address ________________________________ City ______________ State _____ Zip Code ________

Name ____ Phone Number ______________________
Address ________________________________ City ______________ State _____ Zip Code ________

In Accordance with Indiana Statute, all automobile liability policies must offer Uninsured/Underinsured Motorists (UM/UIM) Coverage at limits equal to the Bodily Injury Liability Limits Provided by the policy unless you accept lower limits or reject such coverage in its entirety. (UM/UIM) Coverage is provided by this policy at a limit of $60,000.00 Combined Single Limit (CSL) for each accident and is included automatically.

TRUCK INSURANCE APPLICATION SUPPLEMENT

By signing this application, I hereby certify that I do not haul the following items: Hazardous Materials, Coal, Loggers Hauling out of Logging Camps, Public Passenger Livery, Towing Operations, Livestock (excluding pigs). I also certify that vehicles listed on the application are not: Private Passenger Personal Auto (liability coverage only), Taxi Cabs, Motorcycles, Emergency Vehicles, or Tow Trucks. I/we hereby declare that the statements and particulars given in this form are true to the best of my/our knowledge and belief and that I/we have not suppressed, withheld, or modified any material facts. I/we agree that should a policy be issued, this form shall be the basis of the contract, and that any change in pattern or my/our trade or trade practices shall be advised to the Underwriters who may at their discretion, vary the terms and conditions of this contract.

Applicant's Signature: _____ Date: _____

Total Premium: $_____ Total Due to Bind: $_____ Physical Damage Rate: _____

BROKER INFORMATION

Agent Signature _____ Date _____

Agency _____ Contact _____

Email Address _____ Phone Number _____

Address _____

City _____ State _____ Zip Code _____

Continued From Questions _____

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