

COVERAGE ☐ 72-Hour Coverage ☐ 30-Day Coverage

LIMITS Non-Trucking Liability: \$75,000 Combined Single Limit Bodily Injury and Property Damage
 Physical Damage: ACV not to exceed \$100,000 (less \$1,000 deductible)

Name of Applicant: _____ Effective Date: _____

Email Address: _____ Phone Number: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Garaging Address: _____ City: _____ State: _____ Zip: _____

DOT #: _____ Years in Business: _____

Start Date: _____ Start Time: _____ ☐ AM ☐ PM End Date: _____ End Time: _____ ☐ AM ☐ PM

Name of Owner: _____ DOB: _____ Gender*: ☐ M ☐ F

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Is the owner also a driver? ☐ Yes ☐ No

**Gender is required for our National Driver's Association Driver Program*

1. Please provide driver details. Current MVRs are required for all drivers, including the owner.

FIRST LAST NAME	DOB	GENDER*	LICENSE #	STATE	YOE**
		<input type="checkbox"/> M <input type="checkbox"/> F			
		<input type="checkbox"/> M <input type="checkbox"/> F			
		<input type="checkbox"/> M <input type="checkbox"/> F			

**Gender is required for our National Driver's Association Driver Program*

***YOE – Years of Commercial Driving Experience*

2. Please provide any violations / accidents within the last 3 years.

FIRST LAST NAME	DATE	VIOLATION / ACCIDENT DETAILS

3. Please provide vehicle details, including any / all trailers to be covered.

YEAR	MAKE	TYPE	GVW	VIN	VALUE
					\$
					\$
					\$
					\$
					\$
					\$

Do any of the vehicles or trailers listed above have any prior damage? ☐ Yes ☐ No

If yes, please specify vehicle/trailer and describe damage: _____

4. Please provide lien holder information.

NAME	ADDRESS	CITY	STATE	ZIP

TRUCK INSURANCE APPLICATION SUPPLEMENT

By signing this application, you agree that the facts stated in the application are correct and accurate. Should we issue a policy, this application shall be the basis of the contract between you and us, and shall be void if you have concealed or misrepresented any material fact or circumstance concerning this insurance or the subject thereof or in any case of fraud, attempted fraud swearing by you touching upon any matter relating to this insurance or the subject thereof, whether before or after an accident or loss.

APPLICANT'S SIGNATURE: _____ DATE: _____

TOTAL PREMIUM DUE TO BIND: \$ _____

72-Hour Coverage Premium: \$150 + \$4 SLT + \$2 Association Dues + \$35 Admin Fee = **\$191 per unit**

30-Day Coverage Premium: \$500 + \$13 SLT + \$24 Association Dues + \$35 Admin Fee = **\$572 per unit**

BROKER INFORMATION

Agent's Signature: _____ Date: _____

Agency: _____ Agency Contact: _____

Email Address: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____