

**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 to be covered.

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

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

If yes, please specify vehicle 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: \_\_\_\_\_