

Date:

Are you currently insured?  No  Yes Expiration Date:

Name of Applicant:

Mailing Address:

City:  State  Zip:

Garaging Address:  Same OR:

City:  State  Zip:

Office Phone Number:

Office Fax Number:

Cell Phone Number:

E-Mail Address:

Federal ID Number or Social Security Number:

I would prefer to call to disclose this information

What coverage are you looking for?

- Primary Liability       Non-Trucking Liability       Physical Damage       General Liability
- Workman's Compensation       Motor Truck Cargo       Other:

Owner's Name:  Person to Contact:

Years in Business:  New Business OR

Radius of Operation:     0 - 100 Miles       101 - 300 Miles       301 - 600 Miles       Over 600 Miles

Please select cities operated through:

- Atlanta       Baltimore       Boston       Buffalo       Charlotte
- Chicago       Cincinnati       Cleveland       Dallas/Ft. Worth       Denver
- Detroit       Hartford       Houston       Indianapolis       Jacksonville
- Kansas City       Minneapolis/St. Paul       Nashville       New Orleans       New York City
- Oklahoma City       Omaha       Philadelphia       Phoenix       Pittsburg
- Portland       Richmond       St. Louis       Salt Lake City       San Diego
- San Francisco       Seattle       Tulsa
- 

Do you use owner operators?  No  Yes

Is ICC authority applicable?  No  Yes If yes, MC#:

Do you permanently lease to others?  No  Yes

Do you trip lease to other ICC carriers?  No  Yes

**Liability:**

Desired Limit of Insurance:  Uninsured/Underinsured Motorist:

Scheduled Autos  Any Auto  All Owned Autos  Hired Auto  Non-Owned Autos

**Physical Damage:**

Collision \$

AND

Comprehensive \$  OR  Specified Perils \$

**Motor Truck Cargo:**

Desired Limit of Insurance:  Deductible:

All Risk  Named Perils  Refrigeration Breakdown Coverage

Please choose commodities hauled and percentages of each:

Appliances	<input type="text"/>	Automobile Parts	<input type="text"/>	Automobiles	<input type="text"/>	Beer & Wine	<input type="text"/>
Boats/Snowmobiles	<input type="text"/>	Books/Periodicals	<input type="text"/>	Building Materials	<input type="text"/>	Cameras & Equipment	<input type="text"/>
Candy	<input type="text"/>	Canned or Dry Goods	<input type="text"/>	Carpets/Rugs	<input type="text"/>	Cotton (Baled)	<input type="text"/>
Dairy Products	<input type="text"/>	NonPrescription Drugs	<input type="text"/>	Dry Freight	<input type="text"/>	Eggs	<input type="text"/>
Electronic Parts	<input type="text"/>	Electronics	<input type="text"/>	Dry Fertilizer	<input type="text"/>	Fish/Seafood	<input type="text"/>
Flyers/Leaflets	<input type="text"/>	Oil/LPG/Gasoline	<input type="text"/>	New Furniture	<input type="text"/>	General Freight	<input type="text"/>
Glass/Glassware	<input type="text"/>	Grains/Feed	<input type="text"/>	Groceries/Produce	<input type="text"/>	Hardware	<input type="text"/>
Hay/Straw	<input type="text"/>	Iron/Steel	<input type="text"/>	Leather Goods	<input type="text"/>	Liquor/Alcohol	<input type="text"/>
Livestock	<input type="text"/>	Lumber	<input type="text"/>	Heavy Machinery	<input type="text"/>	Light Machinery	<input type="text"/>
Meat	<input type="text"/>	Milk	<input type="text"/>	Ore	<input type="text"/>	Paint/Varnish	<input type="text"/>
Paper Products	<input type="text"/>	Paper	<input type="text"/>	Pharmaceuticals	<input type="text"/>	Pipe	<input type="text"/>
Poultry	<input type="text"/>	Raw Rubber	<input type="text"/>	Recreational Vehicles	<input type="text"/>	Rubber Products	<input type="text"/>
Sand/Gravel	<input type="text"/>	Shellfish	<input type="text"/>	Textiles	<input type="text"/>	Tires & Tubes	<input type="text"/>
Tobacco	<input type="text"/>	Tools	<input type="text"/>	Toys & Sporting Goods	<input type="text"/>	Wires	<input type="text"/>
	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>

**(TOTAL PERCENT MUST EQUAL 100%)**

**Drivers:**

Name	Date of Birth	License Number	State	Years of Experience	Violations

**Vehicles:**

Year	Make	Type	17-Digit Vehicle ID Number	Stated Value

**Prior Insurance History:**

New Venture - No prior insurance

I have my 3 year loss history.

Year	Insurance Company	Losses	Details

**Any additional information that will help in rating your account?**