Agent Code: \_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Insured: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Garaged City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: Select State Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Maximum Radius of Operation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Business Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Prior Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Any losses within the past 3 years? If yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Is current policy being cancelled or non-renewed? If yes, why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Driver Information:

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Date of Birth | CDL? | Violations/Accidents |
| \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | Select Item | \_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | Select Item | \_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | Select Item | \_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | Select Item | \_\_\_\_\_\_\_\_\_\_\_ |

\*VIN numbers will be needed when binding coverage\*

1. Vehicle Information:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Year | Make | Type | Loaded GVW | Stated Value |
| \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ |

1. For Hire? \_\_\_\_\_\_\_\_\_\_
2. List ALL states requiring any Filings, and ALL states operated through:

MC#: \_\_\_\_\_\_\_\_\_\_\_ DOT#: \_\_\_\_\_\_\_\_\_\_\_ Target Premium: \_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Liability**Liability Limits: $\_\_\_\_\_\_\_\_\_Med Pay: $\_\_\_\_\_\_\_\_\_UM/UIM: $\_\_\_\_\_\_\_\_\_ | **Physical Damage?**Collision: ChooseComp: ChooseSpecified Causes: ChooseDesired Deductible: $\_\_\_\_\_\_\_\_\_ | **Cargo:**Cargo Limit: $\_\_\_\_\_\_\_\_\_Cargo Deductible: $\_\_\_\_\_\_\_\_\_Commodities & Percentages \_\_\_ % \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ % \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ % \_\_\_\_\_\_\_\_\_\_\_\_ |