



Transportation Insurors, Inc.

111 East Main Street · Delphi, IN · (765) 564-2165 · (800) 257-7364 · FAX (765) 564-4919

SHORT-TERM LIABILITY AND PHYSICAL DAMAGE APPLICATION

Name of Applicant: _____ Phone Number: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Start Date: _____ Start Time: _____
 End Date: _____ End Time: _____

**** Maximum of 72 hours ****

Coverage: Liability: \$60,000 combined single limit bodily injury and property damage
 Physical Damage: ACV not to exceed \$100,000 (less \$1000 deductible)

Driver Description					
	Name	D.O.B.	DL#/State	Years Commer- cial Driving Exp.	Violations / Accidents
1.					
2.					
3.					

Vehicle Description					
	Year	Make	Model/GVW	VIN	Value
1.					\$
2.					\$
3.					\$

Lienholder Information						
	Name	Address	City	State	Zip Code	Phone #
1.						
2.						
3.						

Total Premium \$ _____ Applicant's Signature: _____ Date: _____

BROKER INFORMATION

Agency: _____
 Agent Signature: _____ Date: _____
 Contact: _____ E-mail: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone Number: _____ Fax Number: _____