



NON-TRUCKING LIABILITY, UNLADEN LIABILITY & PHYSICAL DAMAGE APPLICATION

COVERAGES: \$500K UL \$1 MIL UL \$500K NTL \$1 MIL NTL Physical Damage Tarps, Chains & Binders
 Addt'l Equip Addt'l Towing Downtime Vehicle Replacement Personal Effects Trucker's Package

Effective Date: _____ Email Address: _____
 Phone Number: _____ Cell Number: _____
 Name of Applicant: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____

What Authorized Regulated Motor Carrier are you permanently leased to:
 Name: _____ Phone Number: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Do you lease to other companies? YES NO
 If 'YES', explain: _____
 Radius of Operation: _____ Years in Operation: _____
 Cargo Carried: _____ Previous Carrier: _____

Driver Description					
Name	D.O.B mm/dd/yy	DL#	State	Year Commercial Driving Exp.	Any Violations/Accidents?
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO

Please explain Violations/Accidents if any: _____

Vehicle Description					
Year	Make	Model/GVW	VIN	Value	
				\$	
				\$	
				\$	
				\$	
				\$	

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Lienholder Information					
Name	Address	City	State	Zip Code	Phone Number

In Accordance with Indiana Statute, all automobile liability policies must offer Uninsured/Underinsured Motorists (UM/UIM) Coverage at limits equal to the Bodily Injury Liability Limits Provided by the policy unless you accept lower limits or reject such coverage in its entirety. (UM/UIM) Coverage is provided by this policy at a limit of \$60,000.00 Combined Single Limit (CSL) for each accident and is included automatically.

TRUCK INSURANCE APPLICATION SUPPLEMENT

By the signing of this application, I hereby certify that I do not haul the following items: Hazardous Materials, Coal, Loggers Hauling out of Logging Camps, Public Passenger Livery, Towing Operations, Livestock (excluding pigs). I also certify that vehicles listed on the application are not: Private Passenger Personal Auto (liability coverage only), Taxi Cabs, Motorcycles, Emergency Vehicles, or Tow Trucks. I/we hereby declare that the statements and particulars given on this form are true to the best of my/our knowledge and belief and that I/we have not suppressed, withheld, or modified any material facts. I/we agree that should a policy be issued, this form shall be the basis of the contract, and that any change in pattern or my/our trade or trade practices shall be advised to the Underwriters who may at their discretion, vary the terms and conditions of this contract.

Applicants Signature: _____ Date: _____

Total Premium: \$ _____ Total Due to Bind: \$ _____ Physical Damage Rate: _____

BROKER INFORMATION

Agency: _____

Agent Signature: _____ Date: _____

Contact: _____ E-mail: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____