



# Transportation Insurors, Inc.

111 E. Main Street • Delphi, Indiana • (765)564-6600 • (800)257-7364 • FAX (765)564-4919

## NON TRUCKING LIABILITY & PHYSICAL DAMAGE APPLICATION

COVERAGE:  \$500K NTL  \$1 Mil NTL  Physical Damage  Tarps, Chains & Binders  
 Personal Effects  Addt'l Equip  Addt'l Towing  Downtime  Vehicle Replacement

Effective Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ 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.	DL#/State	Years Commercial Driving Exp.	Any Violations / Accidents
1.					<input type="checkbox"/> YES <input type="checkbox"/> NO
2.					<input type="checkbox"/> YES <input type="checkbox"/> NO
3.					<input type="checkbox"/> YES <input type="checkbox"/> NO

Please explain Violations/Accidents if any: \_\_\_\_\_

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

CONTINUED ON NEXT PAGE

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

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.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Total Premium: \$ \_\_\_\_\_ Total Due to Bind: \$ \_\_\_\_\_ Phy Dmg Rate: \_\_\_\_\_

#### BROKER INFORMATION

Agency: Northwoods Insurance, Inc.

Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact: Pam Bridge E-mail: agent@northwoodsins.com

Address: 111 E Main St

City: Delphi State: IN Zip Code: 46923

Phone Number: 800-655-0230 Fax Number: 765-564-2709