SMALL FLEET INSURANCE APPLICATION

GEN	ERAL INFORMAT	ION														
Effective Date			US DOT#				Yea	Years in Business			FE	IN#				
Appl	icant Name															
Mail	ing Address															
Princ	cipal Garaging Ad	dress(If Differ	ent)													
Cont	tact Name															
Phor	ne #			(e-Mail											
Туре	e Of Entity:	Proprietorship	0	Partnership			Corporation				Individual			Other		
OPE	RATIONS			l												
Dry	Van Re	frigerated	Fla	tbed	Lic	quid Tan	k		Dry	Bulk	Cor	ntainer	ized		Dump	
CON	MODITIES	Id	lentify t	he prin	cipal types	of cargo h	nauled;	avoid I	isting '	"Genera	al Merchandis	e". Perce	ntage	s shou	uld total to :	100%.
Desc	cription							Fl		ables, Explo		r	Percentage			
								Chemicals?								
												· "				
	RENT AND HISTO				aa Daaai	T					alued loss rur				= :	
Proposed Policy		# of Power Units		s Gross Receipts		pts	Total Mileage		ge	Auto Liability Insurance Carrier			Physical Damage Insurance Carrier			
Period (estimate) Current Policy Period										1113	diance car	iici		Juliu	TICC CUITI	<u>. </u>
	r Policy Period 1	+														
	r Policy Period 2															
	r Policy Period 3															
	GET PRICING															
AL Per Unit Target Price										PD Ta	rget Rate					
INSU	JRANCE REQUEST	TED														
	Auto Liability			Limit			Deductible									
	Uninsured Motorist*			Limit			Reject									
	Underinsured Motorist*			Limit			Reject		ct	permissible) as completed here is a preliminary indication only. The selection and/or rejection of						imits
	Personal Injury Protection*			Limit			Reject			by state will be reflected in the applicant's completed and submitted UM/UIM Selection/Rejection Tool and						
	Physical Damage			Deductible						PIP Selection/Rejection Tool.				iiia		
	Trailer Interchange			Limit Nu				Number of Trailers		ailers		Num	Number of Days			
	Hired Auto Liability**			Cost of Hire					**Attach a copy of the insured's most recent year end						-	
Non-Owned Liability			Nun	Number of Employees and loss sheet, tax statement or other							ther fi	inanci	al informat	tion.		
REO	UIRED FILINGS					We	must ir	isure a	all veh	icles ov	vned or opera	ited by t	he ins	ured [·]	to make a f	iling.
	Federal MC#				Other State (list state & authority#)											
	CA Authority#			H,	PA PUC# TX Dot#											

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EQUIPM	ENT INFO	RMATION		*Vehicle Body	Type = Tractor, Straigh	t Truck, Dump Truc	k, Pickup Truck,	Van, PPT, Trailer
Veh#	Year	Make	Body	Туре*	Vin		GVW	Stated Value
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
Veh#	(Interm 51-200)		Garaging Locati		Registration	Company Ow		If O/O, non-
						Term Lease w/o driver /		trucking cov
1	(Long Ha	nul 200+ * attach IFTA)	State	Zip Code	State	Exclusive dedicated O/O		in place?
2								
3								
4								
5								
6								
7								
8	-							
9	-							
10								
11								
12								
13								
14								
15								
16								
17								
18								
]

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DRIVER INFORMATION	-	Attach	currently valued motor	vehicle reports for a	III arı	ivers.
Driver Name	Date of Birth	CDL Experience	Date of Hire	Full Time/Par	t Tir	me
				1		
				+		
				+		
				+		
				+		
				+		
GENERAL QUESTIONS					es/	No
Any policy or coverage declined, cancelled or non-	=		rs for any premises o	r		
operations? (Missouri Applicants - Do not a Has applicant had a foreclosure, repossession, ban			the last five (E) years			
Do you act as a freight broker or freight forwarder			The last live (3) years:			
Do any entities derive revenue from sources other	than Tornire truc	King?				
Do you use double trailers and/or triple trailers?						
Are driver teams utilized?						
Are passengers ever allowed to accompany driver?	?					
Are any vehicles leased to others?						
Are all vehicles owned or operated under the appli	icant's authority sch	eduled on this appl	ication?	+		
Is a formal safety program in operation?				+		
Is there a vehicle maintenance program in operation	on?					
	OII:					
COMMENTS						
AGENCY INFORMATION						
Agency		Ph	one Number			
Address						
Agent Name	Agent Si	gnature		Date		
, serie raine	, igent si	Briatare		Date		
APPLICANT'S STATEMENT						
I hereby apply to AIG The Truck Insurance Gro	up for a policy of i	nsurance as set fo	orth in this applicati	on on the basis of	of	
statements contained herein.	ap ioi a policy oi i	nour arroe as see re	applicati	on on the basis (
Applicant Name	Applican	nt Signature		Date		

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