



Truck Insurance Application

P. 800-769-4321 F. 317-814-4794

Agency Name _____ Producer Name _____
 Agency Phone Number _____
 Company Name _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Fax _____ E-Mail _____
 Effective Date of Coverage _____ MC# _____ FEIN# _____

- List the 3 Largest Cities your operation enters: _____
- Years in Trucking Industry _____

Radius of Operation: 0-100 Miles _____% 101-300 Miles _____ 501+ _____

Average Length of Haul _____ Miles Max Length of Haul _____ Miles

**Please attach the last 4 quarters of IFTA reports.

Commodities Transported: Any Hazmat? Y / N

List Commodity	% of Loads	Average value of each load	Max Value
_____	_____ %	_____	_____
_____	_____ %	_____	_____
_____	_____ %	_____	_____
_____	_____ %	_____	_____

Must Total 100%

Coverage Requested:

Auto Liability: \$ 1,000,000 CSL – Yes ___ No ___ General Liability - \$1,000,000 – Yes ___ No ___

Physical Damage: Yes ___ No ___ Deductible amount - \$ 1,000/ 2,500/ 5,000 Other _____

Motor Truck Cargo: Yes ___ No ___ Limit \$ _____ Deductible \$ _____

Optional Coverage: * Wet Steel Coverage Yes ___ No ___ *Reefer Breakdown Yes ___ No ___

*Trailer Interchange Yes ___ No ___

Drivers:

Name	DOB	License #	State	Years Exp.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Vehicles:

Year	Make	Model	VIN	G.V.W	Value
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____