



**NON-TRUCKING LIABILITY APPLICATION**

Insured's Name:

Requested Policy Dates:

Address:

City:

State:

Zip:

Policy #:

Insured's DOT#

Insured's phone #:

Name of company or companies where Insured's equipment is leased:

Address:

City:

State:

Zip:

Phone #:

DOT #:

Term of Lease: from

to

**LIMITS**

Non-Trucking Liability Limit: \$

Uninsured Motorists (UM) Limit: \$

Underinsured Motorists (UIM) Limit: \$

Personal Injury (PIP) Limit: \$

**Physical Damage**

Comprehensive

Collision

Extras

Towing

Deductible

\$

\$

**Combined Deductible:**  Yes  No

Are non-employees ever allowed to ride in insured vehicles?:  yes  no

How long have you owned equipment listed below? :

Usual radius of operation: 0-300 miles

300-600 miles

600+ miles

Do you haul hazardous materials? :  yes  no

**COMMODITIES HAULED**

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**DRIVER INFORMATION**

Name	DOB	License#	State	YOE	Date of Hire	Violations last 3 yrs

**NON-TRUCKING LIABILITY PREVIOUS CARRIER & LOSS INFORMATION**

Policy Dates	Company Name	Policy Number	Premium Amount	# of Claims	Total Paid & Reserved
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$

**EQUIPMENT**

Unit #	Year	Make	VIN	Value

**LIENHOLDER / ADDITIONAL INSURED INFORMATION**

Auto No.	LH	AI	Name	Street Address	City	State	Zip code
1.	<input type="checkbox"/>	<input type="checkbox"/>					
2.	<input type="checkbox"/>	<input type="checkbox"/>					
3.	<input type="checkbox"/>	<input type="checkbox"/>					
4.	<input type="checkbox"/>	<input type="checkbox"/>					
5.	<input type="checkbox"/>	<input type="checkbox"/>					

**IMPORTANT – READ BEFORE SIGNING**

In making this application for insurance, it is understood that an investigation report may be made whereby information is obtained through personal interview with third parties such as family members, business associates, financial sources, friends, neighbors or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics and mode of living whichever may be applicable. You have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation. This notice is given in compliance with the Fair Credit Reporting Act of 1971.

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

I the undersigned represent that information stated in this application is true and correct and understand that the insurance policy will be issued subject to review as to insurability.

PRINT APPLICANT'S NAME: \_\_\_\_\_

APPLICANT'S TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PRINT AGENT'S NAME: \_\_\_\_\_

AGENT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

AGENCY NAME: \_\_\_\_\_