

Date:

Coverage Eff Date:

Agency Name: Contact Name: Ph: Fax:

Applicant Name: DBA: Mailing Address: City: State: Zip: Garaging Address: City: State: Zip: Phone: Years in Trucking Industry: Years in Business:

OPERATION TYPE: For Hire Private Non-Trucking Other (explain) RADIUS INFO: 0-100 Miles 101-300 Miles and 301-over Miles Please Identify Cities traveled through or into:

Table with 3 columns: City, State, Other. Lists various cities like Atlanta, GA, Baltimore, MD, Boston, MA, Buffalo, NY, Charlotte, NC, Chicago, IL, Cincinnati, OH, Cleveland, OH, Dallas/Ft Worth, TX, Denver, CO, Detroit, MI, Hartford, CT, Houston, TX, Indianapolis, IN, Jacksonville, FL, Kansas City, KS, Little Rock, AR, Los Angeles, CA, Louisville, KY, Memphis, TN, Miami, FL, Milwaukee, WI, Minneapolis/St. Paul, MN, Nashville, TN, New Orleans, LA, New York City, NY, New York City, NY, Oklahoma City, OK, Omaha, NE, Philadelphia, PA, Phoenix, AZ, Pittsburg, PA, Portland, OR, Richmond, VA, San Diego, CA, Seattle, WA, St. Louis, MO, Salt Lake City, UT, San Francisco, CA.

COMMODITIES TRANSPORTED:

Table with 9 columns: Commodity, % of Loads, Value, Commodity, % of Loads, Value, Commodity, % of Loads, Value.

OPERATION INFORMATION:

1. Are Fillings Required? If Yes Please Provide: DOT # MC # CA # Other # Receipts 2. Do you act as a freight-broker or freight forwarder or arrange loads for others? If yes, please provide Brokerage Name: Docket #: Annual Brokerage Revenue: \$ 3. Is all equipment operated under the applicant's authority scheduled on the application? If no, attach explanation. 4. Is all owned equipment scheduled on this application? If no, attach explanation. 5. Is all equipment owned by You? If no, attach explanation. 6. Do you sub-haul, lease or hire equipment from others? If yes, is it: (a) If permanently leased, is it scheduled on this application? Y N (b) If permanently leased, are autos hired with drivers? Y N (c) If trip leased, provide the annual cost of hire. Current Year: \$ Prior Year: \$ 7. Do you lease to others? If yes, who must provide Primary insurance? If you provide insurance, who is coverage desired for: And If Named Lessee(s), attach a list of Name Addresses for each lessee. 8. Do you pull Doubles, Triples or Both? 9. Do you haul Oversize / Overweight loads? Y N 10. Do you haul Containers or Containerized freight? 11. Do you haul any Hazardous-Materials? Y N

Table with 7 columns: No., DRIVERS NAME, LICENSE #, STATE, D.O.B, YEARS CLASS A EXP., DATE HIRED.

Table with 8 columns: No., YEAR, MAKE, VIN # (MUST BE 17 DIGITS), VALUE, TRLR TYPE, GVW, RADIUS (Miles).

Table with 8 columns: Prior Policy Dates, CARRIER NAME, Coverage Type: Liab/PHD/MTC, POLICY #, # of Units Insured, Any Losses: (Yes or No), Amount Paid, Driver Involved in Loss.

COVERAGE & LIMITS:

Auto Liability Limit: U.M Limit: Hired & Non-Owned Coverage Limit: Cargo Limit: Reefer-Breakdown Needed: YES Physical Damage Deductible Amount: Truckers General Liability Limit: GL Payroll: Medical Payment: PIP Limit:

\*\*\* Quick quote is only for 1-4 Power Units. You must submit a completed New York Marine Application for 5 and more Power Units\*\*\*