

Motor Truck Cargo Liability Physical Damage Trucker GL

Submitting Agent: _____ **E-mail:** _____ **Phone:** _____

Risk Name: _____

Garaging Address: _____

City: _____ State: _____ Zip: _____

MC#: _____ DOT #: _____

Type of Business: _____ Year in Business: _____

Cargo Limit \$ _____ Deductible \$ _____ Reefer Breakdown

Commodities Hauled: _____

Radius of Operations: _____ Projected Gross Receipts \$ _____ (Freight Brokers Only)

Gross Receipts 3 prior Year: \$

\$

\$

Vehicles: (Over 6 vehicle please add in excel format)

1. Year _____ Make _____ Value & Last 5 VIN # _____

Deductible: \$1,000 \$2,500 Other: \$ _____

2. Year _____ Make _____ Value & Last 5 VIN # _____

Deductible: \$1,000 \$2,500 Other: \$ _____

3. Year _____ Make _____ Value & Last 5 VIN # _____

Deductible: \$1,000 \$2,500 Other: \$ _____

4. Year _____ Make _____ Value & Last 5 VIN # _____

Deductible: \$1,000 \$2,500 Other: \$ _____

5. Year _____ Make _____ Value & Last 5 VIN # _____

Deductible: \$1,000 \$2,500 Other: \$ _____

6. Year _____ Make _____ Value & Last 5 VIN # _____

Deductible: \$1,000 \$2,500 Other: \$ _____



(Please attach MVR's) No MVR to be older than 3 months.

Name: _____ DOB: _____ Violations: _____ Yrs Exp: _____

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Please attach loss run (need 3 years loss run)

20 _____	Type of Loss(es) _____	Total Paid \$ _____	# of Losses _____
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Additional Comments: