



**DRIVER INFORMATION**

Name	Date of Birth	Driver's License #	State	# Years Experience	Date of Hire	Within past 3 years	
						# Accidents	# Traffic Violations
	/ /				/ /		
	/ /				/ /		
	/ /				/ /		
	/ /				/ /		
	/ /				/ /		

Provide details of all accidents:

**SCHEDULE OF UNITS**

List all units used in the operation of the Named Insured's business. All units owned by the Named Insured must be covered.

Unit #	Model Type	Year	Make/Model	Stated Value	Gross Vehicle Weight	Vehicle Identification Number
1				\$		
2				\$		
3				\$		
4				\$		
5				\$		

Model type: PU-Pickup; SRV-Service; TRK-Truck; TT-Tractor; TRLR-Semi-trailer; TRLRF-Full trailer; DTRK-Dump truck; TRLRD-Dump trailer; Refer-Refrigeration unit; Other

**LOSS PAYEES**

Unit #	Name	Address	City	State	Zip

**EXPERIENCE**

List all prior policies and provide hard copy loss runs

Policy Term		Carrier Name	Policy #	# of Losses		Amount of Losses	
From	To			Liability	PD	Liability	PD
/	/				\$	\$	
/	/				\$	\$	
/	/				\$	\$	
/	/				\$	\$	
/	/				\$	\$	

Describe claim(s) :

Has your insurance coverage ever been cancelled, refused or non-renewed?  yes  no

NOT APPLICABLE IN MISSOURI

If yes, give company name, date and reason:

**PLEASE READ \*\*\*\*\* FRAUD WARNING \*\*\*\*\* PLEASE READ**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

---

In connection with the processing of this Application, the Company may undertake an investigation of the credit worthiness of the Applicant and other matters contained herein. By signing this Application, Applicant authorizes Company to undertake such investigations which may include contacting credit references and others with knowledge of Applicant's affairs.

---

This Application shall not be binding unless and until a policy is issued and a down payment made and then only as of the commencement date of the policy and in accordance with the terms of this Application and of the policy. The Applicant hereby covenants and agrees that the statements and answers contained in this Application are a just, full and true exposition of all the facts and circumstances with regard to the risk to be insured, insofar as the same are known to the Applicant. This Application and the information provided herein are made the basis and the condition of the insurance, and are representations on the part of the insured. Material or fraudulent representations may prevent recovery on the policy.

If the laws or regulations of any city, county, regulatory body, state or states in which the Applicant intends to operate or of the Department of Transportation or Federal Motor Carrier Safety Administration require a special endorsement or rider to be attached to the policy, the Applicant hereby agrees that if the Company shall be obliged to pay any claim which it would not have been required to pay except for such endorsement or rider, the Applicant shall reimburse the Company for any and all claims and disbursements of every kind, including loss payments, costs and expenses paid in connection with such claim, and expenses incurred by the Company in enforcing the terms of this Application and the policy. The terms of this Application shall apply not only to the original policy or policies issued in connection with this Application, but also to any renewals or extensions thereof.

It is mutually understood and agreed between the Company and the Applicant that any inspection of premises, operations, or any matter pertaining to insurance provided by the Company is made for the use and benefit of the Company only, and is not to be relied upon by the Applicant in any respect.

**THE APPLICANT, BY HIS/HER SIGNATURE CONFIRMS FULL KNOWLEDGE OF ALL OF THE ABOVE, AND FULL KNOWLEDGE OF, AND ADHERENCE TO, CURRENT D.O.T. SAFETY REGULATIONS.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Name

\_\_\_\_\_  
Agency Address

\_\_\_\_\_  
Agency Phone #

\_\_\_\_\_  
Agent Signature

\_\_\_\_\_  
Agent Name

\_\_\_\_\_  
Date