ACORD, TRUCKERS/MOTOR CARRIERS SECTION												DATE (MM/DD/YYYY)								
	PRODUCER PHONE (A/C, No, Ext): FAX						APPLICANT (First													
	(A/C, No):						Named Insured)													
							EFFECTIVE DATE EXPIRATION DATE DIRECT BILL							PAYMENT PLAN AUDIT				UDIT		
							OR					A	GENCY BILL							
CODE:	CY		SUBCO	ODE:		 	OMPAN JSE ONL	Y Y												
	CUSTOMER ID:							LATION												
								MON CARR	IER			DO	OT RATING							
							CONTRACT CARRIER DOCKET #:													
						L	PRI	/ATE CARRI	ER			IC	C FILING REC	QUIRED; DOC	ET#:					
									ATTAC	H AC	ORD	194	FOR STA	TE/FEDE	RAL	FILIN	GS			
COV	ERAGE	S/LIMIT																		
				CORD	137 FOR YOU	R S	TATE				RAGI	ES/L	IMITS INI	FORMATI	ON					
REC	EIPTS, N	/IILEAG	SE, UNITS			1	‡ POWFF		ODITIE						% TC	TAI				
	GROSS RECEIPTS TOTAL MILEAGE					#POWER UNITS COMMODITIES TRANSPORTED								% TOTAL REVENUE VALUE PER TRUCK LO				(LOAD		
NEXT YEAR (EST)																\$				
PAST YEAR PREV YEAR		\$														\$				
	PREV YEAR \$														\$					
	WINALS							!												
#					NAME AND	ADD	RESS O	FTERMINAL	s						#	VEH	DIST FI	ROM GARAGE		
DBIV	ER INFO	DMAT	TON	A.C.C	NRD 162 ottoob	ad 6		itional dr	·lvoro											
					ORD 163 attach					HO DRI	VE OWN	N VEHI	ICLES ON COM	MPANY RUSIN	FSS					
LIST ALL DRIVERS, INCLUDING FAMILY MEMBERS THAT WILL DRIVE COMPA DRIVER NAME (Include address, if required)							EX MAR STAT DATE OF BIRTH YRS YEAR DRIVERS LICENSE NUMBER/ EXP LIC SOCIAL SECURITY NUMBER						STATE LIC	DA	TE RE \	E USE % E VEH# USE				
			,		·		CIAI		•	LAF		300	JAL OLOURI	. HUMBER		- '''	··- \	#	332	

EQI	JIPMENT		ACORD 129	Vehicle Se	ction) attac	hed for	r ow	nec	d units								
				PER VEHICLE													
VEHICLE TYPE		TYPE	COMPANY OWNED			TRIF		LOCAL			DIUS (MILES) INTER- MEDIATE LONG MINISTRANCE						
TRUC	CKS																
TRAC	CTORS																
SEMI-TRAILERS																	
FULL TRAILERS																	
TANK SEMI-TRAILERS																	
TANK TRAILERS																	
REFF	RIGERATED TR	RAILERS															
SERVICE TRUCKS																	
PRIV	ATE PASSENG	SER AUTOS															
TOTA	AL VEHICLES																
GEI	NERAL INF	ORMATION	l														
EXPL	AIN ALL "YES"	" RESPONSES IN	REMARKS				YES	NO	EXPLAIN AL	LL "YES"	RESPONSES IN REM	IARKS		YES	NO		
1. IS	THERE A VEHI	CLE MAINTENAN	NCE PROGRAM II	OPERATION?	>				11. DOES A	PPLICAN [*]	T HAUL FOR OTHER	TRUCKER	S?				
2. DC	ES APPLICAN	T OBTAIN MVR V	ERIFICATION OF				12. DO OTH	ERMIT OF THE									
3. DC	ES APPLICAN	T HAVE A SPECI	FIC DRIVER REC			APPLICA	es so operated)										
4. AR	E ANY DRIVER	RS NOT COVERE	D BY WORKERS	KERS COMPENSATION?					13. IS COVE	13. IS COVERAGE REQUIRED FOR TRAVEL IN CANADA OR MEXICO?							
5. DOES APPLICANT OWN OR OPERATE EQUIPMENT NOT LISTED HERE?									14. ARE DRI								
6. DOES APPLICANT HAUL ANY DANGEROUS, CAUSTIC, RADIOACTIVE									15. ANY HO								
OR FLAMMABLE CARGO?									16. ANY DRI	DNS?							
7. DC	ES APPLICAN	T HAUL TARGET	COMMODITIES	OMMODITIES (ie: stereos.					17. DO ANY	7. DO ANY VEHICLES HAVE SPECIAL EQUIPMENT MOUNTED OR ATTACHED							
DOES APPLICANT HAUL TARGET COMMODITIES (ie: stereos, televisions, pharmaceuticals, liquor, meat, seafood, etc)									18. DOES A	PPLICAN [*]	T PULL DOUBLE OR	TRIPLE TR	AILERS?				
8. DO DRIVERS RECEIVE REGULAR PHYSICALS?									19. DOES AI	FORM TOWING?							
9. DOES APPLICANT HIRE EQUIPMENT FROM OTHERS?									20. ARE VEH	ENDED?							
10. DOES APPLICANT RENT OR LEASE VEHICLES OR EQUIPMENT TO									21. ARE AN	Y OVERA	GE, SHORTAGE OR	DAMAGE C	LAIMS PENDING?				
OTHERS WITH/WITHOUT OPERATORS?																	
ADI	DITIONAL	INTEREST/C	CERTIFICAT	E RECIPIE	NT	ACO	RD	45 a	ttached f	or add	itional names						
INTE	TEREST RANK: NAME AND ADDRESS REFERENCE #:										CERTIFICATE REQU	IRED	INTEREST IN ITEM NUMBE	R			
	ADDITIONAL	INSURED										VI	EHICLE:				
	LOSS PAYEE											S	CHEDULED ITEM NUMBER:				
	LIENHOLDER											0	THER				
	EMPLOYEE AS LESSOR																
	ITEM DESCRIPTION:																
INTE	1										CERTIFICATE REQU						
	ADDITIONAL INSURED									<u> </u>	VEHICLE:						
	LOSS PAYEE											-	CHEDULED ITEM NUMBER:				
	LIENHOLDER											0	THER				
EMPLOYEE AS LESSOR																	
ITEM DESCRIPTION:																	
RE	MARKS																
ı																	