

SMALL FLEET INSURANCE APPLICATION

GENERAL INFORMATION									
Effective Date		US DOT#		Years in Business			FEIN#		
Applicant Name									
Mailing Address									
Principal Garaging Address(If Different)									
Contact Name									
Phone #				e-Mail					
Type Of Entity:	Proprietorship	Partnership	Corporation	Individual	Other				
OPERATIONS									
Dry Van	Refrigerated	Flatbed	Liquid Tank	Dry Bulk	Containerized	Dump			
COMMODITIES									
Identify the principal types of cargo hauled; avoid listing "General Merchandise". Percentages should total to 100%.									
Description					Flammables, Explosives or Chemicals?		Percentage		
CURRENT AND HISTORICAL INFORMATION									
Attach 4 years of currently valued loss runs for all coverages being requested.									
Proposed Policy Period (estimate)	# of Power Units	Gross Receipts	Total Mileage	Auto Liability Insurance Carrier		Physical Damage Insurance Carrier			
Current Policy Period									
Prior Policy Period 1									
Prior Policy Period 2									
Prior Policy Period 3									
TARGET PRICING									
AL Per Unit Target Price				PD Target Rate					
INSURANCE REQUESTED									
Auto Liability		Limit		Deductible					
Uninsured Motorist*		Limit		Reject		*Requested limits (or rejection of limits, where permissible) as completed here is a preliminary indication only. The selection and/or rejection of limits by state will be reflected in the applicant's completed and submitted UM/UIM Selection/Rejection Tool and PIP Selection/Rejection Tool.			
Underinsured Motorist*		Limit		Reject					
Personal Injury Protection*		Limit		Reject					
Physical Damage		Deductible							
Trailer Interchange		Limit		Number of Trailers			Number of Days		
Hired Auto Liability**		Cost of Hire			**Attach a copy of the insured's most recent year end profit and loss sheet, tax statement or other financial information.				
Non-Owned Liability		Number of Employees							
REQUIRED FILINGS									
We must insure all vehicles owned or operated by the insured to make a filing.									
Federal MC#		Other State (list state & authority#)							
CA Authority#		PA PUC#			TX Dot#				

EQUIPMENT INFORMATION

*Vehicle Body Type = Tractor, Straight Truck, Dump Truck, Pickup Truck, Van, PPT, Trailer

Veh #	Year	Make	Body Type*	Vin	GVW	Stated Value
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						

Veh #	Radius (Local 0-50) (Interm 51-200) (Long Haul 200+ * attach IFTA)	Garaging Location		Registration	Company Owned / Long Term Lease w/o driver / Exclusive dedicated O/O	If O/O, non- trucking cov in place?
		State	Zip Code	State		
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						

DRIVER INFORMATION

Attach currently valued motor vehicle reports for all drivers.

Driver Name	Date of Birth	CDL Experience	Date of Hire	Full Time/Part Time

GENERAL QUESTIONS**Yes No**

Any policy or coverage declined, cancelled or non-renewed during the prior three (3) years for any premises or operations? (Missouri Applicants - Do not answer this question)		
Has applicant had a foreclosure, repossession, bankruptcy or filed for bankruptcy during the last five (5) years?		
Do you act as a freight broker or freight forwarder or arrange loads for others?		
Do any entities derive revenue from sources other than "for hire" trucking?		
Do you use double trailers and/or triple trailers?		
Are driver teams utilized?		
Are passengers ever allowed to accompany driver?		
Are any vehicles leased to others?		
Are all vehicles owned or operated under the applicant's authority scheduled on this application?		
Is a formal safety program in operation?		
Is there a vehicle maintenance program in operation?		

COMMENTS

AGENCY INFORMATION

Agency	Phone Number	
Address		
Agent Name	Agent Signature	Date

APPLICANT'S STATEMENT

I hereby apply to AIG The Truck Insurance Group for a policy of insurance as set forth in this application on the basis of statements contained herein.

Applicant Name	Applicant Signature	Date
----------------	---------------------	------