

**Truck Fleet Insurance Quotes (828) 447-0036
FLEET INSURANCE APPLICATION For Quote**

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 Liabi	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						

