

Trucking Insurance Application Form

Basic Information

1. Email Address: _____
2. Garaging Address: _____
3. VIN Number(s): _____

Prior Insurance Details *(if applicable)*

1. Name(s) of Prior Carrier(s): _____
2. Coverage Types: *(Liability, Cargo, Physical Damage)* _____
3. Effective Dates: _____
4. Available Loss Runs: *(Please attach if available)* _____

Operational Information

Are you hauling any hazardous materials?

☐ Yes ☐ No

If yes, please describe the material types and the approximate percentage of loads.

Do you utilize subhaulers?

☐ Yes ☐ No

If yes, what is your estimated annual cost of hire?

Has there been any ownership or management change within the past 5 years?

☐ Yes ☐ No

If yes, kindly explain.

Have you held ownership in any other trucking companies within the past 5 years?

☐ Yes

☐ No

If yes, please provide the company names and corresponding MC#.

Do you loan, lease, or rent your trucks/trailers to others (with or without drivers)?

☐ Yes

☐ No

Do you haul specialized equipment

(e.g., flatbed loads, oversized, overweight, doubles, triples)?

☐ Yes

☐ No

Company Profile

How many years has your company been in business?

How many years of prior insurance coverage (if any) have you had?

Would you like a Workers' Compensation quote?

☐ Yes

☐ No

Operation Type

Please confirm: *(Select one)*

☐ For Hire

☐ Private

☐ Non-Trucking

Other *(please explain if Other)*

Driver Information

Number of Drivers: _____

Driver Details:

Full Name	DOB	Driver's License NO.	Years of Experiences

Coverage Selections

Bodily Injury Limits:

Full Truck Coverage: (Please specify preferred deductible)

Cargo Insurance: ☐ Yes

☐ No

Interstate Insurance: ☐ Yes

☐ No

Commercial General Liability Insurance: ☐ Yes

☐ No

Trailer Interchange Insurance: ☐ Yes

☐ No

Uninsured/Underinsured Motorist Coverage: ☐ Yes

☐ No

Additional Details

What types of cargo will you be hauling?

Will the driver utilize Team Driving/Slip Seating?

Will hazardous material be part of the haul?

How many states will your operations cover?

If you have any Prior Insurance history, please provide:

Prior carriers, coverage types (Liability, Cargo, Physical Damage), effective dates, and loss runs (if available).

Commodities

Percentage of Loads

Value of loads

Miles

Vehicle Information

For each vehicle, please provide:

Year	
Make	
Trailer Type	
Gross Weight	
Radius of Operation	
Value/Price (\$)	
Truck VIN	
Trailer VIN	