



Trucking Insurance Program

FLORIDA

158 N. Harbor City Blvd, Melbourne, FL 32935
800-444-8474 (PH) 321-757-6147 (FX)

TRUCKERS PHYSICAL DAMAGE APPLICATION

No coverage is effective until approved by the General Agent

Effective Date: _____

Quote Needed By: _____

Contact Person: _____

Agency: _____

Phone: _____ Fax: _____ Agent E-mail: _____

General Information Is this new business to your agency? No Yes

Name of Risk: _____ Operations began: _____

Mailing address: _____

Building address: _____

Is this address within the Municipality City Limits? Yes No County: _____

E-mail address: _____ Fax No: _____

Inspection contact: _____ Phone No: _____

FEIN or Social Security # _____ MC # _____

Risk is: Individual Partnership Corporation Other – Please specify _____

Any policy cancellations/non-renewals in the last three years? No Yes, If yes why _____

Has the risk filed for bankruptcy in the last five years? No Yes, has it be discharged? No Yes

Radius of Operation

Operations from Headquarters	0-50 miles	51-200 miles	201-500 miles	Unlimited
Percentage of total mileage	%	%	%	%
Principal states of operation				

Commodities Hauled

Commodities	% Of Revenue	Average Value	Maximum Value
	%	\$	\$
	%	\$	\$
	%	\$	\$
	%	\$	\$

Physical Damage Coverage

Deductibles:	Collision: \$ _____	Spec Perils: \$ _____
Tractors values:	\$ _____	Trailer values: \$ _____
Total Values:	\$ _____	Maximum value (one tractor/trailer) \$ _____

Equipment Summary	Tractors	Trucks	Trailers		
			Van	Flat Bed	Dumps
Owned					
Owner/Operator					

VEHICLE SCHEDULE (if over five units attach page with this same information)

Unit #	Year	Make/Model	Type	GVW	Serial Number	Stated Amount	Loss Payee Applies
1.							<input type="checkbox"/>
2.							<input type="checkbox"/>
3.							<input type="checkbox"/>
4.							<input type="checkbox"/>
5.							<input type="checkbox"/>

LOSS PAYEE INFORMATION

Unit #	Loss Payee Name	Address	City	State	Zip
1.					
2.					
3.					
4.					
5.					

Special Exposures:

- Do you pull "double" or "triple" trailers? No Yes
- Oversize/ Overweight? No Yes if "yes", percentage of revenue: _____ %
- "Haz Mat" No Yes if "yes", percentage of revenue: _____ % with placarding _____ %
- Applicant owns or leases **vehicles not specified in this application**? No Yes
 - Applicant **hires vehicles** from others? No Yes - Applicant **hauls for other truckers**? No Yes
 - Applicant **rents/ leases vehicles** or equipment to others **with or without drivers**? No Yes, _____ % revenue
 - **Other truckers operate under the authority of the applicant**? No Yes, _____ % of revenue # units

DRIVERS: All Drivers must meet the company's guideline.

Minimum driver age and experience: From: _____ To: _____ Yrs. Experience: _____

Current number of drivers: _____ Hired last twelve months: _____ Terminated: _____

DRIVER INFORMATION

Name	Years Exp.	D.O.B.	License No.	State	Accidents	Violations	MVR attached
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>

LOSS INFORMATION

Coverage Year	Carrier	Number of accidents	Open Claims		Closed Claims		Collision	Fire & Theft
			Collision	Fire & Theft	Collision	Fire & Theft		
/			\$	\$	\$	\$	\$	\$
/			\$	\$	\$	\$	\$	\$
/			\$	\$	\$	\$	\$	\$
/			\$	\$	\$	\$	\$	\$
/			\$	\$	\$	\$	\$	\$

DO NOT SIGN THIS APPLICATION UNTIL YOU COMPLETELY READ AND FULLY UNDERSTAND IT.

X _____ X _____
 Insured's Signature Date Agent's Signature Date

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