

Truck Insurance Application

Fax Instructions

Attention: **Gena Mann**

Fax Number: **(214) 269-8222** (or email to: *Insurance@abcllc.com*)

Date:

Best Time to Call:

Applicant Information

Applicant Name: MC#:

Mailing Address (Line 1): Phone:

Mailing Address (Line 2): Fax:

City: State: Zip Code:

Email: Legal Status:

Current Insurance Provider: Nbr. Years:

Nbr. Years Operating under Current MC#

Operations

	<i>Prior Year</i>	<i>Est. This Year</i>	<i>Proj. Next Year</i>
Revenues – Trucking Operations:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Mileage – Trucking Operations:	<input type="text"/>	<input type="text"/>	<input type="text"/>

Radius of Operations – estimated percentages, in miles:

<75 % 76-150 % 151-300 % 301-500 % >500 %

<i>Commodities Hauled</i>	<i>Pct. Hauled</i>	<i>Max. Value</i>	<i>Avg. Value</i>
<input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="text"/>

Please attach IFTA Quarterly State Mileage Reports for past two (2) years
Please attach Loss Runs, for past two (2) years, if available

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Driver Information				
<i>Driver Name</i>	<i>Date of Birth</i>	<i>Date of Hire</i>	<i>License Nbr & State</i>	<i># Years Commercial Driving Experience</i>
1.				
2.				
3.				
4.				
5.				

Note: Current driver listing with above information is adequate

Power Units				
<i>Year</i>	<i>Make</i>	<i>Model</i>	<i>Type</i>	<i>Current Insurable Value</i>
1				
2				
3				
4				
5				

Trailers				
<i>Year</i>	<i>Make</i>	<i>Model</i>	<i>Type</i>	<i>Current Insurable Value</i>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Please attach additional pages as appropriate.