



5421 FELTL RD STE 140,  
MINNETONKA, MN 55343  
Phone: 952-563-1234  
Fax: 952-563-1235

1. Agency Information			
Submitting Agency:		Phone:	
Contact Person:		Email:	

2. Applicant Information				
Applicant:			Effective Date:	
Garaging Address:		City:	State: Zip:	
MC #:	US DOT #:		Telephone Number:	
Radius of Operations: 0-50 Miles 50-200 Miles Over 200 Miles			Years in Business:	
			Applicant's Contact Person:	
			Major cities travelled through:	
		Applicant's Email:		
		Federal ID No:		

3. Coverage Requested						
Auto Liability			Physical Damage		Motor Truck Cargo	
CSL:			<input type="checkbox"/> Comprehensive		Limit:	
UM/UIM:			<input type="checkbox"/> Specified Perils		Deductible:	
PIP:			<input type="checkbox"/> Collision		Refrigeration Breakdown?	<input type="checkbox"/> Yes No
Hired Auto (Cost of Hire):			Deductible:			
Non-Owned Auto (# of Employees)						
Trailer Interchange						
Limit:		# of Trailers:		# of Days	Is there a signed trailer interchange agreement in place? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>General Liability – Please send the ACORD 126 if General Liability is needed.</b>						

4. History						
Operation History						
Year	Number of Power Units		Total Miles		Gross Receipts	
Projected						
Current (2015-2016)						
2014-2015						
2013-2014						
2012-2013						
Loss History						
Auto Liability		Carrier	# of Losses	Reserves	Paid	Total Incurred
Policy Start	Policy End					
/	/					
/	/					
/	/					
Physical Damage		Carrier	# of Losses	Reserves	Paid	Total Incurred
Policy Start	Policy End					
/	/					
/	/					
/	/					
Motor Truck Cargo		Carrier	# of Losses	Reserves	Paid	Total Incurred
Policy Start	Policy End					
/	/					
/	/					
/	/					

5. Areas of Operation (%)				
Southeast	East	Northeast	Gulf	Midwest
North Central	Mountain	Pacific	New England	

6. Commodities Hauled			
Commodity	% Hauled	Maximum Value	Average Value

7. Drivers (Indicate O for Owner/Operator or E for Employee)					
Name	O/E	Date of Birth	License #	Date of Hire	# of Accidents/Violations

8. Vehicles(Attach separate sheet if needed)			
TRACTORS(YR/MAKE/MODEL)	TYPE	VIN	Stated Amount
TRAILERS(YR/MAKE/MODEL)	TYPE	VIN	Stated Amount
Total Values:			

9. Loss Payee(s)	Address (Attach separate sheet listing loss payees if needed)



**Attention all applicants in the states of AL, AR, AZ, CO, DE, FL, IN, KY, MN, NH, NJ, NY, OH, OK, PA, TN, UT – For your protection, the preceding states’ laws require the following to appear on this form:** Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false, incomplete, or misleading information, or conceals information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime punishable by incarceration, and shall also be subject to civil penalties.

**For risks located in New York, Pennsylvania, and California:** Any person who knowingly makes or assists, abets, solicits or conspires with another to make a false or misleading reports or the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, a state department of motor vehicles, or an insurance company, commits perjury or a fraudulent insurance act, which are crimes punishable by incarceration, and shall also be subject to a civil penalty.

The Applicant hereby applies to the Company for a policy of insurance as set forth in this application on the basis of statements contained herein. Applicant agrees that such policy shall be null and void if such information is materially false or misleading so that the Company would have rejected the risk, prior to inception. Applicant understands that an inquiry may be made which will provide applicable information concerning character, general reputation, financial stability and other pertinent financial data, personal characteristics, mode of living or other background information the company deems necessary in order to determine whether the Company will accept or reject Applicant for coverage. Upon written request, additional information as to the nature and scope of the inquiry, if one is made, will be provided. The Applicant understands this application is a request for quotation and no information provided herein shall be construed by either party as creating a binding contract for insurance.

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Signature of Applicant

Date

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Print Name

Title

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Signature of Agent

Date