

## 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

Dump	Wood Chip	Flatbed	Tanker	Dry Bulk	Containerized	Dump
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## 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 3 - 5 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

Auto Liability Per Unit Target Price	Auto Phys Dam Target Rate
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## INSURANCE REQUESTED

Auto Liability	Limit	Deductible
Uninsured Motorist*	Limit	Reject
Underinsured Motorist*	Limit	Reject
Personal Injury Protection*	Limit	Reject
Physical Damage	Deductible	
Trailer Interchange	Limit	Number of Trailers
Hired Auto Liability**	Cost of Hire	Number of Days
Non-Owned Liability	Number of Employees	

\*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.

\*\*Attach a copy of the insured's most recent year- end profit and loss sheet, tax statement or other financial information.

## 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							
Radius % (Local 0-50) (Intermediate 51-200) (Long Haul 200+ )			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							

## DRIVER INFORMATION

Attach currently valued motor vehicle reports for all drivers.

[illegible]

GENERAL QUESTIONS		Yes	No
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GENERAL QUESTIONS		Yes	No
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Any policy or coverage declined, cancelled or non-renewed during the prior three (3) years for any premises or operations? <b>(Missouri Applicants - Do not answer this question)</b>		
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Has applicant had a foreclosure, repossession, bankruptcy or filed for bankruptcy during the last five (5) years?		
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Do you act as a freight broker or freight forwarder or arrange loads for others?		
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Do any entities derive revenue from sources other than "for hire" trucking?		
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Do you use double trailers and/or triple trailers?		
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Are driver teams utilized?		
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Are passengers ever allowed to accompany driver?		
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Are any vehicles leased to others?		
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Are all vehicles owned or operated under the applicant's authority scheduled on this application?		
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Is a formal safety program in operation?		
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Is there a vehicle maintenance program in operation?		
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COMMENTS	
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AGENCY INFORMATION	
Agency Name	
Agency Address	
Agency Phone	
Agency Fax	
Agency Email	
Agency Website	
Agency Contact Person	
Agency Contact Title	
Agency Contact Address	
Agency Contact Phone	
Agency Contact Fax	
Agency Contact Email	
Agency Contact Website	
Agency Contact Person	
Agency Contact Title	
Agency Contact Address	
Agency Contact Phone	
Agency Contact Fax	
Agency Contact Email	
Agency Contact Website	

Agency	Phone Number
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Agency	Phone Number
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Address \_\_\_\_\_

Agent Name	Agent Signature	Date
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Agent Name	Agent Signature	Date
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Agent Name	Agent Signature	Date
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<p align="center"><b>APPLICANT'S STATEMENT</b></p>	
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I hereby apply to AIG The Truck Insurance Group for a policy of insurance as set forth in this application on the basis of statements contained herein.

Applicant Name	Applicant Signature	Date
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Applicant Name	Applicant Signature	Date
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Applicant Name	Applicant Signature	Date
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