



The Truck Insurance Group

### SMALL FLEET INSURANCE APPLICATION

#### GENERAL INFORMATION

<b>Applicant Name:</b>					
<b>Applicant Address</b>				City	State
				County	Zip
<b>Principal Garaging Address(If Different)</b>				City	State
				County	Zip
<b>Type Of Entity:</b>		<b>Applicant Phone</b>		( ) -	
<input type="checkbox"/> Proprietorship, <input type="checkbox"/> Partnership,		<b>M.C. Number</b>			
<input type="checkbox"/> Corporation, <input type="checkbox"/> Individual, <input type="checkbox"/> Other		<b>Social Security Or Tax I.D. Number:</b>			
<b>Name of Person to Contact:</b>				<b>Number Of Years In Business?:</b> _____	

#### COVERAGE DESIRED

Coverage	Limit	Deductible	Symbol
Primary Liability	<input type="checkbox"/> 300 <input type="checkbox"/> 500 <input type="checkbox"/> 750 <input type="checkbox"/> 1000	<input type="checkbox"/> None <input type="checkbox"/> 1000 <input type="checkbox"/> 2500	
Non Trucking Use	<input type="checkbox"/> 300 <input type="checkbox"/> 500 <input type="checkbox"/> 750 <input type="checkbox"/> 1000	N/A	
Personal Injury	<input type="checkbox"/> Reject <input type="checkbox"/> _____	N/A	
Uninsured Motorists	<input type="checkbox"/> Reject <input type="checkbox"/> _____	N/A	
Physical Damage	Stated Amount	<input type="checkbox"/> \$1000 <input type="checkbox"/> \$2500	

#### MILEAGE BY STATE (Or Attach Copy of Schedule B -- Fuel Tax Summary)

State	Annual Mileage	State	Annual Mileage	State	Annual Mileage

#### DRIVER INFORMATION

Driver Name	Date Of Birth	License # and (State)	Date Employed	Commercial Experience
1.	/ /	( )	/ /	
2.	/ /	( )	/ /	
3.	/ /	( )	/ /	
4.	/ /	( )	/ /	
5.	/ /	( )	/ /	
6.	/ /	( )	/ /	

#### VIOLATIONS and ACCIDENTS

Driver Name	Date Of Violation	Details Of All Violations Or Accidents In The Last 36 Months	Place
	/ /		
	/ /		
	/ /		
	/ /		
	/ /		

#### FINANCIAL INFORMATION

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

#### FILINGS

Does the applicant require:  ICC Filing (provide docket #MC)  PUC Filing  Other state filings (Specify state)\_\_\_\_\_

Note: 1. We must insure all vehicles owned or operated by the insured to make an ICC or PUC filing. 2.: No filings will be make until downpayment is received and the risk is accepted. 3. There is a fully earned filing fee of \$10.00 for filings made as a result of reinstatement.

