



1255 Roberts Blvd ; Ste 102
 Kennesaw, GA 30144
 Telephone (770) 874-0486

| | |
|--|-----------------|
| Effective Date: | Agent: |
| Name: DBA: MC / USDOT#: | Address: |

Radius:

| |
|--|
| Radius: 0-100__% 101-300__% 301-600__% 601+__% |
| Regular Cities Traveled Through: |

Commodities:

| Commodity Hauled: | Percentage: | Max Load: | Average Load: |
|--------------------------|--------------------|------------------|----------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Loss History

| Period: | Carrier: | Liability: | Phys: | Mtc: |
|--|-----------------|-------------------|--------------|-------------|
| 2010-2011 | | \$ | \$ | \$ |
| 2009-2010 | | \$ | \$ | \$ |
| 2008-2009 | | \$ | \$ | \$ |
| **If less than 2 years in business, please explain prior experience: | | | | |
| | | | | |
| Has the Insured Ever Been Cancelled? <input type="checkbox"/> No <input type="checkbox"/> Yes if yes Why? | | | | |

Power Units & Trailers:

| Year | Make | Vin | PD Value |
|-------------|-------------|------------|-----------------|
| | | | |
| | | | |
| | | | |
| | | | |

Driver Information:

| Name: | DOB: | Years Experience: | MVR Record: |
|--------------|-------------|--------------------------|--------------------|
| | | | |
| | | | |
| | | | |

Safer:

| | | | |
|----------------------|---------------------|----------------------|----------------------|
| Safer Rating: | Rating Date: | Vehicle OOS%: | Driver OOS %: |
|----------------------|---------------------|----------------------|----------------------|

Coverages Requested:

| | | | |
|--|---|--|---|
| Liability: Target Rate: \$ | CSL: <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$750,000 | UM/UIM: Yes/No Limit: | PIP: Yes/No Limit: Basic |
| Physical Damage: Target Rate: % | Total Values: _____ | Deductible: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 | |
| Cargo: Target Rate: \$ | Limit: \$ | Deductible: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 | <input type="checkbox"/> Refrigeration Breakdown <input type="checkbox"/> Other |