

This policy is issued by your risk retention group. Your risk retention group may not be subject to all the insurance laws and regulations of your state. State insurance insolvency guaranty funds are not available for your risk retention group.

**APPLICATION FOR COVERAGE**

Agency:

Producer:

Name:	DBA:
Mailing Address:	Contact Name:
Phone Number:	E- Mail:
SMS Pin:	Target
Owners/Executives:	Target Premium:
Owners/Executives	Federal Tax ID Number:
Owners/Executives:	US DO
Owners/Executives:	MC Number

Form of Business:  Sole Proprietor  Partnership  Corporation

Number of Years in Business:

Required Filings:  Federal  State list other filings that are needed:

Any Subsidiaries?  Yes  No If Yes please list details:

Has the company ever been under another name or DOT?  Yes  No

If yes above, please provide details:

**Description of Operations:**

Carrier Type:  Common  Contract  Private  Other:

US DOT: MC Number

Have you been cancelled or non-renewed in the last 3 years?  Yes If  No

yes please provide details:

Is Carrier involved in any non-trucking?  Yes  No

Does Carrier Team driver at all?  Yes  No

List Commodity and percentage hauled.	.

Radius by %:  0-100 Miles  101-500 Miles  501-1,000 Miles  Over 1,000

Common States and Major Cities :

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**Coverages and Limits (Any coverages not listed are not offered):**

Liability Limit: \$1,000,000

Other Supplementary Coverages: Hired Non-Owned

UM-BI: Reject Accept State Min Limit Other Limit:

UM-PD: Reject Accept State Min Limit Other Limit:

UIM BI: Reject Accept State Min Limit Other Limit:

UIM PD: Reject Accept State Min Limit Other Limit:

No-fault: Reject Accept State Min Limit Other Limit:  
(PIP/Med Pay)

PIP Supplementary Coverages: list all supplementary coverages desired  
(Note some state may require a coverage for example Pedestrian PIP for NJ, that will be added automatically)

**Equipment Schedule:** (if list doesn't fit please send as separate document along with this application)

Type of Equipment	VIN	Year	Make	Owner/Operator

**Driver Schedule:**(if list doesn't fit please send as separate document along with this application)

Name	DOB	Driver's License	Years of Experience

The statements and answers given on this application are true and accurate. The applicant has not wilfully concealed or misrepresented any material fact or circumstance concerning this application.

Applicants Name: \_\_\_\_\_ Title: \_\_\_\_\_

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Applicants Signature:  I understand that checking this box constitutes a legal signature.

Date: \_\_\_\_\_