

DESIRED POLICY EFFECTIVE DATE :	TIME:	am
_____ / _____ / _____	_____ :	pm



The Truck Insurance Group
SMALL FLEET INSURANCE APPLICATION

GENERAL INFORMATION

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

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 acceptad. 3. There is a fully earned filing fee of \$10.00 for filings made as a result of reinstatement.



SierraSpecialty The Truck Insurance Group Information Sheet

1. Has the applicant had 2 or more years of primary liability coverage? Yes No
If NO, give the details of the applicant's driving experience and employer for the last 5 years.

2. Does the applicant pull double/triple trailers or tanker trailers? Yes No
If YES, give the details of the trailers the applicant pulls. _____
3. Does the applicant act as a truck broker? Yes No
If YES, Does the applicant have broker authority? _____
Give the details to the dollar amount derived from broker exposure _____
4. Are placards required for any commodity hauled by the applicant? Yes No
If YES, give the details of the commodity hauled and the % of hauls of each commodity. _____

5. Within the past 4 policy terms, has the applicant suffered any loss over \$5,000? Yes No
If YES, how many automobile liability losses has the applicant suffered that totaled (paid and/or reserved) \$5,000. Or more? _____
6. Are all vehicles owned/operated by the insured being scheduled on this policy? Yes No
If NO, give the details of the vehicles not scheduled on this policy. _____
7. Has the applicant's insurance been cancelled or non-renewed within the past 5 years? Yes No
If YES, give the details as to why previous coverage has been cancelled or non-renewed.

8. Are team drivers utilized? Yes No
If YES, give the details of the % of units seated with teams. _____
9. Please specify the percentage of trips from the garaging location.
% of trips 0-100 _____ % of trips made 101-300 _____ % of trips over 300 _____
10. Are passengers allowed to accompany driver? Yes No
If YES, give the details of the authorized passenger _____
11. Are all power units owned/operated by applicant tagged and titled in same state? Yes No
If NO, how many states are the power units tagged and titled in? Please list all states. _____
12. Has any driver ever been convicted of a felony? Yes No
If YES, give the details of the conviction _____
13. Does any driver have any medical impairment? Yes No
If YES, give the details of the medical impairment. _____
14. What is the current DOT rating? _____
15. If you own and/or operate Private Passenger/service Vehicles or Straight Trucks are they insured under a commercial auto liability policy issued by another company? Yes No
16. Total Annual Revenue \$ _____
17. Total Subhaul Revenue \$ _____



The Truck Insurance Group Mileage By State Sheet

Total Mileage _____

State	Annual Mileage	State	Annual Mileage	State	Annual Mileage	State	Annual Mileage
AK		AL		AZ		AR	
CA		CO		CT		DE	
DC		FL		NFL		SFL	
GA		ID		IL		IN	
IA		KS		KY		LA	
ME		MD		MA		MI	
MN		MS		MO		MT	
NE		NV		NH		NJ	
NM		NY		NC		ND	
OH		OK		OR		PA	
RI		SC		SD		TN	
TX		UT		VT		VA	
WA		WV		WI		WY	