

NON-TRUCKING APPLICATION

Producer: _____ Date submitted: _____

APPLICANT INFORMATION:

Name: _____ Contact Name: _____
 DBA: _____
 Mailing Address: _____ Phone Number: _____
 _____ Fax Number: _____

List all garaging locations: _____

Have you ever operated under another name? Yes No If yes, what? _____

Proposed Effective Date: _____ Number of Years in Business: _____

Have you ever had insurance for this type of coverage canceled, declined or non-renewed? Yes No
 If yes, please provide details: _____

If new venture:
 Number of years of Tractor/Trailer (CDL) experience: _____
 Who did you haul for previously: _____

Type of commodity currently hauled: _____

Any Intermodal Container/Piggyback hauling: Yes No

Name of authorized carrier you are currently leased to on a PERMANENT BASIS:

Radius of operations: _____ miles

List Cities/Terminals most often entered into: _____

Do you carry Workers' Compensation Coverage? Yes No

COVERAGES AND LIMITS

Application for:

Liability Physical Damage Other: _____

Liability	Limits	Deductible	Notes/comments
<input type="checkbox"/> Liability, Symbol _____	_____	_____	_____
<input type="checkbox"/> UM/UIM Coverage	_____	_____	_____
<input type="checkbox"/> Other: _____	_____	_____	_____

Physical Damage Collision Specified Perils Comprehensive
 Deductibles: _____

Total Insured Value: _____

RISK BOUND? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE BOUND _____	TIME BOUND _____	BROKER _____
INT. _____			

My signature below indicates that I have reviewed this application, this list of drivers, this list of equipment and have assigned the Stated Value (defined as actual value of equipment at the time of loss incurred) to each unit to be insured for physical damage coverage. I am aware that the value of this equipment can vary with the current market place. I have assumed responsibility for insuring only the equipment shown on this application.

I authorize IAT to obtain a copy of my Motor Vehicle Record for Rating/Underwriting the insurance for which I have applied. I also understand that a routine inquiry may be made providing information concerning my character, general reputation, personal characteristics and mode of living. Upon written request, information as to the nature and scope of the report will be provided to me. I understand that misrepresentation or omission of material facts will be cause for cancellation and may void coverage.

Applicant's Signature

Date

Agent/Broker's Signature

Date

Any person who knowingly and with intent to defraud any insurance company or other persons files an application for insurance containing any false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

