

16. Do you own or use trucks and/or trailers other than those listed in the schedule below? ___ Yes; ___ No. If "Yes" specify vehicles and state reason(s) why insurance is not required.

17. Is equipment regularly inspected and serviced? ___ Yes; ___ No

At what periods: _____

18. Drivers: On a separate page provide a schedule of drivers and include complete name, date of birth, drivers license number, copy of latest MVR.

19. Summarize premium and loss information for the past 5 years below, and, attach a copy of currently valued, hard copy, company loss runs for the last 5 years.

		Loss Information			
<u>Year</u>	<u>Premium</u>	<u>Fire</u>	<u>Theft</u>	<u>Collision</u>	<u>Other</u>
20_____	\$				
20_____	\$				
20_____	\$				
20_____	\$				
20_____	\$				

20. Vehicle Schedule (attach a separate page if necessary)

Vehicle #	Trade Name	Model Year	Type (Truck, Tractor, Trailer, Semi-Trailer, Truck Type Tractor)	Serial #	Gas (G) or Diesel (D)	Original Cost plus alterations & additions	Amount of insurance desired
1.						\$	\$
2.						\$	\$
3.						\$	\$
4.						\$	\$
5.						\$	\$

This application shall not be binding on the Underwriters unless and until a contract of insurance shall be issued and delivered in accordance herewith and only as the commencement date of said insurance and in accordance with all terms thereof and the said Applicant hereby covenants and agrees to and with said Underwriters that the foregoing statements and answers are a just, full and true exposition of all the facts and circumstances with regard to the risk to be insured, insofar as same and known to the Applicant, and the same are hereby made the basis and condition of this insurance.

Signature: _____ Title: _____

Today's Date: _____