



TRUCKSMART
INSURANCE SERVICES INC
THE SMART WAY TO BE ON THE ROAD

Today's Date:

Commercial Truck Insurance Request

Name of Applicant		Policy Effective Date	
DBA#		Phone #	
Owner Name		Email	
Tax ID#		MC# / DOT# / CA#	
Mo / Yr business started		U.I.I.A filing	
Mailing address		City	State
			Zip
Garaging address		City	State
			Zip

COMMODITIES – Please identify the commodities transported and percentages below					
1. Commodity	Percentage	2. Commodity	Percentage	3. Commodity	Percentage
4. Commodity	Percentage	5. Commodity	Percentage	6. Commodity	Percentage

SCHEDULE OF AUTOS						
Year	Make	Type	VIN#	GVW	Stated Value	O/L**

LIMITS OF INSURANCE		RADIUS (miles)		CITIES MOST TRAVELED	
Auto Liability		0-100:		#1	
Hired / Non-Owned	Yes No	101-300:		#2	
General Liability		301-500:		#3	
Motor Truck Cargo		501-750:		#4	
Physical Damage		750+		#5	
Unidentified Trailer		48 States		#6	
Trailer Interchange		Annual Millage		Annual Revenue	

DRIVER INFORMATION					
Owner's Name	Date of Birth	License #	State	Years of Truck Experience	Years w/ Co.
Driver's Name	Date of Birth	License #	State	Years of Truck Experience	Years w/ Co.

PRIOR INSURANCE / WORK HISTORY						
From	To	Carrier Name / Prior Insurer	Address (City/State only)	DOT#	Unit Type	Lic Class
						VIN#