

DESIRED POLICY EFFECTIVE DATE : ____/____/____	TIME: ____:____	AM .. PM ..
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**American Truck Insurance**  
**817-641-9991**  
 Fax Application to: 817-641-9993

Applicant Name:							
Applicant Address:		Street	City	State	County	Zip	
Principal Garaging Address: (If different than above)		Street	City	State	County	Zip	
Type Of Entity:	Applicant Phone:	( )	-				
<input type="checkbox"/> Proprietorship, <input type="checkbox"/> Partnership, <input type="checkbox"/> Corporation, <input type="checkbox"/> Individual	State Docket #						
	DOT#		MC#				
Is this a "For Hire" operation? Yes <input type="checkbox"/> No <input type="checkbox"/>	SS# of financial responsible person: or FEIN# if Corporation:						
Name Financially Responsible Person:				DOB:	Year Business Started		
Email Address:							

**COVERAGE DESIRED**

Coverage	Limit				Additional Coverages		
Primary Liability	<input type="checkbox"/> 300	<input type="checkbox"/> 500	<input type="checkbox"/> 750	<input type="checkbox"/> MIL	<input type="checkbox"/> GL	<input type="checkbox"/> GKLL	<input type="checkbox"/> Trailer Interchange
Non Trucking Liability	<input type="checkbox"/> 300	<input type="checkbox"/> 500	<input type="checkbox"/> 750	<input type="checkbox"/> MIL	<input type="checkbox"/> Cargo Liability \$ _____ limit		
Personal Injury	<input type="checkbox"/> Reject	<input type="checkbox"/> \$ amount		<input type="checkbox"/> Hired Non-Owned Liability			
Uninsured Motorists	<input type="checkbox"/> Reject	<input type="checkbox"/> \$ amount		Other / Not Listed (please specify) _____			
Physical Damage	Stated Amount (as shown in Veh. Schedule)			Deductible	<input type="checkbox"/> \$1000	<input type="checkbox"/> \$2500	

**DRIVER INFORMATION**

Driver Name	Date Of Birth	License Number & State	Marital Status	CDL (Yes or No)	License Issue Date (year)
1					
2					
3					
4					
5					
6					

**LIST ANY VIOLATIONS and/or ACCIDENTS**

Driver Name	Details Of All Violations Or Accidents In The Last 36 Months	Date Of Violation

**EQUIPMENT INFORMATION (for accounts with more than 5 power units- financials will be required)**

Unit	Owned? Leased? Owner/Op	Power Unit or Trailer	Model Year	Make	Type or Style	Serial Number	GWV	Stated Amount N/A if no physdam
1								
2								
3								
4								
5								
6								
7								
8								

**LIST OF COMMODITIES HAULED**

Type	% Revenue	Type	% Revenue	Type	% Revenue

**LOSS HISTORY (Provide Carrier Supplied Loss runs for the prior 4 years, if applicable)**

Prior Carrier & Policy Number	Effective Dates	Losses (attach separate sheet if necessary)

**EXPOSURE HISTORY & PROJECTION**

Period	From Mo/Yr – Mo/Yr	Revenue	Mileage	Average # of Units
Next 12 Mos				
2007-2008				
2006-2007				
2005-2006				

**QUESTIONS**

Yes No

1. Does the named applicant operate any other vehicles not listed on this application?		
2. Are placards ever required for any vehicle?		
3. Does the applicant act as a truck broker?		
4. Does applicant haul double trailers and/or triple trailers?		
5. Has the applicant had 2 or more years of primary liability coverage? If No, please explain.		
6. Within the past 4 policy terms, has the applicant suffered any loss over 5,000? If Yes, please explain.		
7. Are all vehicle owned/operated by the insured being scheduled on this policy? If No, please explain.		
8. Has the applicant's insurance been cancelled or non-renewed for any reason in the past 5 years? If Yes explain.		
9. Are team drivers used? If Yes, please explain.		
10. Maximum Radius of Operations (from Gargage location): _____ miles What is % of trips within: 0-50 miles _____ 50-100 _____ 101-300 _____ 301-500 _____ 500+ _____		
11. Are passengers allowed to accompany the driver? If Yes, please explain.		
12. Is there trailer interchange exposure? If yes, indicate the following: Does the applicant have a written Interchange Agreement? ___Yes ___No Limit of liability required \$ _____, Ded. Amount \$ _____, # of annual interchange days _____		
13. Are all power units scheduled on the policy tagged/titled in the garaging state? If No, please give specify which states and and which units in the space below this section.		
14. Has any driver been convicted of a felony? If yes please explain?		
15. Does any driver have any medical impairment? If Yes, please explain.		
16. What is the current DOT Rating? (refer to <a href="http://www.saferys.org">www.saferys.org</a> ) Satisfactory _____ Unsatisfactory _____ Conditional _____ Not Rated _____		
17. Are any private passenger autos/service vehicles or straight trucks owned by the insured? If yes, please provide proof of coverage issued by another company if not being scheduled on this policy.		
18. What is your total annual revenue? _____ What is your total sub-haul revenue? _____		

Use this space below to any explanation to the questions above or for any important information about this insured.



In the space below, fill in the actual miles this insured traveled within each state for the prior year. (Indicated projected mileage if this is a new venture or if an operational change has occurred)							
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	

Please send the prior 4 Quarters of IFTA's (fuel tax statements) or Schedule B

**FINANCIAL INFORMATION (for 6+ units)**

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  PUC Filing  Other state filings (Specify state and docket#) \_\_\_\_\_  
 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 down payment is received and the risk is accepted.

**BROKER/AGENT INFORMATION**

Broker Name and Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 \_\_\_\_\_ Fax #: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Broker Signature: \_\_\_\_\_

**APPLICANT'S STATEMENT**

I hereby apply to Associated Underwriters, Inc. for a policy of insurance as set forth in this application on the basis of statements contained herein and truthfull to the best of my knowledge. I authorize the verification of the information provided on this form. I have received a copy of this application.  
 Signature of Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_