TRANSPORTATION INSURORS
A DOXA COMPANY

SHORT-TERM NON-TRUCKING LIABILITY AND PHYSICAL DAMAGE APPLICATION

COVERAGE ☐ 72-Hour Coverage ☐ 30-Day Coverage

LIMITS Non-Trucking Liability: $75,000 Combined Single Limit Bodily Injury and Property Damage
Physical Damage: ACV not to exceed $100,000 (less $1,000 deductible)

Name of Applicant: _____ Effective Date: _____

Email Address: _____ Phone Number: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Garaging Address: _____ City: _____ State: _____ Zip: _____

DOT #: _____ Years in Business: _____

Start Date: _____ Start Time: _____ ☐ AM ☐ PM End Date: _____ End Time: _____ ☐ AM ☐ PM

Name of Owner: _____ Phone Number: _____ Gender*: ☐ M ☐ F

Address: _____ City: _____ State: _____ Zip: _____

1. Please provide driver details. Current MVRs are required for all drivers, including the owner.

FIRST LAST NAME	DOB	GENDER*	LICENSE #	STATE	YOE**
		☐ M ☐ F			
		☐ M ☐ F			
		☐ M ☐ F			

Gender is required for our National Driver's Association Driver Program
***YOE – Years of Commercial Driving Experience*

2. Please provide any violations / accidents within the last 3 years.

FIRST LAST NAME	DATE	VIOLATION / ACCIDENT DETAILS

3. Please provide vehicle details, including any / all trailers to be covered.

YEAR	MAKE	TYPE	GVW	VIN	VALUE
					$
					$
					$
					$
					$
					$

Do any of the vehicles or trailers listed above have any prior damage? ☐ Yes ☐ No

If yes, please specify vehicle/trailer and describe damage: _____

4. Please provide lien holder information.

NAME	ADDRESS	CITY	STATE	ZIP

UNINSURED / UNDERINSURED MOTORSISTS (UM / UIM) COVERAGE

In Accordance with Indiana Statute, all automobile liability policies must offer Uninsured/Underinsured Motorists (UM/UIM) Coverage at limits equal to the Bodily Injury Liability Limits Provided by the policy unless you accept lower limits or reject such coverage in its entirety. (UM/UIM) Coverage is provided by this policy at a limit of $60,000.00 Combined Single Limit (CSL) for each accident and is included automatically.

TRUCK INSURANCE APPLICATION SUPPLEMENT

By signing this application, I/we hereby declare that the statements and particulars given in this form are true to the best of my/our knowledge and belief and that I/we have not suppressed, withheld, or modified any material facts. I/we agree that should a policy be issued, this form shall be the basis of the contract, and that any change in pattern or my/our trade or trade practices shall be advised to the Underwriters who may at their discretion, vary the terms and conditions of this contract.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

TOTAL PREMIUM DUE TO BIND: $_____

72-Hour Coverage Premium: $150 + $4 SLT + $2 Association Dues + $35 Admin Fee = **$191 per unit**

30-Day Coverage Premium: $500 + $13 SLT + $24 Association Dues + $35 Admin Fee = **$572 per unit**

BROKER INFORMATION

Agent's Signature: _____ Date: _____

Agency: _____ Agency Contact: _____

Email Address: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____