

Texas Partners Insurance Group & Financial Services, LLC

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TRUCK INSURANCE APPLICATION

DATE _____ MC# _____

NAME _____ USDOT# _____

TRADE NAME (DBA) _____

CELL PHONE# (_____) _____ PHONE# (_____) _____ FAX# (_____) _____

PHYSICAL ADDRESS (STREET) _____

CITY _____ STATE _____ ZIPCODE _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIPCODE _____

EFFECTIVE DATE OF INSURANCE (DATE NEEDED BY) _____

CURRENT INSURANCE CARRIER AND POLICY # _____

EQUIPMENT INFORMATION –TRACTOR

UNIT# _____ YEAR _____ MAKE _____ TRUCK OR TRACTOR – CAB OR CONV

SERIAL# _____ COMBINED GROSS WEIGHT _____

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SERIAL# _____ COMBINED GROSS WEIGHT _____

EQUIPMENT INFORMATION –TRAILER

UNIT# _____ YEAR _____ MAKE _____ SERIAL# _____

TRAILER TYPE _____ GROSS WEIGHT (TRAILER ONLY) _____

UNIT# _____ YEAR _____ MAKE _____ SERIAL# _____

TRAILER TYPE _____ GROSS WEIGHT (TRAILER ONLY) _____

UNIT# _____ YEAR _____ MAKE _____ SERIAL# _____

TRAILER TYPE _____ GROSS WEIGHT (TRAILER ONLY) _____

LEINHOLDER (NAME AND ADDRESS) _____

DRIVER INFORMATION

NAME _____ DOB/AGE _____ YRS CDL EXPERIENCE _____

SS# _____ DRIVERS LICENSE# AND STATE _____

NAME _____ DOB/AGE _____ YRS CDL EXPERIENCE _____

SS# _____ DRIVERS LICENSE# AND STATE _____

NAME _____ DOB/AGE _____ YRS CDL EXPERIENCE _____

SS# _____ DRIVERS LICENSE# AND STATE _____

RADIUS OF TRAVEL (LIMITED OR UNLIMITED) _____

COMMODITIES HAULED _____

YEARS IN BUSINESS _____

LOSSES (3 YEARS) _____

WHAT WAS THE NATURE OF THE LAST CLAIM THAT YOU HAD? WHEN DID IT OCCUR? AND

HOW MUCH DID INSURAND COMPANY PAY OUT? _____

ACCIDENTS (3 YEARS)

WHEN WAS THE LAST ACCIDENT THAT YOU DAD? PLEASE DESCRIBE BELOW INCLUDING IF YOU WERE AT FAULT.

VIOLATIONS (3 YEARS)

WHEN WAS THE LAST TICKET OR VIOLATION THAT YOU RECEIVED? PLEASE DESCRIBE BRIEFLY BELOW:

IS ANY EQUIPMENT LEASED

COVERAGES NEEDED

LIABILITY LIMITS

CARGO LIMITS

COMP AND COLLISION (PHYSICAL DAMAGE)

TRACTOR VALUE

UNIT# _____ UNIT# _____ UNIT# _____

TRAILER VALUE

UNIT# _____ UNIT# _____ UNIT# _____

INSURANCE FILING NEEDED

MC# _____ USDOT# _____ SSRS BASE STATE _____ TEXAS FILE # _____

INTRASTATE OPERATING AUTHORITY (YES) / (NO) EXEMPT CARRIER

EXEMPT (FORM E FILINGS REQUIRED)

APPLICANTS SIGNATURE _____ DATE _____