TEXAS PARTNERS INSURANCE GROUP & FINANCIAL SERVICES, LLC
866-839-2745 PHONE
936-309-0050 FAX
www.Texaspartnersinsurance.com

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 _____

UNIT#_____ YEAR_____ MAKE_____TRUCK OR TRACTOR – CAB OR CONV

SERIAL#_____ COMBINED GROSS WEIGHT _____

UNIT#_____ YEAR_____ MAKE_____TRUCK OR TRACTOR – CAB OR CONV

SERIAL#_____ COMBINED GROSS WEIGHT _____

UNIT#_____ YEAR_____ MAKE_____TRUCK OR TRACTOR – CAB OR CONV

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 COLLISSION (PHYSICAL DAMAGE) _____

TRACTOR VALUE
UNIT# _____ UNIT# _____ UNIT# _____
TRAILER VALUE
UNIT# _____ UNIT# _____ UNIT# _____

INSURANCE FILING NEEDED
MC# _____ USDOT# _____ SSRS BASE STATE _____ OREGON FILE # _____

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

EXEMPT (FORM E FILINGS REQUIRED) _____

APPLICANTS SIGNATURE _____ DATE _____