

Proposal For Insurance For Members Of A.A.O.O.

Effective Date:

Company Name:

Address:

Cell Phone Number:

Cargo / Commodities Hauled:

Number of Years in Business:

Radius of Operation:

		Owner's Name (first,last)	
		Email Address:	
		MC Number:	DOT Number:

ALL FIELDS MUST BE COMPLETE IN ORDER TO BIND.

Equipment List:

Item #	Model	Year	Type (truck/trailer)	VIN #	Stated Value (USD)
1)					
2)					
3)					
4)					
5)					
6)					
7)					
8)					
9)					
10)					
11)					
12)					
13)					
14)					
15)					

Driver Information:

Name	D.O.B.	# of Years CDL Held	Major Violations *	Drivers License #	# of Points in last 3 years***
1)					
2)					
3)					
4)					
5)					
6)					
7)					
8)					
9)					
10)					
11)					
12)					
13)					
14)					
15)					

Non Trucking Liability

Is Non Trucking Liability coverage required?

YES NO

Limit \$1,000,000

MOTOR CARRIER LEASED TO:

	DOT Number:
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No Long Term LEASE AGREEMENT No Coverage. ONLY POWER UNITS SPECIFICALLY SCHEDULED FOR WHICH A PREMIUM IS PAID THAT ARE EITHER OWNED OR ON A SPECIFICALLY WRITTEN LONG TERM LEASE (EXCESS OF 30 DAYS) WITH A MOTOR CARRIER THAT HAS AN ACTIVE MOTOR CARRIER (MC#) ON FILE WITH THE FEDERAL SAFETY ADMINISTRATION WITH A CURRENT ACTIVE MCS 90 ON FILE ARE ELIGIBLE FOR COVERAGE. NO EXCEPTIONS. LEASE AGREEMENTS FOR TERMS OF 29 DAYS OR LESS, WHICH INCLUDES "TRIP LEASING" ARE SPECIFICALLY EXCLUDED FROM ANY AND ALL COVERAGE.

Auto Physical Damage

Is Physical Damage coverage required?

Yes No

TOWING & CLEANUP LIMIT

\$5,000 \$10,000

Deductible Required

\$1,000 \$2,500
 \$5,000

Automobile Physical Damage Loss Record:

(Hard Copy Loss History from your Previous Insurance(s) or a Signed Statement of your Loss History will be required prior to binding).

	Number of Claims	Amount Paid	Amount O/S
Current Year	0	0	0
1st Prior	0	0	0
2nd Prior	0	0	0

Motor Truck Cargo

Is Motor Truck Cargo Coverage Required? Yes No

If so:

Type of Carrier

Common:

Contract:

Private:

	Exempt:

US DOT or MC Number _____

Commodities Carried

Type of Cargo	Max. Value	Ave. Value	Percentage

Radius of Use Approx percentage of Trips within:

0-250 Miles

251-500 Miles

Over 500 Miles

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Limits Required

\$100,000

Per Vehicle

\$100,000

Per Occurrence

\$100,000

Deductible Required

US\$1,000

US\$2,500

US\$5,000

Is Refridgeration Breakdown Required

Yes

No

Gross Receipt Current Year _____

Estimated Gross Receipt next 12 months _____

Is trailer Interchange Required?

Yes

No

if so:

Number of Trailers

Number of Days

Average Value: \$ _____

Max Value: \$ _____

Motor Truck Cargo Loss Record:

(Hard Copy Loss History from your Previous Insurance(s) or a Signed Statement of your Loss History will be required prior to binding)

Current Year

1st Prior

2nd Prior

Number of Claims	Amount Paid	Amount O/S
0	0	0
0	0	0
0	0	0

* Please provide full details of all Major violations within the last 5 years

** If Total points during the last 12 months exceed 3 then please provide copy of MVR at time of quoting.

Declaration

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. I/We hereby declare that the statements and particulars given on 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 fact(s). I/We agree that should a policy be issued, this form INCLUDING THE DRIVER EXCLUSIONS AS PER QUESTION 12 shall be the basis of the contract, and that any change in the pattern of my/our trade or trade practices shall be advised to the Underwriters as soon as possible who may, at their discretion, vary the terms and conditions of the contract.

Signed:

Dated:

Position: