

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 _____

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SERIAL# _____ COMBINED GROSS WEIGHT _____

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SERIAL# _____ COMBINED GROSS WEIGHT _____

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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?** _____

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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 _____ OREGON FILE # _____

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

EXEMPT (FORM E FILINGS REQUIRED) _____

APPLICANTS SIGNATURE _____ **DATE** _____