NON TRUCKING LIABILITY & PHYSICAL DAMAGE APPLICATION COVERAGE: \$500K NTL \$1 MIL NTL Physical Damage Tarps, Chains, & Binders Personal Effects Occurrence Deductible Effective Date: Phone Number: E-mail Address: Cell Number: Name of Applicant: Address: Zip Code: What Authorized Regulated Motor Carrier are you permanently leased to: Name: Phone Number: Address: Zip Code: What Authorized Regulated Motor Carrier are you permanently leased to: Name: Phone Number: Address: Zip Code: What Authorized Regulated Motor Carrier are you permanently leased to: Name: Phone Number: Address: Zip Code: What Authorized Regulated Motor Carrier are you permanently leased to: Name: Phone Number: Address: Zip Code: Do you lease to other companies? YES NO If YES', explain: Radius of Operation: Years in Operation: Cargo Carried: Previous Carrier: Driver Description Years Any Violations / Accidents 1.											
Addt' Equip			NON TRUC	CKING LI	ABILITY 8	PHYS	SICAL DA	MAGE	APPLICA	TION	l
E-mail Address:	COVER	RAGE:			NTL Ph owing Do					_	
E-mail Address:	Effectiv	ve Date:			Phon	e Num	ber:				
State:											
State:	Name of	of Applic	ant:								
State:	Addres	s:									
Name:	City:					St	ate:	Z	ip Code: _		
State:	What A	uthorize	d Regulated	Motor C	arrier are y	ou pe	rmanently	leased	d to:		
City: State: Zip Code: Do you lease to other companies? □ YES □ NO If 'YES', explain:	Name:						Phone Nu	mber:			· · · · · · · · · · · · · · · · · · ·
City: State: Zip Code: Do you lease to other companies? □ YES □ NO If 'YES', explain:	Addres	s:									
Years in Operation:							te:		_ Zip Code	ə:	
Name	Do you	lease to	other comp	anies?	□YE	1□ 8	10				
Name	If 'YES	', explair	າ:								
Name D.O.B. DL#/State Years Commercial Violations / Accidents								s in Op	eration: _		
Name D.O.B. DL#/State Years Commercial Violations / Accidents	Cargo (Carried:					Previo	us Car	rier:		
Name D.O.B. DL#/State Years Commercial Driving Exp. Accidents PYES NO Please explain Violations/Accidents if any: Vehicle Description Year Make Model/GVW VIN Value S S S											
Name D.O.B. DL#/State Commercial Driving Exp. Accidents 1.					Driver	Descr	ription				
Driving Exp. Accidents									Years		Any
1.		Name		D.O.B.		DL#/State	te	Commercial		Violations /	
2.									Driving E	Exp.	Accidents
3.	1.										□YES □NO
Please explain Violations/Accidents if any: Vehicle Description Year Make Model/GVW VIN Value 1. \$ 2. \$	2.										□YES □NO
Vehicle Description Year Make Model/GVW VIN Value 1. \$ 2. \$	3.										□YES □NO
Year Make Model/GVW VIN Value 1. \$ 2. \$	Please	explain	Violations/A	ccidents	if any:						
Year Make Model/GVW VIN Value 1. \$ 2. \$		-			-						
Year Make Model/GVW VIN Value 1. \$ 2. \$											
Year Make Model/GVW VIN Value 1. \$ 2. \$					Vehicl	e Desci	ription				
1. \$ 2. \$		Year	Make				1	VIN			Value
2. \$	1.									\$	
3. \$	3.										

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Lienholder Information						
	Name	Address	City	State	Zip Code	Phone #
1.						
2.						
3.						

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 the signing of this application, I hereby certify that I do not haul the following items: Hazardous Materials, Coal, Loggers Hauling out of Logging Camps, Public Passenger Livery, Towing Operations, Livestock (excluding pigs). I also certify that vehicles listed on the application are not: Private Passenger Personal Auto (liability coverage only), Taxi Cabs, Motorcycles, Emergency Vehicles, or Tow Trucks. 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 facts. I/we agree that should a policy be issued, this form shall be the basis of the contact, 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: _____

otal Premium: \$	Total Due to Bind: \$	Phy Dmg Rate:
	BROKER INFORMATION	
Agency:Texas Partners Ir	nsurance Group & Financial Service	es LLC
Agent Signature:		Date:
Contact: Kyle E. Hern	E-mail: _kehern@	sbcglobal.net
Address: 15001 Walden Rd.,	, Suite 215C	
City: Montgomery	State: ^{TX}	Zip Code: 77356
Phone Number:	Fax Number:	936-309-0050

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