

NON TRUCKING LIABILITY & PHYSICAL DAMAGE APPLICATION

COVERAGE: ☐ \$500K NTL ☐ \$1 MIL NTL ☐ Physical Damage ☐ Tarps, Chains, & Binders ☐ Personal Effects
 ☐ Addt'l Equip ☐ Addt'l Towing ☐ Downtime ☐ Vehicle Replacement ☐ Occurrence Deductible

Effective Date: _____ Phone Number: _____

E-mail Address: _____ Cell Number: _____

Name of Applicant: _____

Address: _____

City: _____ State: _____ Zip Code: _____

What Authorized Regulated Motor Carrier are you permanently leased to:

Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ 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					
	Name	D.O.B.	DL#/State	Years Commercial Driving Exp.	Any Violations / Accidents
1.					☐ YES ☐ NO
2.					☐ YES ☐ NO
3.					☐ YES ☐ NO

Please explain Violations/Accidents if any: _____

Vehicle Description					
	Year	Make	Model/GVW	VIN	Value
1.					\$
2.					\$
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 contract, 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: _____

Total Premium: \$_____ Total Due to Bind: \$_____ Phy Dmg Rate: _____

BROKER INFORMATION

Agency: Texas Partners Insurance Group & Financial Services LLC
 Agent Signature: _____ Date: _____
 Contact: Kyle E. Hern E-mail: sales@texaspartnersinsurance.com
 Address: P.O. Box 458
 City: Spring State: TX Zip Code: 77383-0458
 Phone Number: 936-588-2202 Fax Number: 936-309-0050