



agents insurance service of ohio, inc.

6900-29 Daniels Parkway Suite #347, Ft. Myers, Florida 33912 WATS 1-800-394-7490 FAX 1-239-245-7819

1. AGENT _____ DATE _____
TELEPHONE _____ FAX _____

2. NAME OF INSURED _____

3. GARAGING ADDRESS (CITY/STATE) _____

4. SPECIFIC COMMODITIES HAULED & PERCENTILE FOR EACH _____

5. MAXIMUM RADIUS OF OPERATION (IF OVER 300 MILES, SUBMIT DOT IFTA MILEAGE REPORTS FOR PAST YEAR) _____

6. IS ICC OR PUC AUTHORITY APPLICABLE? _____ IF YES, INCLUDE ICC DOCKET NO. MC- _____

7. LIST ALL STATES OPERATED THROUGH _____

8. LIST ALL MAJOR CITIES OPERATED INTO OR THROUGH _____

9. DO YOU USE HIRED OR OWNER/OPERATOR EQUIPMENT? _____ IF YES, INCLUDE ANNUAL COST OF HIRE FOR #14 BELOW

10. DO YOU PERMANENT LEASE TO OTHERS? _____ IF YES, INCLUDE CARRIER'S NAME _____

11. PRIOR INSURANCE HISTORY. (REQUIRED FOR PAST (3) YEARS IF APPLICABLE)

COMPANY NAME _____ POLICY PERIOD _____
COMPANY NAME _____ POLICY PERIOD _____
COMPANY NAME _____ POLICY PERIOD _____

DRIVER EXPERIENCE FORMS REQUIRED FOR NEW VENTURE RISKS. (LESS THAN TWO YEARS PRIOR TRUCK INS.)

LOSS INFORMATION. (IF ADDITIONAL SPACE IS NEEDED, ATTACH SEPARATE SHEET.)

DATE OF LOSS _____ TYPE _____ INCURRED _____
DATE OF LOSS _____ TYPE _____ INCURRED _____

12. DRIVER INFORMATION. (COMPLETE FOR ALL POTENTIAL OPERATORS or SUBMIT CURRENT MVRs)

NAME _____ AGE _____ YRS/EXP _____ #ACC _____ #VIOL _____
NAME _____ AGE _____ YRS/EXP _____ #ACC _____ #VIOL _____
NAME _____ AGE _____ YRS/EXP _____ #ACC _____ #VIOL _____

13. VEHICLE INFORMATION. (ALL EQUIPMENT, TRAILER TYPES and G.V.W. (FOR "TRUCKS" ONLY) MUST BE INCLUDED)

1. YEAR _____ MAKE _____ TYPE _____ GVW _____ VALUE _____
2. YEAR _____ MAKE _____ TYPE _____ GVW _____ VALUE _____
3. YEAR _____ MAKE _____ TYPE _____ GVW _____ VALUE _____
4. YEAR _____ MAKE _____ TYPE _____ GVW _____ VALUE _____

14. COVERAGE INFORMATION

LIABILITY LIMIT \$ _____ PRIMARY NON-TRUCKING
UMC/UIM LIMIT \$ _____ UMPD - \$7,500.00 (\$250. DED.)
HIRED CAR C.O.H. \$ _____ TERRORISM COVERAGE
 SP. PERILS OF LOSS COMPREHENSIVE DED. \$ _____ COLLISION DEDUCTIBLE \$ _____
CARGO COVERAGE AMOUNT \$ _____ DEDUCTIBLE \$ _____ REEFER B/D YES NO