



INSURATRUCK RRG

NON-FLEET INSURANCE APPLICATION

1720 DUTCH FORK RD #585
 BALLENTINE SC 29002
 WWW.INSURATRUCKRRG.COM

GENERAL INFORMATION									
Effective Date		US DOT#		Years in Business			FEIN#		
Applicant Name									
Mailing Address									
Garaging Address (if different)									
Contact Name									
Phone #				EMAIL					
Type of Entity:	Proprietorship	Partnership	Corporation	Individual	Other				
OPERATIONS									
Dry Van	Refrigerated	Flatbed	Liquid Tank	Dry Bulk	Containerized	Dump			
COMMODITIES									
Identify the principal types of cargo hauled; avoid listing "General Merchandise". Percentages should total to 100%.									
Description					Flammables, Explosives or Chemicals?		Percentage		
CURRENT AND HISTORICAL INFORMATION									
Attach 4 years of currently valued loss runs for all coverages being requested.									
Proposed Policy Period (estimate)	# of Power Units	Gross Receipts	Total Mileage	Auto Liability Insurance Carrier		Physical Damage Insurance Carrier			
Current Policy Period									
Prior Policy Period 1									
Prior Policy Period 2									
Prior Policy Period 3									
TARGET PRICING AND INSURANCE LIMITS									
AL Per Unit Target Price				PD Target Rate					
Cargo		Limit		Deductible					
Auto Liability		Limit		Deductible		Requested limits (or rejection of limits, where permissible) could differ from the quote; the limits offered will be reflected in the quote.			
Uninsured Motorist		Limit		Reject					
Underinsured Motorist		Limit		Reject					
Personal Injury Protection		Limit		Reject					
Auto Physical Damage		Deductible							
Trailer Interchange		Limit		Number of Trailers			Number of Days		
Hired Auto Liability		Cost of Hire							
Non-Owned Liability		Number of Employees							
REQUIRED FILINGS									
Federal MC#		Other State (list state & authority#)							
CA Authority#		PA PUC#			TX Dot#				

EQUIPMENT INFORMATION

*Vehicle Body Type = Tractor, Straight Truck, Dump Truck, Pickup Truck, Van, PPT, Trailer

Veh #	Year	Make	Body Type*	Vin	GVW	Stated Value
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						

Veh #	Radius (Local 0-50) (Interm 51-200) (Long Haul 200+ * attach IFTA)	Garaging Location		Registration	Company Owned / Long Term Lease w/o driver / Exclusive dedicated O/O	If O/O, non- trucking cov in place?
		State	Zip Code	State		
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						

