



| 1. Agency Information | | | | | |
|---|--|--------------------------|---|-------------------------|-------------------|
| Submitting Agency: | | Phone | | | |
| Contact Person | | Email: | | | |
| 2. Applicant Information | | | | | |
| Applicant | | | Effective Date: | | |
| Mailing Address: | | City | State: | | Zip |
| Garage Address (if different from mailing) | | City | State | | Zip |
| Description of Operations : | | | MC#: | | US DOT #/TXDMV #: |
| Radius Of Operations: | | | Major Cities Traveled: | | States Traveled: |
| Owner Name: | | | Telephone No. | | Yrs In Business: |
| Previous Carriers | | | Loss Information : | | |
| | | | MUST ATTACH 3 to 5 YRS CURRENT VALUED LOSS RUNS | | |
| 3. Coverage Requested | | | | | |
| Auto Liability | | Physical Damage | | Motor Truck Cargo | |
| CSL: | | Comprehensive Deductible | | Limit: | |
| UM/UIM | | Collision Deductible | | Ded: | |
| PIP: | | Physical Damage TIV | | Refrigeration Breakdown | Yes |
| Hired Auto (Cost of Hire) | | | | | No |
| Trailer Interchange | | | | | |
| Limit: | | # of Units | Is there a signed trailer interchange agreement in place? | | |
| | | | Yes | No | |



COMMERCIAL AUTO APPLICATION

quote@lp-risk.com

4. Commodities Hauled - General Freight is not acceptable: Attach supplement if needed

| Commodity | Maximum Value | Average Value |
|-----------|---------------|---------------|
| | | |
| | | |

5. Drivers (Indicate O for Owner/Operator or E for Employee) Please attach MVR's

| Name | O/E | Date of Hire | Date of Birth | Years of Experience | Drivers License # | State | # of Accidents/ Violations |
|------|-----|--------------|---------------|---------------------|-------------------|-------|----------------------------|
| | | | | | | | |
| | | | | | | | |
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6. Vehicles (Attach separate schedule if needed)

| Tractors (YR/Make/Model) | Type | VIN | Stated Amount |
|--------------------------|------|-----|---------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| Trailers (YR/Make/Model) | Type | VIN | Stated Amount |
|--------------------------|------|-----|---------------|
| | | | |

Units will pull non-owned trailers

| | | | |
|--|--|--|--|
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Signature of Agent _____ Date _____