

Peoples Commercial Insurance
Jason Wright, Commercial Truck Specialist
Phone - 785-271-8097 / Fax – 785-271-8085

Commercial Trucking Application

Applicant Information

Contact Name:		
Company Name:		
DBA:		
Date of Birth:	SSN:	Phone:
Current Address:		
City:	State:	ZIP:
Have you ever filled for bankruptcy: Yes <input type="checkbox"/> No <input type="checkbox"/>		

Company History/Profile

Current Insurance Carrier:	Yrs. in Business:
Years with this Carrier:	How long?
Previous Carrier:	How long?
Policy Expiration Date:	
Has you Insurance ever lapsed, cancelled or been non-renewed: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you operate in more than one state: Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, list states:	
Description of Operation:	
Radius of Operation: 1-100 <input type="checkbox"/> 101-300 <input type="checkbox"/> 301-500 <input type="checkbox"/> Over 500 <input type="checkbox"/>	

Commodities Hauled/Filings

Commodities Hauled:	
If more than one commodity—give percentages of goods hauled:	
Do you require state or federal filings: Yes <input type="checkbox"/> No <input type="checkbox"/>	
If state filings, list states:	
Base Registration State:	Oversize/overweight filings: Yes <input type="checkbox"/> No <input type="checkbox"/>
ICC MC Docket #:	USDOT #:

*** If you are ICC regulated please attach your last 3 years Schedule B!**

Vehicle/Driver Information

Number of Tractors:		Number of Trailers		Number of Drivers	
Any Drivers with moving violations: Yes <input type="checkbox"/> No <input type="checkbox"/>					
Do you use Owner/Operators: Yes <input type="checkbox"/> No <input type="checkbox"/>					
If yes, how many units:			Are certificates required: Yes <input type="checkbox"/> No <input type="checkbox"/>		
During the last 12 months, how many drivers were:		Hired:	Fired:	Quit:	
Do you order MVR's on all new drivers: Yes <input type="checkbox"/> No <input type="checkbox"/>					

Tractor Information

Year	Make	GVW	VIN	Stated Amount	Collision Coverage (Y or N)	Comprehensive Coverage (Y or N)
* Deductible Requested					*	*

Trailer Information

Year	Make	Model	VIN	Stated Amount	Collision Coverage (Y or N)	Comprehensive Coverage (Y or N)
* Deductible Requested					*	*

Driver Information

Name	Birth Date	Drivers License Number	State	Social Security Number	Years Experience (CDL)

Liability Limits Required

BI/PD Liability Limit: \$500,000 \$750,000 \$1,000,000 \$1,500,000 Other _____

Excess Liability Limit: \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000 Other _____

Umbrella

Cargo Limits Required

Do you need Cargo Coverage: Yes No

Estimated average dollar per load: _____

Maximum dollar per load: _____

Type of Commodity: _____

Special Requirements: _____

I verify that all of the information provided on this form as to my insurance is correct.

Signature of Applicant: _____ Date: _____

**Fax to Peoples Commercial Insurance
Attn. Jason Wright
785-271-8085**

Jason Wright Your Commercial Truck Specialist 785-271-8097