



Date : _____



What steps do you take to verify motor carriers you do business with?

Gross Receipts For Last Year: \$ _____

Estimated Gross Receipts For Upcoming Year: \$ _____

Section 2 - Operation Information

Has the insured ever had this type of coverage canceled or non-renewed? ☐ Yes ☐ No

If yes, Explain:

Limits Of Coverage Required: ☐ \$750,000 ☐ \$1,000,000 ☐ \$2,000,000 ☐ \$ _____

Date Of Coverage Required: _____

Prior Insurance Carrier(s): _____

Loss History:

Additional Insureds &/or Waiver Of Subrogation (A/I cannot be a motor carrier):
