



1585 Ellinwood Ave Ste 210
Des Plaines, IL 60016
Ph.: (847) 391 - 5100
Fax: (847) 298 - 8961

***WARNING *** After completing this form please
print out and send by fax to the number listed above.

Check List

☐ General Information

Corporation or Individual Name

Address

City

State

Zip Code

MC #

Write if you need the Primary/Cargo Liability Insurance

Phone #

Fax #

US DOT

Write if you need the Primary/Cargo Liability Insurance

☐ Owner Name

First Name

M.I.

Last Name

DL #

☐

CDL

☐

DL

State of the issue

Years of Experience

☐ Garage or Business Address

Address

City

State

Zip Code

☐ Other

☐ Application

☐ Loss Runs (Last 3 years if applicable and customer need MC filling)

☐ List of Equipment (Year, Make, Vin #, GVW and Value (if you need the Physical Damage Insurance)

☐ List of Drivers (Name, DOB, DL # with the place of the issue)

☐ MVR for all Drivers (if available)

☐ IFTA (Previous 4 Quarters) (if 2 years in business and customer need MC filling)

☐ Radius of Operation (Choose One)

☐ Unlimited

☐ 500 miles or Less

☐ Other

☐ Income Statement and Balance Sheet (if more than 10 units)

Date

Phone #

Signature