



www.stunderwriters.com
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AGENCY INFORMATION

Agency:	<input type="text"/>	Date:	<input type="text"/>
Address:	<input type="text"/>	Phone:	<input type="text"/>
Email:	<input type="text"/>	Fax:	<input type="text"/>

GENERAL INFORMATION

Customer Name	<input type="text"/>		
Mailing Address	<input type="text"/>		
Mailing City	<input type="text"/>	Effective Date	<input type="text"/>
Mailing State	<input type="text"/>	DOT#	<input type="text"/>
Mailing Zip	<input type="text"/>	MC#	<input type="text"/>
Authority Address	<input type="text"/>	FIN	<input type="text"/>
Authority City	<input type="text"/>	Phone	<input type="text"/>
Authority State	<input type="text"/>		
Authority Zip	<input type="text"/>		

Operation Description

	% of Total Hauls				
Commodity 1	<input type="text"/>	<input type="text"/>	1 AVG Value	<input type="text"/>	Commodity 1 MAX Value
Commodity 2	<input type="text"/>	<input type="text"/>	2 AVG Value	<input type="text"/>	Commodity 2 MAX Value
Commodity 3	<input type="text"/>	<input type="text"/>	3 AVG Value	<input type="text"/>	Commodity 3 MAX Value
Commodity 4	<input type="text"/>	<input type="text"/>	4 AVG Value	<input type="text"/>	Commodity 4 MAX Value
Commodity 5	<input type="text"/>	<input type="text"/>	5 AVG Value	<input type="text"/>	Commodity 5 MAX Value

	%age of Miles	OPERATION INFORMATION	
Radius 1-50	<input type="text"/>	Years in Business	<input type="text"/>
Radius 51-75	<input type="text"/>	Teams?	<input type="text"/>
Radius 76-150	<input type="text"/>	Owner Operators?	<input type="text"/>
Radius 151-200	<input type="text"/>	Safety Program?	<input type="text"/>
Radius 201-300	<input type="text"/>	Follow DOT Regulations?	<input type="text"/>
Radius 301-500	<input type="text"/>	Common Authority?	<input type="text"/>
Radius 500+	<input type="text"/>	Contract Authority?	<input type="text"/>
		Broker Authority?	<input type="text"/>
		Refrigeration Breakdown?	<input type="checkbox"/> Yes <input type="checkbox"/> No

HISTORICAL INFORMATION

Mileage Projected	<input type="text"/>	Revenue Projected	<input type="text"/>	#of Units Projected	<input type="text"/>
Mileage Current	<input type="text"/>	Revenue Current	<input type="text"/>	#of Units Current	<input type="text"/>
Mileage Prior	<input type="text"/>	Revenue Prior	<input type="text"/>	#of Units Prior	<input type="text"/>
Mileage Prior2	<input type="text"/>	Revenue Prior2	<input type="text"/>	#of Units Prior2	<input type="text"/>
Mileage Prior3	<input type="text"/>	Revenue Prior3	<input type="text"/>	#of Units Prior3	<input type="text"/>

MOTOR TRUCK CARGO

Motor Truck Cargo Limit per Unit/per Loss

Motor Truck Cargo Deductible

(\$1,000 Minimum Deductible/\$2,500 deductible on refrigerated breakdownJ)

Power Unit Descriptions: Attach lists if necessary

	Unit Type	Year	Make		Serial #	Stated Value
1						
2						
3						
4						
5						
6						

Driver Information

	Name	DOB	State	License #	DOH	Years Experience
1						
2						
3						
4						
5						
6						

Exposure History

	Carrier	YEAR	Policy Numbers	Cost Premium	Loss History
1					
2					
3					
4					
5					

Target Pricing if known

Comments

I/We hereby declare that the above information is true and that I/We have not suppressed or misstated any material facts and I/We agree that should a policy be issued then is application form shall be the basis of the Insurance Contract.

Applicant's Signature

Date

Agent's Signature

Date