



Additional Application Supplement

If Fax, # of pages _____

Name _____ Quote #: _____

DRIVER INFORMATION

Must be Completed for All Drivers

Driver Name (Last, First, Middle)	Date of Birth	License Number	State	# Yrs. Driving Similar Equip.	Date of Hire	# Accidents

DRIVER EMPLOYMENT HISTORY

If you have not had insurance for the past two years in your name, provide three years employment history for each driver. (Use form TF-079 for additional drivers.) Do not indicate "self-employed" unless you have had insurance in your name.

Driver Name (Last, First, Middle)	Prior Employment and Full Address	Dates of Employment	Type of Unit

INSURANCE HISTORY AND LOSS EXPERIENCE

*Type: P=Phys. Dmg. C=Cargo L=Prim. Liab. N=Non-Trk. Liab. GL=Genl Liab. IM=Inland Marine

Prior Carrier Effective Dates	Prior Carrier Name	Coverage Type*	# Units Insured	# Losses
to				
to				
to				

SCHEDULE OF AUTOS

All units you own or are leased to you must be scheduled and insured if filings are to be made.

No.	Unit ID	Year	Make	Vehicle Type	VIN Number	Stated Limit	Radius
GVW/GCW				Ownership: <input type="checkbox"/> Owned <input type="checkbox"/> Employee Owned <input type="checkbox"/> Leased w/ Driver Incl. Non-Trucking <input type="checkbox"/> Leased With Driver <input type="checkbox"/> Leased Without Driver <input type="checkbox"/> Leased w/ Driver Excl. Non-Trucking			
No.	Unit ID	Year	Make	Vehicle Type	VIN Number	Stated Limit	Radius
GVW/GCW				Ownership: <input type="checkbox"/> Owned <input type="checkbox"/> Employee Owned <input type="checkbox"/> Leased w/ Driver Incl. Non-Trucking <input type="checkbox"/> Leased With Driver <input type="checkbox"/> Leased Without Driver <input type="checkbox"/> Leased w/ Driver Excl. Non-Trucking			
No.	Unit ID	Year	Make	Vehicle Type	VIN Number	Stated Limit	Radius
GVW/GCW				Ownership: <input type="checkbox"/> Owned <input type="checkbox"/> Employee Owned <input type="checkbox"/> Leased w/ Driver Incl. Non-Trucking <input type="checkbox"/> Leased With Driver <input type="checkbox"/> Leased Without Driver <input type="checkbox"/> Leased w/ Driver Excl. Non-Trucking			
No.	Unit ID	Year	Make	Vehicle Type	VIN Number	Stated Limit	Radius
GVW/GCW				Ownership: <input type="checkbox"/> Owned <input type="checkbox"/> Employee Owned <input type="checkbox"/> Leased w/ Driver Incl. Non-Trucking <input type="checkbox"/> Leased With Driver <input type="checkbox"/> Leased Without Driver <input type="checkbox"/> Leased w/ Driver Excl. Non-Trucking			

No.	Unit ID	Year	Make	Vehicle Type	VIN Number	Stated Limit	Radius
GVW/GCW				Ownership: <input type="checkbox"/> Owned <input type="checkbox"/> Employee Owned <input type="checkbox"/> Leased w/ Driver Incl. Non-Trucking <input type="checkbox"/> Leased With Driver <input type="checkbox"/> Leased Without Driver <input type="checkbox"/> Leased w/ Driver Excl. Non-Trucking			

ADDITIONAL INTERESTS

Type*: AI - Additional Insured AL - Lessor; Additional Insured and Loss Payee LP - Loss Payee
 LI - Leased with Driver Including Non-Trucking LX - Leased with Driver Excluding Non-Trucking

Unit #	Type*	Name	Address	City	State	ZIP Code