

Name **Application**

## 6. VEHICLE INFORMATION - PLEASE FILL COMPLETELY OR ATTACH INFORMATION

\*\* PLEASE SPECIFY \*\*

Type	# Owned	# Leased
Tractors	<input type="text"/>	<input type="text"/>
Trucks	<input type="text"/>	<input type="text"/>
Trailers	<input type="text"/>	<input type="text"/>

If you lease, please check all that apply:

☐ From Others☐ To Others☐ With Driver☐ With No DriversTRACTOR/TRUCK/TRAILER INFORMATION

VEH TYPE	YEAR	MAKE	VIN #	WT/TYPE	VALUE	ADDED	DELETED	*Prior Cov
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>

Check if Trailer Interchange: ☐Check if there is (are) a Lienholder(s): ☐

If there is (are) a Lienholder(s), specify name(s) and address(es):

Name: Address:  City:  ST  Zip Name: Address:  City:  ST  Zip PLEASE CHECK THE FOLLOWING THAT APPLY:

- ☐ All equipment operated is listed on the application
 ☐ Loaded trucks ever left unattended for hours  
☐ All equipment owned is listed on the application
 ☐ Trailers and trucks are closed  
☐ All equipment is serviced by the company
 ☐ Trucks are equipped with alarms  
☐ Cargo coverage at terminal while not on vehicle is needed

## 7. DRIVER INFORMATION - PLEASE FILL COMPLETELY OR ATTACH INFORMATION REQUESTED BELOW:

DRIVER NAME	DOB	CDL NO	ST	EXP	ADDED	DELETED	*Prior Cov
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

Do you pay your drivers hourly, by the mile, or Per Trip? What are the max. hours a driver is allowed to drive? 

## 8. MISCELLANEOUS COMPANY INFORMATION

Check if state fillings are required and if so, complete the following: ☐MC #:  IL ICC # Filing Address:  City:  ST  Zip: