

Name of Applicant: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Start Date: \_\_\_\_\_ Start Time: \_\_\_\_\_  
 End Date: \_\_\_\_\_ End Time: \_\_\_\_\_

Coverage: Liability: \$100,000 & { } ^ { \wedge } [ ] ^ { \wedge } c æ ^  
 Combined single limit bodily injury and property damage  
 Physical Damage: ACV not to exceed \$100,000 (less \$1000 deductible)

Driver Description					
	Name	D.O.B.	DL#/State	Years Commer- cial Driving Exp.	Violations / Accidents
1.					
2.					
3.					

Vehicle Description					
Year	Make	Model/GVW	VIN	Value	
1.				\$	
2.				\$	
3.				\$	

Lienholder Information						
	Name	Address	City	State	Zip Code	Phone #
1.						
2.						
3.						

Total Premium \$                      Applicant's Signature:                      Date:

Agency: Trinity Insurance Services LLC

Agent Signature:  Date: \_\_\_\_\_

Contact: Eric Huff E-mail:

Address: 623 West Main Street

City: Clarkson State: Kentucky Zip Code: 42726

Phone Number: 888-391-0416 Fax Number: 888-415-0671