

Trinity Insurance Services LLC
Small Fleet Application
Fax:888-415-0671 Email:commercialauto@trinityins.net

Submit Date: _____ Proposed Eff Date: _____
 Producer: _____ Phone Number: 270-242-2310
 Fax Number: 270-242-2320

Company Name: _____
 Physical Address: _____
 City _____ State _____ Zip _____
 County: _____

Contact: _____ Phone # _____ Fax # _____
 Years Company In Business *: _____ Federal ID# _____
 *If less than 3 years, provide years experience: _____

USDOT #: _____ Docket #: _____

Coverages/Limits Requested: (check all options requested)

Auto Liability

- ☐ \$ 750,000
☐ \$1,000,000
☐ Hired & Borrowed
☐ Non Owned

General Liability

- ☐ \$1,000,000
☐

Physical Damage

- \$ Total Values
☐ \$1,000 Deductibles
☐ \$2,500 Deductibles

Hired Physical Damage

- ☐ \$
☐ \$

Motor Truck Cargo

- ☐ \$ 50,000
☐ \$100,000
☐ \$150,000
☐ \$ 250,000

Trailer Interchange

- ☐ \$
☐ \$

MTC Deductible

- ☐ \$ 1,000
☐ \$ 2,500

Non-Trucking

- ☐ \$ 750,000
☐ \$1,000,000

Number of Tractors: _____ Number of Trailers: _____

Radius	Percent		Trailer Types	Percent
0-50 miles	%		Dry Van	%
51-100 miles	%		Reefer Van	%
101-300 miles	%		Flat Bed	%
301-500 miles	%		Dump	%
Over 500 miles	%		Tank	%
Average Radius			Logs	%
Maximum Radius			Other:	%

Estimated Annual Mileage: _____ Estimated Annual Revenue: \$ _____

States: _____

Major Cities: _____

List Commodities Hauled	% of Total Hauls
	%
	%
	%
	%
	%

Main Shippers

1. _____ 2. _____ 3. _____
 4. _____ 5. _____ 6. _____

Does Company use Owner/Operators? Yes ☐ No ☒

If yes, how many? _____

Does Company use Team Drivers? Yes ☐ No ☒

Power Unit Descriptions: Attach lists if necessary – VIN's not required for quote

	Unit Type	YEAR	MAKE	SERIAL #	STATED VALUE
1.					\$
2.					\$
3.					\$
4.					\$
5.					\$
6.					\$
7.					\$
8.					\$
9.					\$
10.					\$

Trailer Descriptions:

	Unit Type	YEAR	MAKE	SERIAL #	STATED VALUE
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Driver Information:

	NAME	DOB	STATE	LICENSE #	DOH	YRS EXP
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

Loss Summary:

Year	Coverage	# of Losses	Total Amount of Losses	Comments
2017				
2016				
2015				

Target pricing per line of coverage:

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Description of Operations/Comments:

Trucking for Hire

I understand that providing false information may void or reduce insurance coverages and certify that all information given is true and correct to the best of my knowledge.

Signed: _____ Date: _____