



BLACKMOOR GENERAL INSURANCE AGENCY
NON-TRUCKING LIABILITY AND PHYSICAL DAMAGE APPLICATION
Ph: 267-495-2365 • E-mail: quote@blackmooragency.com

Agency Name:

Quote Date:

(Quote is valid for 60 days from Quote Date)

Policy Number:

TERM

Installment Option:

Effective Date:

INSURED

Name

SSN:

DBA (Doing business as)

Mailing Address

City:

State:

Zip:

Garage Address

City:

State:

Zip:

County

Live in Municipality

Business Type: Individual

Corporation

Partnership

Telephone Number: Home

Work

INSURED'S OPERATION

Permanently leased to:

FHWA Number:

Address:

City:

State:

Zip:

Primary commodity hauled:

Radius of Operation:

Years in business:

COVERAGES AND LIMITS

Physical Damage

Specified Perils
Collision

Comprehensive

Liability Coverages

Coverage	Combined Single Limit	Uninsured Limit	Underinsured Limit	PIP / Medical Payments Limit
Non Trucking Liability				
Uninsured Motorist				
Uninsured - Stacked				
Underinsured Motorist				
Underinsured - Stacked				
Personal Injury Protection				
Medical Payments				

Coverage selection/rejection forms for Uninsured Motorists, Underinsured Motorists, No-Fault (PIP & Medical Payments) insurance (as required by state law) must be completed, signed by applicant, and submitted with application.

Has applicant had any losses in the last 3 years?

= NO

= YES If YES, please explain:

DRIVERS

Name	⁽¹⁾ Yrs Expr	DOB	CDL Number	State	⁽²⁾ Moving Violations	Accidents/ Losses ⁽²⁾

- (1) Year over-the-road driving experience in a tractor trailer combination
- (2) Moving violations and accidents within the last 36 months

VEHICLES (Deductible:)

#	Year	Make	Owner Type	Tractor or Trailer	Trailer Type	GVW	VIN	NTL	Stated Amount
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

LOSS PAYEE INFORMATION

Veh#	Name and Account Number	Address	City	State	Zip
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

**ELIGIBILITY: (= YES) Check ALL boxes that apply
YES**

- Applicant operates under his/her own authority.
- Applicant is engaged in a long-term lease with a FHWA carrier.
- Applicant does NOT carry passengers for hire.
- Applicant does NOT use any HOTSHOT or GOOSENECK trailers manufactured before 1988.
- Applicant does NOT use any emergency vehicles or tow trucks.
- NO (zero) drivers have had any *MAJOR VIOLATIONS* within the past 36 months.
- Applicant does NOT own any glass-lined/unspecified trailers.
- Applicant does NOT rent or lease vehicles to others with or without operators?
- Applicant does NOT use any vehicles that are NOT listed on the Application.
- Applicant does NOT do any off road racing.
- Applicant does NOT do any off road logging.
- Applicant has NOT filed bankruptcy in the past 5 (five) years.
- Applicant does NOT trip lease.
- Applicant owns a personal auto.

Moving violations: Includes speeding, traffic light violations, lane change and merging violations, unsafe passing, any other moving violations not classified as major.
Major violations: DUI, DWI, hit and run, fleeing or eluding police, manslaughter, negligent homicide, felony conviction, racing, driving under a suspended license, reckless driving

All accidents are considered at-fault UNLESS a police report verifies the accident was not at-fault

REMARKS

DRIVER/VEHICLE EXPLANATION

SIGNATURES

<p>I authorize Blackmoor General Insurance Agency to obtain a copy of my Motor Vehicle Report for rating/underwriting the insurance for which I have applied. I agree that the foregoing statements and answers are true and a full exposition of the all facts and circumstances with regard to the risk of the insured, and these were used as a basis and condition of the insurance. By signing below, I affirm knowledge of and adherence to current D.O.T. safety regulations, and hereby apply for insurance with respect to the coverages stated on this application</p> <p>APPLICANT'S SIGNATURE AND TITLE _____ DATE _____</p> <p>AGENT'S SIGNATURE AND TITLE _____ DATE _____ Agent affirms that applicant's operations, vehicles, and drivers are eligible per the most recent underwriting guidelines</p>	<p>Name, Title, and Address of individual purchasing this insurance:</p> <p style="text-align: center;">Mr. Mrs. Ms.</p> <p>NAME _____</p> <p>TITLE _____</p> <p>ADDRESS _____</p> <p>CITY, STATE ZIP _____</p>
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All policies underwritten by Blackmoor General Agency.