

DESIRED POLICY EFFECTIVE DATE :	TIME:	Am <input type="checkbox"/>
____/____/____	____:____	Pm <input type="checkbox"/>

AIG The Truck Insurance Group Phone (404) 853-2630 FAX (404) 853-3123 100 Colony Square, Suite 900 1175 Peachtree St., N.E., Atlanta, GA 30361
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AIG The Truck Insurance Group
SMALL FLEET INSURANCE APPLICATION

GENERAL INFORMATION

Applicant Name:			
Applicant Address		City	State
		County	Zip
Principal Garaging Address(If Different)		City	State
		County	Zip
Type Of Entity:	Applicant Phone	()	
<input type="checkbox"/> Proprietorship, <input type="checkbox"/> Partnership,	M.C. Number		
<input type="checkbox"/> Corporation, <input type="checkbox"/> Individual, <input type="checkbox"/> Other	Social Security Or Tax I.D. Number:		
Name of Person to Contact:	Number Of Years In Business?:		

COVERAGE DESIRED

Coverage	Limit	Deductible	Symbol
Primary Liability	<input type="checkbox"/> 300 <input type="checkbox"/> 500 <input type="checkbox"/> 750 <input type="checkbox"/> 1000	<input type="checkbox"/> None <input type="checkbox"/> 1000 <input type="checkbox"/> 2500	
Non Trucking Use	<input type="checkbox"/> 300 <input type="checkbox"/> 500 <input type="checkbox"/> 750 <input type="checkbox"/> 1000	N/A	
Personal Injury	<input type="checkbox"/> Reject <input type="checkbox"/> _____	N/A	
Uninsured Motorists	<input type="checkbox"/> Reject <input type="checkbox"/> _____	N/A	
Physical Damage	Stated Amount	<input type="checkbox"/> \$1000 <input type="checkbox"/> \$2500	<input type="checkbox"/>

MILEAGE BY STATE (Or Attach Copy of Schedule B -- Fuel Tax Summary)

State	Annual Mileage	State	Annual Mileage	State	Annual Mileage

DRIVER INFORMATION

Driver Name	Date Of Birth	License # and (State)	Date Employed	Commercial Experience
1.	/ /	()	/ /	
2.	/ /	()	/ /	
3.	/ /	()	/ /	
4.	/ /	()	/ /	
5.	/ /	()	/ /	
6.	/ /	()	/ /	

VIOLATIONS and ACCIDENTS

Driver Name	Date Of Violation	Details Of All Violations Or Accidents In The Last 36 Months	Place
	/ /		
	/ /		
	/ /		
	/ /		
	/ /		

FINANCIAL INFORMATION

Attach a copy of the insured's most recent year end profit and loss sheet, tax statement or other financial information and any necessary explanation.

FILINGS

Does the applicant require: ICC Filing (provide docket #MC) PUC Filing Other state filings (Specify state)_____

Note: 1. We must insure all vehicles owned or operated by the insured to make an IC C or PUC filing. 2.: No filings will be make until downpayment is received and the risk is acceptad. 3. There is a fully earned filing fee of \$10.00 for filings made as a result of reinstatement.

EQUIPMENT INFORMATION

Unit	Owned? Leased? Owner/ Oper.	P= Power Unit T= Trailer	Model Year	Make	Model	Type *	Serial Number	Physical Damage Deduc- tible**	Stated Amount
1									
2									
3									
4									
5									
6									

*- Tractor Type = Cabover, Conventional, Straight Truck, Service, Other (Describe)
 Trailer Type = Van, Van Refrig., Tank - Liquid, Dry Bulk, Gas Bulk, Flatbed, Lowboy

**Enter N/A if no physical damage requested.

LIST OF COMMODITIES HAULED (INCLUDING BACKHAULED COMMODITIES)

Type	Revenue %	Type	Revenue %

LOSS HISTORY

Prior Carrier	Period	Losses (attach separate sheet if necessary)

MISCELLANEOUS QUESTIONS

Does applicant haul double trailers and/or triple trailers? Yes No
 For NTU coverage, is the truck under permanent lease? Yes No
 (Attach copy of lease if so)
 Does the applicant act as a truck broker? Yes No
 Does the named applicant operate any other vehicles not listed? Yes No
 Are placards ever required for any vehicle? Yes No

COMMENTS

Explain any yes answers or give details on losses in space following? _____

BROKER INFORMATION

Broker Name and Address: _____ Phone #: _____
 _____ Fax #: _____

 Broker Signature _____

APPLICANT'S STATEMENT

I hereby apply to **AIG** The Truck Insurance Group for a policy of insurance as set forth in this application on the basis of statements contained herein.
 Signature of Applicant _____ Date ____ / ____ / ____