

**NATIONWIDE TRUCKERS INSURANCE AGENCY INC.**  
**800-368-3785 PHONE**  
**540-433-9512 FAX**

**TRUCK INSURANCE APPLICATION**

DATE \_\_\_\_\_ MC# \_\_\_\_\_

NAME \_\_\_\_\_ USDOT# \_\_\_\_\_

TRADE NAME (DBA) \_\_\_\_\_

CELL PHONE# (\_\_\_\_) \_\_\_\_\_ PHONE# (\_\_\_\_) \_\_\_\_\_ FAX# (\_\_\_\_) \_\_\_\_\_

PHYSICAL ADDRESS (STREET) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIPCODE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIPCODE \_\_\_\_\_

EFFECTIVE DATE OF INSURANCE (DATE NEEDED BY) \_\_\_\_\_

CURRENT INSURANCE CARRIER AND POLICY # \_\_\_\_\_

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**EQUIPMENT INFORMATION –TRACTOR**

UNIT# \_\_\_\_\_ YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ TRUCK OR TRACTOR – CAB OR CONV

SERIAL# \_\_\_\_\_ COMBINED GROSS WEIGHT \_\_\_\_\_

UNIT# \_\_\_\_\_ YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ TRUCK OR TRACTOR – CAB OR CONV

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SERIAL# \_\_\_\_\_ COMBINED GROSS WEIGHT \_\_\_\_\_

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SERIAL# \_\_\_\_\_ COMBINED GROSS WEIGHT \_\_\_\_\_

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**EQUIPMENT INFORMATION –TRAILER**

UNIT# \_\_\_\_\_ YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ SERIAL# \_\_\_\_\_

TRAILER TYPE \_\_\_\_\_ GROSS WEIGHT (TRAILER ONLY) \_\_\_\_\_

UNIT# \_\_\_\_\_ YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ SERIAL# \_\_\_\_\_

TRAILER TYPE \_\_\_\_\_ GROSS WEIGHT (TRAILER ONLY) \_\_\_\_\_

UNIT# \_\_\_\_\_ YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ SERIAL# \_\_\_\_\_

TRAILER TYPE \_\_\_\_\_ GROSS WEIGHT (TRAILER ONLY) \_\_\_\_\_

**LEINHOLDER** (NAME AND ADDRESS) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**DRIVER INFORMATION**

NAME \_\_\_\_\_ DOB/AGE \_\_\_\_\_ YRS CDL EXPERIENCE \_\_\_\_\_

SS# \_\_\_\_\_ DRIVERS LICENSE# AND STATE \_\_\_\_\_

NAME \_\_\_\_\_ DOB/AGE \_\_\_\_\_ YRS CDL EXPERIENCE \_\_\_\_\_

SS# \_\_\_\_\_ DRIVERS LICENSE# AND STATE \_\_\_\_\_

NAME \_\_\_\_\_ DOB/AGE \_\_\_\_\_ YRS CDL EXPERIENCE \_\_\_\_\_

SS# \_\_\_\_\_ DRIVERS LICENSE# AND STATE \_\_\_\_\_

**RADIUS OF TRAVEL (LIMITED OR UNLIMITED)** \_\_\_\_\_

**COMMODITIES HAULED** \_\_\_\_\_

**YEARS IN BUSINESS** \_\_\_\_\_

**LOSSES (3 YEARS)** \_\_\_\_\_

**WHAT WAS THE NATURE OF THE LAST CLAIM THAT YOU HAD? WHEN DID IT OCCUR?  
AND HOW MUCH DID INSURAND COMPANY PAY OUT?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**ACCIDENTS (3 YEARS)** \_\_\_\_\_

WHEN WAS THE LAST ACCIDENT THAT YOU DAD? PLEASE DESCRIBE BELOW INCLUDING IF YOU WERE AT FAULT.

\_\_\_\_\_  
\_\_\_\_\_

**VIOLATIONS (3 YEARS)** \_\_\_\_\_

WHEN WAS THE LAST TICKET OR VIOLATION THAT YOU RECEIVED? PLEASE DESCRIBE BRIEFLY BELOW:

\_\_\_\_\_  
\_\_\_\_\_

**IS ANY EQUIPMENT LEASED** \_\_\_\_\_

**COVERAGES NEEDED**

**LIABILITY LIMITS** \_\_\_\_\_

**CARGO LIMITS** \_\_\_\_\_

**COMP AND COLLISION (PHYSICAL DAMAGE)** \_\_\_\_\_

**TRACTOR VALUE**

UNIT# \_\_\_\_\_ UNIT# \_\_\_\_\_ UNIT# \_\_\_\_\_

**TRAILER VALUE**

UNIT# \_\_\_\_\_ UNIT# \_\_\_\_\_ UNIT# \_\_\_\_\_

**INSURANCE FILING NEEDED**

MC# \_\_\_\_\_ USDOT# \_\_\_\_\_ SSRS BASE STATE \_\_\_\_\_ OREGON FILE # \_\_\_\_\_

**INTRASTATE OPERATING AUTHORITY (YES) / (NO) EXEMPT CARRIER** \_\_\_\_\_

**EXEMPT (FORM E FILINGS REQUIRED)** \_\_\_\_\_

**APPLICANTS SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_