

# SOUTHEAST KENTUCKY INSURANCE

*A Division Of Martin's Peterbilt*

Insured Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Agent's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Renewal Date: \_\_\_\_\_

# Years in Business: \_\_\_\_\_ Estimated Gross Receipts: \_\_\_\_\_

Commodities Hauled: \_\_\_\_\_

Major Cities: \_\_\_\_\_

State & / or ICC Filings: \_\_\_\_\_ Yes \_\_\_\_\_ No Radius: \_\_\_\_\_

In Which States? \_\_\_\_\_

List of Equipment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Stated Value of Units: \_\_\_\_\_ GVW: \_\_\_\_\_

\_\_\_\_\_ GVW: \_\_\_\_\_

*FTC ded.* \_\_\_\_\_ GVW: \_\_\_\_\_

*COLL ded.* \_\_\_\_\_ GVW: \_\_\_\_\_

Age of Drivers: \_\_\_\_\_ License #: \_\_\_\_\_

Experience: \_\_\_\_\_

Accidents & Tickets: \_\_\_\_\_

Limit of Liability: \_\_\_\_\_

Loss History (3 years): \_\_\_\_\_

*(Include Dates, Drivers* \_\_\_\_\_

*Details & Amount* \_\_\_\_\_

*Paid or Reserve*) \_\_\_\_\_

Previous Carrier (*last 3 years*): \_\_\_\_\_

Canceling or Non Renewing: \_\_\_\_\_ Yes \_\_\_\_\_ No Why: \_\_\_\_\_

No Prior Carrier – List Experience for Last 3 Years (*name of employer, type unit driven & radius*):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

-----CARGO – NEED THE FOLLOWING ADDITIONAL INFORMATION-----

Value per Unit: \_\_\_\_\_ Ded.: \_\_\_\_\_

Specific Cargo Hauled: \_\_\_\_\_

Are State of ICC Filings required: \_\_\_\_\_ Yes \_\_\_\_\_ No

Loss History for 3 years: \_\_\_\_\_