

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: _____