

595

BES

Agreement Number. NA04341009

NON TRUCKING LIABILITY APPLICATION:

APPLICANT NAME: _____

TERMINAL ADDRESS LOCATION: _____

MAILING ADDRESS: _____

APPLICANT TELEPHONE NUMBER: _____

E-MAIL ADDRESS: _____

PERMANENTLY LEASED TO: _____

CARGO HAULED UNDER LEASE: _____

YEARS OF DRIVING EXPERIENCE: _____

DESIRED EFFECTIVE DATE: From _____ to _____

LIABILITY LIMITS: () USD 750,000
() USD 1,000,000

UNINSURED MOTORIST: () Waive Coverage

UNINSURED MOTORIST LIMITS: () USD 15,000 / USD 30,000
() USD 30,000 / USD 60,000

TERRORISM COVERAGE (TRIA) () Accept Coverage
() Decline Coverage

POWER UNIT SCHEDULE:

<u>YEAR</u>	<u>MODEL</u>	<u>VEHICLE IDENTIFICATION NUMBER</u>
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

Please attach schedule if more than three power units to be insured.

NON TRUCKING LIABILITY LOSS HISTORY PAST THREE YEARS:

NONE ()
LOSSES () if losses please provide full details including circumstances of the loss(es)

Applicant Signature _____ Date _____