**NON TRUCKING LIABILITY APPLICATION:**

APPLICANT NAME:

TERMINAL ADDRESS LOCATION:

MAILING ADDRESS:

APPLICANT TELEPHONE NUMBER:

E-MAIL ADDRESS:

PERMANTLY 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:

**YEAR**  **MODEL** **VEHICLE IDENTIFICATION NUMBER**

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