

DESIRED POLICY EFFECTIVE DATE :	TIME:	am
_____ / _____ / _____	_____ : _____	pm

<b>AIG</b> The Truck Insurance Group Phone (678) 320-1100 FAX (678) 320-1298 1200 Abernathy Road, Building 600 Atlanta, GA 30328
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**AIG** The Truck Insurance Group  
**SMALL FLEET INSURANCE APPLICATION**

**GENERAL INFORMATION**

<b>Applicant Name:</b>			
<b>Applicant Address</b>		City _____	State _____
		County _____	Zip _____
<b>Principal Garaging Address(If Different)</b>		City _____	State _____
		County _____	Zip _____
<b>Type Of Entity:</b>	<b>Applicant Phone</b>	( ) -	
<input type="checkbox"/> Proprietorship, <input type="checkbox"/> Partnership,	<b>M.C. Number</b>		
<input type="checkbox"/> Corporation, <input type="checkbox"/> Individual, <input type="checkbox"/> Other	<b>Social Security Or Tax I.D. Number:</b>		
<b>Name of Person to Contact:</b>		<b>Number Of Years In Business?:</b> _____	

**COVERAGE DESIRED**

Coverage	Limit	Deductible	Symbol
Primary Liability	<input type="checkbox"/> 300 <input type="checkbox"/> 500 <input type="checkbox"/> 750 <input type="checkbox"/> 1000	<input type="checkbox"/> None <input type="checkbox"/> 1000 <input type="checkbox"/> 2500	
Non Trucking Use	<input type="checkbox"/> 300 <input type="checkbox"/> 500 <input type="checkbox"/> 750 <input type="checkbox"/> 1000	N/A	
Personal Injury	<input type="checkbox"/> Reject <input type="checkbox"/> _____	N/A	
Uninsured Motorists	<input type="checkbox"/> Reject <input type="checkbox"/> _____	N/A	
Physical Damage	Stated Amount	<input type="checkbox"/> \$1000 <input type="checkbox"/> \$2500	

**MILEAGE BY STATE (Or Attach Copy of Schedule B -- Fuel Tax Summary)**

State	Annual Mileage	State	Annual Mileage	State	Annual Mileage

**DRIVER INFORMATION**

Driver Name	Date Of Birth	License # and (State)	Date Employed	Commercial Experience
1.	/ /	( )	/ /	
2.	/ /	( )	/ /	
3.	/ /	( )	/ /	
4.	/ /	( )	/ /	
5.	/ /	( )	/ /	
6.	/ /	( )	/ /	

**VIOLATIONS and ACCIDENTS**

Driver Name	Date Of Violation	Details Of All Violations Or Accidents In The Last 36 Months	Place
	/ /		
	/ /		
	/ /		
	/ /		
	/ /		

**FINANCIAL INFORMATION**

Attach a copy of the insured's most recent year end profit and loss sheet, tax statement or other financial information and any necessary explanation.

**FILINGS**

Does the applicant require:  ICC Filing (provide docket #MC)  PUC Filing  Other state filings (Specify state) \_\_\_\_\_  
Note: 1. We must insure all vehicles owned or operated by the insured to make an ICC or PUC filing. 2.: No filings will be make until downpayment is received and the risk is acceptad. 3. There is a fully earned filing fee of \$10.00 for filings made as a result of reinstatement.

**EQUIPMENT INFORMATION**

Unit	Owned? Leased? Owner/ Oper.	P= Power Unit T= Trailer	Model Year	Make	Model	Type *	Serial Number	Physical Damage Deduc- tible**	Stated Amount
1							/ / / / / / / / / / / / / / / / / /		
2							/ / / / / / / / / / / / / / / / / /		
3							/ / / / / / / / / / / / / / / / / /		
4							/ / / / / / / / / / / / / / / / / /		
5							/ / / / / / / / / / / / / / / / / /		
6							/ / / / / / / / / / / / / / / / / /		

\*- Tractor Type = Cabover, Conventional, Straight Truck, Service, Other (Describe)

Trailer Type = Van, Van Refrig., Tank - Liquid, Dry Bulk, Gas Bulk, Flatbed, Lowboy

\*\*Enter N/A if no physical damage requested.

**LIST OF COMMODITIES HAULED (INCLUDING BACKHAULED COMMODITIES)**

Type	Revenue %	Type	Revenue %

**LOSS HISTORY**

Prior Carrier	Period	Losses (attach separate sheet if necessary)

**MISCELLANEOUS QUESTIONS**

Does applicant haul double trailers and/or triple trailers?  Yes  No  
 For NTU coverage, is the truck under permanent lease?  Yes  No  
 (Attach copy of lease if so)  
 Does the applicant act as a truck broker?  Yes  No  
 Does the named applicant operate any other vehicles not listed?  Yes  No  
 Are placards ever required for any vehicle?  Yes  No

**COMMENTS**

Explain any yes answers or give details on losses in space following? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**BROKER INFORMATION**

Broker Name and Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 \_\_\_\_\_ Fax #: \_\_\_\_\_  
 \_\_\_\_\_  
 Broker Signature \_\_\_\_\_

**APPLICANT'S STATEMENT**

I hereby apply to **AIG** The Truck Insurance Group for a policy of insurance as set forth in this application on the basis of statements contained herein.  
 Signature of Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Insurance provided by Member Companies of American International Group, Inc.