Robertson Ryan Insurance

Select Trucking Application – Effective Date: _____

Legal Name:_____DBA:_____
Business Address:_____FEIN#:_____
DOT#:_____MC#: _____Date Established:_____
Contact:_____ Email:_____ Phone:_____

Owners Name:_____ DOB:_____ License#:_____ DL State:_____
Mailing Address:_____

Interstate Filing: ☐ Yes ☐ No			Auto Liability: ☐ $1,000,000 ☐ $750,000		
General Liability: ☐ Yes ☐ No			Cargo Limit: ☐ $100,000 ☐ $		
Trailer Interchange (if any): $			Workers Compensation: ☐ Yes ☐ No		
Trip Radius:	0-50 ___%	51-150 ___%	151-300 ___%	301-500 ___%	501+ ___%

Commodities Hauled (Do not list General Freight)	Max Value	% Revenue
	$	%
	$	%
	$	%

	Year	Make	Model	Vin#	Value	Unit Type	Zip Code
1.					$		

Loss Payee Name & Address: _____ ELD_____

	Year	Make	Model	Vin#	Value	Unit Type	Zip Code
2.					$		

Loss Payee Name & Address: _____ ELD_____

	Year	Make	Model	Vin#	Value	Unit Type	Zip Code
3.					$		

Loss Payee Name & Address: _____ ELD_____

	Year	Make	Model	Vin#	Value	Unit Type	Zip Code
4.					$		

Loss Payee Name & Address: _____ ELD_____

	Year	Make	Model	Vin#	Value	Unit Type	Zip Code
5.					$		

Loss Payee Name & Address: _____ ELD_____

	Year	Make	Model	Vin#	Value	Unit Type	Zip Code
6.					$		

Loss Payee Name & Address: _____ ELD_____

	Driver Name	License # & State	D.O.B.	# Years Driving	Hire Date / Work History	CDL Issue Date
1.						
2.						
3.						
4.						
5.						

Notes: