

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

AI Transport Phone (404) 853-2630 FAX (404) 853-3123 100 Colony Square, Suite 900 1175 Peachtree St., N.E., Atlanta, GA 30361
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**The Truck Insurance Group**  
 A DIVISION OF THE INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA  
**SMALL FLEET INSURANCE APPLICATION**

**GENERAL INFORMATION**

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

**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 made until downpayment is received and the risk is accepted. 3. There is a fully earned filing fee of \$10.00 for filings made as a result of reinstatement.

