



Yancy Insurance & Financial Services

AGENT: Yancy Insurance & Financial Services
 2019 E Lamar Blvd, Suite 100
 Arlington, TX 76006
 817-277-6100 Phone
 817-261-7514 Fax

Truck Application

GENERAL INFORMATION		<input type="checkbox"/> Individual		<input type="checkbox"/> Corporation		<input type="checkbox"/> Partnership		<input type="checkbox"/> Other (Specify) _____	
Name		DBA:		Federal ID # or SSN		U.S. DOT Number			
Mailing Address				Yrs. In Trucking Industry		Yrs. Operating in Your Name			
City		State		Zip		Date Coverage Desired: FROM: _____ TO: _____			
Garaging Location(s) if different:		City		State		Zip		Phone () _____	

DESCRIPTION OF OPERATIONS		<input type="checkbox"/> For Hire		<input type="checkbox"/> Private		<input type="checkbox"/> Non-Trucking		<input type="checkbox"/> Other (explain) _____	
Range of Transport		Commodity (check all that apply)							
<input type="checkbox"/> Interstate		<input type="checkbox"/> Property (nonhazardous)		<input type="checkbox"/> Refuse/Waste/Garbage					
<input type="checkbox"/> Intrastate		<input type="checkbox"/> Hazardous Substances requiring \$1,00,000 liability limits or less							
		<input type="checkbox"/> Hazardous Substances requiring liability limits in excess of \$1,000,000 (if checked, attach explanation)							

OPERATIONS LESS THAN 300 MILE RADIUS – List City Destinations:

OPERATIONS BEYOND 300 MILE RADIUS: Identify Cities Traveled Through or Into

<input type="checkbox"/> Atlanta	<input type="checkbox"/> Cleveland	<input type="checkbox"/> Jacksonville	<input type="checkbox"/> Milwaukee	<input type="checkbox"/> Philadelphia	<input type="checkbox"/> San Diego
<input type="checkbox"/> Balt. – Washington	<input type="checkbox"/> Dallas/Ft. Worth	<input type="checkbox"/> Kansas City	<input type="checkbox"/> Mpls./St. Paul	<input type="checkbox"/> Phoenix	<input type="checkbox"/> San Francisco
<input type="checkbox"/> Boston	<input type="checkbox"/> Denver	<input type="checkbox"/> Little Rock	<input type="checkbox"/> Nashville	<input type="checkbox"/> Pittsburgh	<input type="checkbox"/> Seattle
<input type="checkbox"/> Buffalo	<input type="checkbox"/> Detroit	<input type="checkbox"/> Los Angeles	<input type="checkbox"/> New Orleans	<input type="checkbox"/> Portland	<input type="checkbox"/> Tulsa
<input type="checkbox"/> Charlotte	<input type="checkbox"/> Hartford	<input type="checkbox"/> Louisville	<input type="checkbox"/> New York City	<input type="checkbox"/> Richmond	<input type="checkbox"/> Eastern Zone
<input type="checkbox"/> Chicago	<input type="checkbox"/> Houston	<input type="checkbox"/> Memphis	<input type="checkbox"/> Oklahoma City	<input type="checkbox"/> St. Louis	<input type="checkbox"/> Gulf Zone
<input type="checkbox"/> Cincinnati	<input type="checkbox"/> Indianapolis	<input type="checkbox"/> Miami	<input type="checkbox"/> Omaha	<input type="checkbox"/> Salt Lake City	<input type="checkbox"/> Southeast Zone

Other than above _____

COMMODITIES TRANSPORTED					
Commodity	Percent of Loads	Maximum Value	Commodity	Percent of Loads	Maximum Value

List shipper requirements, if any _____

<input type="checkbox"/>	<input type="checkbox"/>	1. Are filings required? If yes, complete form N-710, Filing Information.	Docket #: _____
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you act as a freight-broker or freight-forwarder or arrange loads for others? If yes, provide Brokerage name: _____ Annual Brokerage Revenue \$ _____	Docket #: _____
<input type="checkbox"/>	<input type="checkbox"/>	3. Is all equipment operated under the applicant's authority scheduled on the application? If no, attach explanation.	
<input type="checkbox"/>	<input type="checkbox"/>	4. Is all owned equipment scheduled on this application? If no, attach explanation.	
<input type="checkbox"/>	<input type="checkbox"/>	5. Is all of the scheduled equipment owned by you? If no, attach explanation.	
<input type="checkbox"/>	<input type="checkbox"/>	6. Do you lease or hire equipment from others? If yes, is it: <input type="checkbox"/> Permanently Leased <input type="checkbox"/> Trip Leased	
<input type="checkbox"/>	<input type="checkbox"/>	a. If permanently leased, is it scheduled on this application? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/>	<input type="checkbox"/>	b. If permanently leased, are autos hired with drivers? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete form T-376	
<input type="checkbox"/>	<input type="checkbox"/>	c. If trip leased, provide the annual estimated cost of hire: \$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you lease to others? If yes, who must provide primary insurance? <input type="checkbox"/> You <input type="checkbox"/> Other	
<input type="checkbox"/>	<input type="checkbox"/>	If you provide insurance, is coverage desired for: <input type="checkbox"/> Named Lessee(s) OR <input type="checkbox"/> All Lessees (Blanket Basis)	
<input type="checkbox"/>	<input type="checkbox"/>	If Named Lessee(s), attach a list of Name and Address for each lessee.	
<input type="checkbox"/>	<input type="checkbox"/>	8. Do you pull doubles? Triples? <input type="checkbox"/> Yes <input type="checkbox"/> No	

DRIVER INFORMATION		Must be completed for all drivers.						
Driver	Date of Birth	License Number	State	# Yrs. Driving Similar Equip.	Date of Hire	Number Violations		# Accid. Last 3 Years
						Past 3 Years		
						# Minor	# Major	Past Yr. # Minor



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DRIVER EMPLOYMENT HISTORY		If you have not had insurance for the past two years in your name, provide three years Employment history for each driver. (Use form TF-079 for additional drivers.) Do not indicate "self-employed" unless you have had insurance in your name.							
Driver	Prior Employment & Full Address				Dates of Employment		Type of Unit		
					to				
					to				
UNIT REVENUE AND MILEAGE		Actual and Estimated.							
	Period	Units	Revenue				Mileage		
Projected									
Current									
INSURANCE HISTORY & LOSS EXPERIENCE		Number of years prior insurance _____							
HAS ANY INSURANCE COMPANY CANCELED OR NONRENEWED YOUR POLICY IN THE LAST THREE YEARS?									
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain. _____									
POLICY HISTORY					LOSS HISTORY				
Policy Term FROM TO Mo/Yr Mo/Yr	Insurance Company	Policy Number (if available)	# Units Insured	Any losses over the policy term?	#	Amount	Driver(s) involved in loss		
				<input type="checkbox"/> No <input type="checkbox"/> Yes, then					
				<input type="checkbox"/> No <input type="checkbox"/> Yes, then					
				<input type="checkbox"/> No <input type="checkbox"/> Yes, then					
SCHEDULE OF AUTOS TO BE INSURED				All units you own or are leased to you must be scheduled and insured if filings are to be made. If you have more than 10 power units, form N-2379, Fleet Application, must be completed.					
No.	Model Year	Trade Name	Type	Striped Trlr (Y/N)	VIN	GVW/ GCW	Stated Value	Max. Radius	Owner's Name
1									
2									
3									
FINANCED VALUE COVERAGE		The Stated Value of each auto must be equal to or greater than the outstanding financial obligation for that auto in order for the Financed Value Coverage to apply.							
LIENHOLDER INFORMATION									
Auto #	Name	Street Address			City	State	Zip Code		
COVERAGES									
<input type="checkbox"/> AUTO LIABILITY <input type="checkbox"/> EMPLOYERS NONOWNERSHIP LIABILITY (# of employees _____)									
<input type="checkbox"/> LIABILITY FOR NONTRUCKING USE Leased to: _____									
LIMITS: <input type="checkbox"/> Combined Single Limit (BI/PD) \$ _____ CSL									
<input type="checkbox"/> Split Limits BI \$ _____ per person \$ _____ per accident PD \$ _____ each accident									
<input type="checkbox"/> HIRED AUTO LIABILITY									
DEDUCTIBLE REIMBURSEMENT LIMIT					<input type="checkbox"/> TRAILER INTERCHANGE (including copy of agreement)				
<input type="checkbox"/> Liability <input type="checkbox"/> Physical Damage <input type="checkbox"/> Cargo					Maximum trailer value _____ # trailer days _____				
PHYSICAL DAMAGE		Deductibles:		<input type="checkbox"/> CARGO		COMBINED DEDUCTIBLE		RENTAL REIMBURSEMENT	
<input type="checkbox"/> Comprehensive OR \$ _____		Limit \$ _____		Limit \$ _____		Coverage included unless declined.		<input type="checkbox"/> Selected Units <input type="checkbox"/> All Units	
<input type="checkbox"/> Specified Perils \$ _____		Deductible \$ _____		<input type="checkbox"/> Decline Hired Auto		<input type="checkbox"/> Decline		Amt. Per Day \$ _____	
<input type="checkbox"/> Collision \$ _____								Days of Coverage: <input type="checkbox"/> 30 <input type="checkbox"/> 120	
<input type="checkbox"/> UNINSURED MOTORISTS			Limits \$ _____		<input type="checkbox"/> MEDICAL PAYMENTS			Limits \$ _____	
<input type="checkbox"/> UNDERINSURED			Limits \$ _____		<input type="checkbox"/> PERSONAL INJURY PROTECTION			Limits \$ _____	
Coverage selection/rejection form(s) for Uninsured Motorists, Underinsured Motorists, No-Fault, and Medical Payments Insurance (as required by state law) must be completed and submitted together with this application for insurance coverage.									
PLEASE ATTACH IFTA REPORTS									
APPLICANT'S SIGNATURE AND TITLE						DATE			



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TRUCK - APPLICATION Additional Information Supplement

Named Insured _____ DBA _____ Policy Number _____

DRIVER INFORMATION			Must be completed for all drivers.						
Driver	Date of Birth	License Number	State	# Yrs. Driving Similar Equip.	Date of Hire	Number Violations		Past Yr. # Minor	# Accid. Last 3 Years
						Past 3 Years # Minor	# Major		
DRIVER EMPLOYMENT HISTORY		If you have not had insurance for the past two years in your name, provide three years Employment history for each driver. (Use form TF-079 for additional drivers.) Do not indicate "self-employed" unless you have had insurance in your name.							
Driver	Prior Employment & Full Address			Dates of Employment		Type of Unit			
				to					
				to					
INSURANCE HISTORY & LOSS EXPERIENCE			Number of years prior insurance _____						
POLICY HISTORY				LOSS HISTORY					
Policy Term FROM Mo/Yr TO Mo/Yr		Insurance Company	Policy Number (if available)	# Units Insured	Any losses over the policy term?		#	Amount	Driver(s) involved in loss
					<input type="checkbox"/> No <input type="checkbox"/> Yes, then				
					<input type="checkbox"/> No <input type="checkbox"/> Yes, then				
					<input type="checkbox"/> No <input type="checkbox"/> Yes, then				
SCHEDULE OF AUTOS TO BE INSURED			All units you own or are leased to you must be scheduled and insured if filings are to be made. If you have more than 10 power units, form N-2379, Fleet Application, must be completed.						
No.	Model Year	Trade Name	Type	Striped Trlr (Y/N)	VIN	GVW/GCW	Stated Value	Max. Radius	Owner's Name
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
LIENHOLDER INFORMATION									
Auto #	Name	Street Address			City	State	Zip Code		