

Nationwide Truckers Insurance Agency Inc.
(Insurance Application)
98 Kenworth Lane
Harrisonburg, Va. 22802

Phone# (800) 368-3785 or (540) 433-6470 Fax# (540) 433-5918

Date: _____ Date Insurance Renews: _____

MC# _____ DOT# _____ Intra-State# _____

Insured Name: _____ FID# _____

DBA: _____

Physical Address: _____

City _____ State _____ Zip _____

Mailing Address: _____ State _____ Zip _____

Phone #: _____ Cell #: _____ Fax #: _____

Individual _____ Corporation _____ LLC _____ Partnership _____

Owners Name _____ SS# _____ Title _____

Yeas In Business: _____

Driver Information:

Name: **Date of Birth:** **Driver's License #** **State** **Years of Experience:**

Vehicle Information:

Year **Make** **Type** **GVW** **VIN #** **Value**

Coverage Limits:

Primary Liability: _____

Non-Trucking (Bobtail) _____

Medical: _____ **Uninsured/Underinsured Motorist:** _____

Comp Ded: _____ **Collision Ded:** _____

Cargo Limit: _____ **Reefer Breakdown** _____

General Liability: _____ **Trailer Interchange:** _____

Workers Compensation: (yes) _____ (no) _____

Commodities Hauled:

Radius: _____

Current Insurance carrier: _____

Prior 3 yrs. experience if no prior coverage: _____

Any losses: _____ **Please send loss runs from previous Insurance Agent.**

Other Insurance Inland Marine Coverage's Needed:

Any unattached equipment such as: generators, equipment used for loading or unloading, conveyors, etc. _____