



TRUE
Transport
Insure



Physical Damage and Non-Trucking Liability Small Fleet Program Application

Motor Carrier Name: _____

Address: _____

DOT #: _____

Lines of Coverage Selected:

- Physical Damage
- Non-Trucking Liability

Commodities Hauled: _____

Date Established: _____

Years of Business Experience: _____

Deductible Option:

- \$1,000
- \$2,500

Optional Coverage (included with additional premium):

Increased Towing & Storage Limit:

- \$10,000
- \$15,000
- \$20,000

Gap:

Downtime:

Signature: _____

Date: _____

Please remember to also submit the additional information needed for a quote:

- Driver and equipment schedule (sample can be provided if needed)
- MVRs for all drivers
- Loss runs (if available)
- Copy of lease agreement

Submit this form and all other application information to:

Thomas Kane
 National Sales Executive
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 truetransportinsure.com