

NEMT FLEET INSURANCE APPLICATION

GENERAL INFORMATION									
Effective Date		US DOT#		Years in Business			FEIN#		
Applicant Name									
Mailing Address									
Principal Garaging Address(If Different)									
Contact Name									
Phone #				e-Mail					
Type Of Entity:	Proprietorship	Partnership	Corporation	Individual	Other				
OPERATIONS									
MiniVan	SUV	latbed	Liquid Tank	Dry Bulk	Containerized	Dump			
COMMODITIES Identify the principal types of cargo hauled; avoid listing "General Merchandise". Percentages should total to 100%.									
Description (Truckers Only)				Flammables, Explosives or Chemicals?			Percentage		
CURRENT AND HISTORICAL INFORMATION Attach 3 years of currently valued loss runs.									
Proposed Policy Period (estimate)	# of Power Units	Gross Receipts	Total Mileage	Auto Liability Insurance Carrier		Physical Damage Insurance Carrier			
Current Policy Period									
Prior Policy Period 1									
Prior Policy Period 2									
Prior Policy Period 3									
TARGET PRICING									
AL Per Unit Target Price				PD Target Rate					
INSURANCE REQUESTED									
Auto Liability		Limit		Deductible					
Uninsured Motorist*		Limit		Reject		*Requested limits (or rejection of limits, where permissible) as completed here is a preliminary indication only. The selection and/or rejection of limits by state will be reflected in the applicant's completed and submitted UM/UIM Selection/Rejection Tool and PIP Selection/Rejection Tool.			
Underinsured Motorist*		Limit		Reject					
Personal Injury Protection*		Limit		Reject					
Physical Damage		Deductible							
General Liability		Limit		SAM Limit?					
Hired Auto Liability**		Cost of Hire			**Attach a copy of the insured's most recent year end profit and loss sheet, tax statement or other financial information.				
Non-Owned Liability		Number of Employees							
REQUIRED FILINGS We must insure all vehicles owned or operated by the insured to make a filing.									
Federal MC#		Other State (list state & authority#)							
CA Authority#		PA PUC#			TX Dot#				

EQUIPMENT INFORMATION *Vehicle Body Type =Sedan, Van,Handicap Van, PPT, or write in the type

Veh #	Year	Make	Body Type*	Vin	GVW	Stated Value
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						

Veh #	Radius (Local 0-50) (Interm 51-200) (Long Haul 200+)	Garaging Location		Registration	Company Owned / Long Term Lease w/o driver / Exclusive dedicated O/O	If O/O, is insurance in place?
		State	Zip Code	State		
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						

