

# Auto Liability, Physical Damage, & Cargo Application

## E-Mail Completed Form to: <a href="mailto:sales@midwestinsure.com">sales@midwestinsure.com</a>

Company Name:	Company Owner's Name:			
DBA:	Is the Owner a Driver:	Years Experience:		
Address:	Company Owner's SS #	DOB:		
City, State Zip:	Phone:	Cell:		
County:	Fax:	Tax ID #:		
E-mail:	US DOT #:	MC #:		
Broker Authority:	Current Premium:\$			
Business Type:	Radius of Operation:	Primary Region:		
Does the Business Have Current GL Policy:	Year the Business was Esta	Year the Business was Established:		
Is the Equipment Currently Insured:	Federal Safety Rating:	Effective Date:		
If Currently Insured, Any Losses:				

#### LIMITS AND COVERAGE DESIRED:

Primary Liability:\$	Excess Liab.:\$	Cargo:\$	Deductible:\$	
General Liability:\$	Work Comp.:	Trailer Interchange:	Deductible:\$ Value:\$	
Personal Injury:\$	UM / UIM:\$	Reefer Breakdown:	Rental Reimbursement:	

# **VEHICLE INFORMATION:**

Vehicle Type	Year	Make	Model	Value	Deductible	VIN
				\$	\$	
				\$	\$	
				\$	\$	
				\$	\$	
				\$	\$	
				\$	\$	
				\$	\$	
				\$	\$	

## **DRIVERS**:

Driver Name	Violations & Accidents	State & License	Date of Birth	Years Exp.	Date of Hire