



WWW.JEBINSURANCE.COM

P.O. Box 56827 Jacksonville, FL 32241-6827 (888)-225-2258 Office (904)352-1804 fax

Company name:	Company Owners 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:\$	Target Premium: \$
Business Type:	Radius of Operation:	Primary Region:
Does the Business have Current GL Policy:	Year the business was established:	
Is the Equipment Currently Insured:	Federal Safety Rating:	Effective Date:

Loss History/Prior Experience

Company	Policy Period	Loss amounts, Desc, Dates, (attached separate if needed)

LIMITS AND COVERAGE DESIRED:

Primary Liability:\$	Non-Trucking:\$	Cargo:\$	Deductible:\$
General Liability: \$		Trailer Interchange:	Deductible:\$ Value:\$
Personal Injury: \$	UM/UIM:\$	Reefer Breakdown:	
Hired Auto / Non Owned Lia:			

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

CARGO:

Commodities Hauled	Average Value	Maximum Value	% of Revenue

