



CTC Transportation Insurance Services, LLC
 12707 High Bluff Drive, Suite 200
 San Diego, CA 92130

Ph: (858)350-4370 Fax: (858)350-9456

Underwriter: _____ Date: _____ mm/dd/yyyy

Agency Information

Agent Code: _____ Agent Name: _____

Person to Contact: _____

Proposed effective date: _____ mm/dd/yyyy or ASAP

Insured Information

Insured Name: _____ Owner's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Insured DOT #: _____ Brokerage (Y/N) _____

Insured MC #: _____ CA DVM: _____

Other State Filings (Please provide ID #s if applicable): _____ Yrs in Business _____

Radius (give %) _____ 0-100 miles _____ 101-300 miles _____ 301-600 miles _____ Over 600 miles

Planning on Expanding? How much? _____

Prior Carrier Info for the Past 3 Years

Year	Company Name and Policy Number	Losses (Y/N)	Details	Driver Involved

Please explain any CANCELLATIONS/NONRENEWAL in the past 3 years:

New Ventures – If no prior insurance in own name, provide 3 years of driver employment history LAST 8 Months

Driver Information

Does owner / named insured drive? (if no, explain)

Driver Name	DOB	License Number	State	Date Hired	# of Yrs CDL	Last 3 Years Violations	# of Accidents

Vehicle Information

Does risk pull doubles or triples?

Does risk pull dump trailers?

Year	Make	Model/VIN	GVW	Present Value	Radius Miles	Comments

Coverage & Limits

Liability
Primary
Non-Trucking

Physical Damage	Deductible
Specified Perils	
Comprehensive	
Collision	

Cargo	Maximum Cargo Limit	
	Cargo Deductible	

Auto Liability Limits	\$
UM	
UIM	
PIP Coverage	
Medical Payments	
Hired Car	
Non-Owned	
GL Coverage	
Other	

Reefer Breakdown?

Commodity Transport	% Of Total **	Avg. Value per Truckload	Max. Value per Truckload

** Must total 100%