

Please send this form and Document below to:

general@iwannainsurancellc.com

Current Policy

Company Loss Runs

IFTA Report

Agency:
Contact:
Phone:
Email:
New Renewal Policy #:

Requested Effective Date:						88								
Agent email: Insured Name including DBA: Type of Business: Individual Corporation LLC Other Yrs in Trucking Ind. Are Filings Required: Yes No					Qui	ick Tru	ıck	ing Quote	;					
Insured Name including DBA: Type of Business: Individual Corporation LLC Other Yrs in Trucking Ind. Are Filings Required: Yes No Location Address City State Zip Code: Mailing Garaging Description of Operations: Range of Transport: Interstate Intrastate Maximum Radius: floads are: Maximum Radius: flo	Requested Effective Date: Agent:								Agency:					
Type of Business: Individual Corporation LLC Other	Agent email:								Agent Phone #:					
Are Filings Required: Yes No Location Address City State Zip Code: Mailing	<u> </u>								MC Num	J	US DOT Number:			
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Maximum Radius: floads are:					Range of Tran	sport:	Int	terstate	Intrastate	**				
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			-							2				

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Driver Name						Date of Birth			Number			#Yrs Driving Similar Equip	
1	Owner:												
2													
3													
4													
Dri	ver Infor	rmation	Continue	d (last 3	3 years)		56						
				Violations # A		Details (Accidents are considered at fault unless report showing not at fault is submitted)							
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