

RISKPRO Insurance Agency, LLC

P.O. Box 515512

Dallas, Texas 75251

Fax 972/235-3556

Phone (Toll-Free) 1-866-900-RISK

Policy Term From: _____ To: _____

1. Name (and "dba") _____
 Individual/Proprietorship Partnership Corporation Other Business phone number _____
2. Mailing address _____ City _____ State _____ Zip _____
3. Premises address _____ City _____ State _____ Zip _____
4. Person to contact for inspection (name and phone number) _____
5. Email: _____ Fax: _____

DESCRIPTION OF OPERATIONS

6. Describe business _____
Describe vehicle usage _____
Years experience _____ New Venture? Yes No If you are a tow truck operation, do you do repossessions? Yes No
7. Gross receipts last year _____
8. Do you operate in more than one state? Yes No If yes, list states _____
9. Do you haul for hire? Yes No Show largest cities entered _____
10. Do you operate over a regular route? Yes No If yes, show towns operated between _____
11. Are you a common carrier? Yes No Are you a contract hauler? Yes No If yes, for whom _____
12. List all types of cargo hauled _____
13. Do you haul your own cargo exclusively? Yes No If not, who owns it? _____
14. Do you pull double trailers? Yes No Triple trailers? Yes No
15. Do you rent or lease your vehicles to others? Yes No If yes, attach copy of rental or lease agreement form used.
16. Do you hire any vehicles? Yes No Complete Hired and Non-Owned Supplemental Questionnaire if coverage is desired.
17. Do you appoint agents or hire independent contractors to operate on your behalf? Yes No

DRIVER INFORMATION — If additional space is needed, attach separate listing.

Driver's Name	Date of Birth	Driver's Licenses			
		DL State	License Number	Class/Type (i.e. CDL)	Years Licensed (in class/type)
1.					
2.					
3.					
4.					
5.					

SCHEDULE OF AUTOS/VEHICLES — Describe all vehicles for which application is made for insurance.

Veh. No.	Year	Vehicle Make & Model	Body Type (truck, tractor, trailer, etc.)	Full Vehicle Identification Number	Total # of Rear Axles	Principal Garaging Location (city & state)	Radius of Operation
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

18. Number of Vehicles Owned: Pick-Ups _____ Trucks _____ Tractors _____ Semi-Trailers _____ Trailers _____ Pup Trailers _____
 19. Number of Vehicles Leased: Pick-Ups _____ Trucks _____ Tractors _____ Semi-Trailers _____ Trailers _____ Pup Trailers _____
 20. Any loss payees? Yes No If yes, give name and address of mortgagee/loss payee for each vehicle _____

FILING INFORMATION

21. Are oversize/overweight commodities hauled? Yes No If filing required, show states _____
 Are escort vehicles towed on return trips? Yes No
22. Do you have agreements with other carriers for the interchange of equipment or transportation of loads? Yes No
 If yes, attach a copy of current agreements and complete the following:
23. Are any intrastate filings needed? Yes No
 If yes, please provide state and permit number: _____
 Are any interstate filings needed? Yes No
 If yes, please provide USDOT number: _____
24. Is MCS 90 endorsement needed? Yes No
25. Are escort vehicles towed on return trips? Yes No
26. Does your authority allow for towing of hazardous materials? Yes No
27. Do you enter: Canada: Yes No Mexico: Yes No
28. Do you operate under any other name? Yes No
 If yes, please explain _____

Additional Comments/Information: _____

Signature: _____ Date: _____
 Title: _____

Please return by mail or fax to:

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 Phone (Toll-Free): 1-866-900-RISK**