



RELIANCE PARTNERS

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Insurance Information Sheet:

Company Name: _____ Years in Business: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Federal ID #: _____ Contact Person: _____

MC# _____ DOT# _____

Radius of Operation:

0 - 200 miles _____ %
201 - 500 miles _____ %
501+ miles _____ %
Average Radius _____ miles

Major Cities: _____

Insurance Limits Requested:

Auto Liability:

Auto Liability options: \$750,000, \$1,000,000, \$ (Other)

Physical Damage

Physical Damage Deductible: \$1,000, \$2,500, \$ (Other)

Cargo:

Cargo options: \$100,000, \$150,000, \$ (other), Reefer Brk. Down

General Liability:

General Liability options: \$1,000,000, \$ 2,000,000 Agg.

Non-Owned Phys. Dam.

Non-Owned Phys. Dam. \$ _____

Excess/Umbrella

Excess/Umbrella \$ _____

Mileage Reporting Form Revenue Reporting Form

Projected Miles for next year: _____ Projected # of Company units: _____
Projected Revenue for next year: _____ Projected # of Owner/operators: _____
Current Rate per mile/revenue _____

Major Commodities Hauled:

Table with 3 columns: Commodity, Average Value (\$), Percent of Loads

Additional information or coverage request: _____

* Please include:
-Drivers list + Equipment list
-Last 4 quarters of IFTA Report