**A picture containing clipart

Description automatically generatedCommercial Trucking Check List**

Effective Date

Named Insured

FEIN

Owner Name (first and last)

Owner Email

Owner DOB

Phone Number

Insured Address

Garaging Address (if different from insured address)

How many Employees

Year Business Started

Detailed Business Description

List of Drivers (male/female, married/single, DOB, DL #, DL State)

Vehicle Information (year, make, model, type, use, radius of operation, vehicle value)

Coverages requested and deductibles requested

Does the insured have a DOT #? If so, please provide

Does the insured have current Business Auto coverage? If so, please provide carrier, effective date and how many years with carrier, and loss runs

Does the insured have current General Liability Insurance? If so, dec page will be required

Does the insured use or is required to use an ELD?

Does this insured need any additional insureds or waivers of subrogation listed? If so, will need the information.

Are there any state or federal filings needed? If so, which ones?

If you are requesting Cargo Coverage, please give detailed description of what type of cargo is being hauled, and the coverage and deductible amounts requested.

**Questions? Contact** [Claire McCormack](mailto:claire.mccormack@iiaba.net) or [Gwen Lombardi](mailto:gwen.lombardi@iiaba.net).