**Commercial 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 or Gwen Lombardi.