

### SECTION I: APPLICANT

NAME OF APPLICANT:	DATE:
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MAILING ADDRESS:

CITY:	STATE:	ZIP CODE:
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PHYSICAL ADDRESS IF DIFFERS FROM MAILING:

TELEPHONE NUMBER:	FAX NUMBER:	WEB ADDRESS:
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INSPECTION CONTACT:	EMAIL ADDRESS:
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Company is an:  INDIVIDUAL  PARTNERSHIP  CORPORATION  JOINT VENTURE  LLC

Has any insurance coverage been non-renewed or canceled in the last 3 years?  Yes  No  
**Please explain:**

Has the Applicant merged with or purchased/sold any other trucking company in the past 3 years?  Yes  No  
**Please explain:**

Has applicant ever declared bankruptcy or is currently in bankruptcy proceedings?  Yes  No  
**Please explain:**

Does applicant or any applicant associated employee or agent use any equipment for ridesharing pursuits while off duty? Yes No

#### PLEASE SUBMIT THE FOLLOWING INFORMATION IN ADDITION TO THIS APPLICATION:

- Two years most recent years' income statement and balance sheet.
- Four years of currently valued loss runs.
- Current vehicle schedule
- Current Drivers List including: Name, Date of Birth, Drivers License Number, State of License and Date of Hire
- Attach a list of all TSD facilities currently used by the insured and their respective permit numbers.

### SECTION II: CURRENT INSURANCE INFORMATION

Coverage	Carrier	Limits	Premium	Effective Date	Retention	Retro Date
Auto Liability		\$ CSL	\$		\$	Not Applicable
Auto Physical Damage		\$	\$		\$	Not Applicable
General Liability		\$ /\$	\$		\$	
Site Pollution		\$ /\$	\$		\$	
Cargo		\$	\$		\$	

Has any carrier ever refused to renew or instigated cancellation with respect to a liability policy issued to Applicant, a predecessor in business, or a person, firm or organization for whom Applicant has assumed the liabilities of or has a liability policy issued to any aforementioned ever been cancelled at the instigation of any premium finance company? **(If yes, provide details below)**  Yes  No

**SECTION III: COVERAGE REQUESTED**

Please use the Covered Auto Symbols located to the left where applicable

	Proposed Effective Date of Coverage: _____					
	<input type="checkbox"/> <b>Liability</b>					
<b>61</b> Any Auto <b>62</b> Owned Autos Only <b>64</b> Owned Commercial Autos Only <b>65</b> Owned Autos subject to No-Fault <b>66</b> Owned Autos subject to a Compulsory UM Law <b>67</b> Specifically Described Autos <b>68</b> Hired Autos Only <b>69</b> Trailers in your possession under a Trailer Interchange Agreement <b>70</b> Your Trailers in the possession of another trucker under a Trailer Interchange Agreement <b>71</b> Non-Owned Autos Only	<b>Covered Auto Symbols</b>		<b>Limits</b>		<b>Deductibles</b>	
	<input type="checkbox"/> 61	<input type="checkbox"/> 68	<input type="checkbox"/> \$1,000,000 CSL	<input type="checkbox"/> No		
	<input type="checkbox"/> 62	<input type="checkbox"/> 71	<input type="checkbox"/>	<input type="checkbox"/> Yes		
	<input type="checkbox"/> 64	<input type="checkbox"/> _____	<input type="checkbox"/> \$ _____			
	<input type="checkbox"/> 67					
	<b>Is Physical Damage Requested?</b>					
	<input type="checkbox"/> 62	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Hired/Borrowed Liability</b>					
	<input type="checkbox"/> Non-Truckers	States: _____		Cost of Hire: \$ _____		
	<input type="checkbox"/> Truckers	<input type="checkbox"/> If any Basis				
	<input type="checkbox"/> None					
	<b>Non-Owned Auto Liability</b>					
	Number of: States _____					
	<input type="checkbox"/> Employees: _____					
	<input type="checkbox"/> Volunteers: _____					
	<input type="checkbox"/> Partners: _____					
	<b>Hired Physical Damage</b>					
	<input type="checkbox"/> Primary Coverage	States: _____		# of Days: _____		
	<input type="checkbox"/> Secondary Coverage	# of Vehicles _____				
	<b>Trailer Interchange</b>					
		#Trailers	Farthest Zone	# Days	Radius	Deductible
	<input type="checkbox"/> Comprehensive/OTC	<input type="checkbox"/> 69 <input type="checkbox"/> 70				\$ _____
	<input type="checkbox"/> Specified Causes of Loss	<input type="checkbox"/> 69 <input type="checkbox"/> 70				\$ _____
	<input type="checkbox"/> Collision	<input type="checkbox"/> 69 <input type="checkbox"/> 70				\$ _____
<input type="checkbox"/> Medical Payments						
<input type="checkbox"/> Personal Injury Protection (PIP) <input type="checkbox"/> 65						
<input type="checkbox"/> Uninsured Motorist <input type="checkbox"/> 66						
<input type="checkbox"/> Other Auto Related Coverage:						
<input type="checkbox"/> Cargo	<b>Attach ACORD 143 TRANSPORTATION SECTION</b>					
<input type="checkbox"/> Garage Liability	<b>Attach ACORD 128 GARAGE SECTION</b>					
<input type="checkbox"/> Commercial General Liability	<b>Attach ACORD-126 COMMERCIAL GENERAL LIABILITY SECTION</b>					
<input type="checkbox"/> Premises Pollution Liability	<b>Attach WSGENV-1402 – Pages 1-3 plus applicable addendum(s)</b>					

**SECTION IV: FLEET COMPOSITION**

Vehicle Type	Company Owned	Owner Operator	Total
Tractors			
Heavy Trucks			
Medium Trucks			
Light/Service			
Private Passenger			
Trailer Type	Company Owned	Owner Operator	Total
Tanker - Liquid			
Tanker - Dry			
Van			
Dump			
Roll-Off			
Does the Applicant pull double trailers?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Applicant pull triple trailers?			<input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION V: OWNER OPERATOR DATA (IF APPLICABLE)**

1. Are owner operators exclusively hauling for the Applicant under written contract? <b>If no, explain in detail:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does the contract require non-trucking liability to be in place? <b>If no, explain in detail:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are owner operators subject to same hiring and training standards as company drivers? <b>If no, explain in detail:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are owner operators held to the same equipment maintenance standards as company equipment? If yes, where is the equipment inspected and at what intervals? <b>If no, explain in detail:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION VI: RADIUS INFORMATION**

1. Provide exact physical address of each terminal or warehouse location and activities of each:

Exact physical address:

Activities at this location:

1.	
2.	
3.	
4.	
5.	
6.	
7.	

2. From each terminal, indicate the following average radius as a percentage of loads:

Local (0-50)

Intermediate (51-200)

Long Haul (201+)

Maximum Radius/Trip

	Local (0-50)	Intermediate (51-200)	Long Haul (201+)	Maximum Radius/Trip
1.				
2.				
3.				
4.				
5.				
6.				
7.				

3.  Yes  No  
 Does the Applicant operate any other business from any owned, occupied or leased location that is not related to trucking? **If yes, explain in detail:**

4.  Yes  No  
 Does any Applicant engage in any business(es) other than trucking? **If yes, explain in detail:**

5.  Yes  No  
 Does the Applicant operate a tank wash? **If yes, at which location(s)?**

6.  Yes  No  
 Does the Applicant own, operate, lease, manage or otherwise have any interest in convenience stores or retail gasoline stations? **If yes, explain in detail:**

7.  Yes  No  
 Does the Applicant assume ownership of any product they haul? **If yes, explain in detail:**

8. Does Insured operate as a freight broker? Does the insured have separate authority and corporate entity?

**SECTION VII: PRODUCTS/COMMODITIES HAULED**

Product	% of Loads	% of Receipts	Value	Tanker? (Yes/No)	Drums? (Yes/No)	Totes? (Yes/No)
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			

**SECTION VII: HAZARDOUS WASTE**

1. Who selects the disposal site for waste products hauled?

2. Does the insured haul any:

Spent munitions

Yes  No

Radioactive waste

Yes  No

Asbestos waste

Yes  No

**If yes, explain in detail:**

3. Decontamination Procedures:

Who decontaminates trailers, containers, etc.?

\_\_\_\_\_

How are trailers, containers, etc. decontaminated?

\_\_\_\_\_

\_\_\_\_\_

Are records of decontamination procedures formally maintained?

Yes  No

**SECTION IX: DRIVER HIRING/TRAINING/SAFETY MANAGEMENT**

1. Driver Population:

\_\_\_\_\_ Full Time Employed

\_\_\_\_\_ Part Time Employed

\_\_\_\_\_ Owner Operator

\_\_\_\_\_ TOTAL

2. Driver Selection Process

Written Application?

Yes  No

Road Test?

Yes  No

Reference Check?

Yes  No

Criminal Background Check?

Yes  No

MVR Check?

Yes  No

Who is responsible for screening drivers?

4. Is there a full-time safety director?

Yes  No

**Please provide name, years of service and any other pertinent background on this person:**

5. How often are drivers safety meetings held?

Are drivers required to attend?

Yes  No

Is there a record of attendance?

Yes  No

6. Are the following programs/procedures formalized?

Safety Programs

Yes  No

Product handling procedures

Yes  No

Driver hiring procedures

Yes  No

Training Programs

Yes  No

7. Is there a written disciplinary program?

Yes  No

**If yes, please provide.**

8. Are driving hiring criteria formalized?

Yes  No

**If yes, please provide.**

9. Does Applicant have a safety incentive program for drivers?

Yes  No

**If yes, please detail.**

**SECTION X: VEHICLE PREVENTATIVE MAINTENANCE**

- |  |  |
|--|--|
| 1. Is there a written, formalized maintenance program for all units? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Is the insured responsible for Owner Operator Equipment?          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Is mechanical or body work performed for third parties?           | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Please detail type of work, frequency, etc.**

- |   |  |
|---|--|
| 4. Are vehicle condition reports completed regularly or before each load? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|

**SECTION XI: ADDITIONAL RELEVANT INFORMATION**

**Please detail:**

## FRAUD WARNING STATEMENTS – MOTOR VEHICLE

**NOTICE TO ARKANSAS, ARIZONA, FLORIDA, KENTUCKY, LOUISIANA, NEW MEXICO, TENNESSEE, VIRGINIA, AND WEST VIRGINIA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO COLORADO APPLICANTS:** IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.**

**NOTICE TO HAWAII APPLICANTS:** FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.

**NOTICE TO MAINE APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

**NOTICE TO MARYLAND APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO NEW JERSEY APPLICANTS:** ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO NEW YORK APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH THE INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO, IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR VEHICLES OR AN INSURANCE COMPANY, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION.

**NOTICE TO OHIO APPLICANTS:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.



**NOTICE TO OKLAHOMA APPLICANTS:** WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

**NOTICE TO OREGON APPLICANTS:** ANY PERSON WHO, WITH INTENT TO KNOWINGLY DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE OR DECEPTIVE INFORMATION THAT IS MATERIAL TO THE ACCEPTANCE OF THE RISK OR TO THE CLAIM COMMITS A FRAUDULENT INSURANCE ACT AND MAY BE COMMITTING A CRIME.

**NOTICE TO PENNSYLVANIA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE OR DEFRAUD ANY INSURER FILES AN APPLICATION OR CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION SHALL, UPON CONVICTION, BE SUBJECT TO IMPRISONMENT FOR UP TO SEVEN YEARS AND PAYMENT OF A FINE OF UP TO \$15,000."

**NOTICE TO WASHINGTON APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSES OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

**NOTICE TO ALL APPLICANTS:**

**ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS INFORMATION FOR THE PURPOSE OF MISLEADING, COMMITS A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.**

<b>Name of Applicant</b>	
Signature of Authorized Applicant	Signature of Broker/Agent
Print Name	Print Name
Title	Agency Name
Date	Date

NAME OF APPLICANT:							DATE:		
INSURED IDENTIFICATION NAME:							FEIN NUMBER:		
ADDRESS:									
IF NAME/ADDRESS ON REQUESTED FILINGS SHOULD READ DIFFERENTLY THAN POLICY, PLEASE EXPLAIN:									
<b>POLICY INFORMATION</b>									
Liability Policy#			Limits: \$			Effective Date		If ICC-Regulated	
Cargo Policy #			Limits: \$			Effective Date:		Base State:	
<b>TYPE OF AUTHORITY</b>									
STATE	LIABILITY	CARGO	STATE	LIABILITY	CARGO	STATE	LIABILITY	CARGO	
AL	<input type="checkbox"/> E	<input type="checkbox"/> H	LA	<input type="checkbox"/> E	<input type="checkbox"/> H	OH	<input type="checkbox"/> E	<input type="checkbox"/> H	
AK	<input type="checkbox"/> E	<input type="checkbox"/> H	ME	<input type="checkbox"/> E	<input type="checkbox"/> H	<b>OK (5)</b>	<input type="checkbox"/> E	<input type="checkbox"/> H	
AR	<input type="checkbox"/> E	<input type="checkbox"/> H	MD	<input type="checkbox"/> E	<input type="checkbox"/> H	OR	<input type="checkbox"/> E	<input type="checkbox"/> H	
AZ	<input type="checkbox"/> E	<input type="checkbox"/> H	MA	<input type="checkbox"/> E	<input type="checkbox"/> H	PA	<input type="checkbox"/> E	<input type="checkbox"/> H	
<b>CA (1)</b>	<input type="checkbox"/> E	<input type="checkbox"/> H	MI	<input type="checkbox"/> E	<input type="checkbox"/> H	RI	<input type="checkbox"/> E	<input type="checkbox"/> H	
CO	<input type="checkbox"/> E	<input type="checkbox"/> H	MN	<input type="checkbox"/> E	<input type="checkbox"/> H	SC	<input type="checkbox"/> E	<input type="checkbox"/> H	
CT	<input type="checkbox"/> E	<input type="checkbox"/> H	MS	<input type="checkbox"/> E	<input type="checkbox"/> H	SD	<input type="checkbox"/> E	<input type="checkbox"/> H	
DE	<input type="checkbox"/> E	<input type="checkbox"/> H	<b>MO (4)</b>	<input type="checkbox"/> E	<input type="checkbox"/> H	<b>TN (6)</b>	<input type="checkbox"/> E	<input type="checkbox"/> H	
FL	<input type="checkbox"/> E	<input type="checkbox"/> H	MT	<input type="checkbox"/> E	<input type="checkbox"/> H	TX	<input type="checkbox"/> E	<input type="checkbox"/> H	
GA	<input type="checkbox"/> E	<input type="checkbox"/> H	NE	<input type="checkbox"/> E	<input type="checkbox"/> H	UT	<input type="checkbox"/> E	<input type="checkbox"/> H	
HI	<input type="checkbox"/> E	<input type="checkbox"/> H	NV	<input type="checkbox"/> E	<input type="checkbox"/> H	VA	<input type="checkbox"/> E	<input type="checkbox"/> H	
ID	<input type="checkbox"/> E	<input type="checkbox"/> H	NH	<input type="checkbox"/> E	<input type="checkbox"/> H	VT	<input type="checkbox"/> E	<input type="checkbox"/> H	
<b>IL(2)</b>	<input type="checkbox"/> E	<input type="checkbox"/> H	NJ	<input type="checkbox"/> E	<input type="checkbox"/> H	WA	<input type="checkbox"/> E	<input type="checkbox"/> H	
IN	<input type="checkbox"/> E	<input type="checkbox"/> H	NM	<input type="checkbox"/> E	<input type="checkbox"/> H	WI	<input type="checkbox"/> E	<input type="checkbox"/> H	
IA	<input type="checkbox"/> E	<input type="checkbox"/> H	NY	<input type="checkbox"/> E	<input type="checkbox"/> H	WV	<input type="checkbox"/> E	<input type="checkbox"/> H	
KS	<input type="checkbox"/> E	<input type="checkbox"/> H	NC	<input type="checkbox"/> E	<input type="checkbox"/> H	WY	<input type="checkbox"/> E	<input type="checkbox"/> H	
<b>KY (3)</b>	<input type="checkbox"/> E	<input type="checkbox"/> H	ND	<input type="checkbox"/> E	<input type="checkbox"/> H				
(1) California: Motor Carrier #:			(2) Illinois: Motor Carrier #:			(3) Kentucky: KYU #:			
(4) Missouri: DOT #: DNR #:			(5) Oklahoma: Docket #:			(6) Tennessee: Docket #:			
<b>FOR ICC FILINGS:</b>		<input type="checkbox"/> <b>BMC91 (X)</b>		<input type="checkbox"/> <b>BMC34</b>		<b>Liability MC#</b>		<b>Cargo MC#</b>	
Canadian Province(s):									
Oversize/Overweight Certificate(s):									
Remarks:									