	NATIONAL INDEMNITY COMPANY		SUI	BMIT TO:					
	NATIONAL FIRE & MARINE INSURANCE COMPANY		,						
	NATIONAL LIABILITY & FIRE INSURANCE COMPANY								
_	NATIONAL INDEMNITY COMPANY OF MID-AMERICA NATIONAL INDEMNITY COMPANY OF THE SOUTH			-2					
	WESCO-FINANCIAL INSURANCE COMPANY		:		-				
	REDWOOD FIRE AND CASUALTY INSURANCE COMPA	ANY	(Ga)	neral Agent	۸.			•	
	KANSAS FIRE & CASUALTY COMPANY		<u> </u>		·				
	TRUCK APPLI	CATION	l (Phys	ical Da	mage (Only)			
-	•				_				
	Name of Applicant								
2.	Address of Applicant(Number) ((04		:L .\	(Carret		. (0)1		(7: 0 1)
. 3	(Number) (Number) (Number) (Applicant is: ☐ Individual ☐ Partnership	(Street)		ity)	(County)	(State	∋)	(Zip Code)
	Applicant's business to be covered?				Voo	m ovnor	ionas in H	nia buain	000?
	Date coverage to be effective					is expe	ience in u	iis Dusii i	ess:
	Person to contact for inspection (name and phone num	ibar)							
	Is this a new operation? \square Yes \square No Is your oper			o2 🗆 Voo	□ No	Sassas		2 5 7	an C Nin
	Give estimate of financial worth \$ G								
8.	Give estimate or financial worth \$G	ross receip	ns iast yea	lr ?		Esumate	or comii	ng year?	
9.	Have you filed for Bankruptcy within the last 5 years or	do you com	template c	ioing so? (⊔ res ⊔	NO II	yes, prov	ide detai	ıs
							- A		

	DESCRIP	TION AND	AREA O	OPERA	TIONS				
10.	Define normal areas of operations								
11.	Maximum radius operated by all trucks? ☐ 50 ☐	51-200	☐ Ove	200	Dov	ou haul	for hire?	□ Yes	□ No ***
12	List kinds and types of cargo hauled								
	Do you haul any hazardous or extra hazardous substan	ices or mate	erials as d	efined by E	PA? DY	es 🗆 N	1 0		
	If yes, what type(s) materials is being hauled? (give cor								· .
									
	no de la companya de								
14.	Do you pull double trailers? ☐ Yes ☐ No Triple tr	ailers? ☐ Y	∕es □ No		· · · · · · ·		-		D . III
14. 15.	Do you pull double trailers? ☐ Yes ☐ No Triple tr Number of vehicles owned and/or leased: Pick-Ups	ailers? 🗆 Y Trucks	/es □ No sT	actors	Semi	-Trailers	т	railers	Dollies
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15.	Number of vehicles owned and/or leased: Pick-Ups PREVIOUS INSUR	Trucks	RRIER AI	ractors	EXPERIE	NCE		railers	Dollies
15.	Number of vehicles owned and/or leased: Pick-Ups	Trucks	RRIER AI	ND LOSS	EXPERIE	NCE			
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ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOBENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILT CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.	company asurance any other ackground an will be ersonally
Witness Applicant's Signature Date	
Witness Applicant's Signature Date	···
TO BE COMPLETED BY APPLICANT'S REPRESENTATIVE	······································
Is this direct business to your office? If not, explain	
Is this new business to your office?	
How long have you known applicant?	
REQUEST TO COMPANY GENERAL AGENT:	
☐ Please quote	
☐ Please bind at earliest possible date and issue policy	
☐ Please issue policy effective Coverage was bound by (Time and Date Bound by General Agent) (Name of Person in Company General Agent's Office Binding Co	

Phone No.

Applicant's Representative's Name and Address