



Statewide Risk Management, Inc.

www.statewiderisk.com

30 Colgate Dr Smithtown, NY 11787

salman@statewiderisk.com

Named Insured: \_\_\_\_\_ DBA: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Tax ID#: \_\_\_\_\_

Email address: \_\_\_\_\_ DOT#: \_\_\_\_\_ MC#: \_\_\_\_\_ Currently Insured:  Yes  No

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Garaging Address (if different than above) \_\_\_\_\_

**Limits Requested:**

**Auto Liability**  \$750,000  \$1,000,000  Hired / Non-owned

**Physical Damage**  \$1,000 Ded  \$2,500 Ded

**Motor Truck Cargo**  \$50,000  \$100,000  \$150,000

**MTC Ded**  \$1,000  \$2,500  Reefer Breakdown \$2,500

**Trailer Interchange**  \$25,000  \$40,000

**General Liability**  \$ 1,000,000 / \$2,000,000

Radius	Percent
0-50 miles	_____ %
51-200 miles	_____ %
201-300 miles	_____ %
301-500 miles	_____ %
Over 500 miles	_____ %
Average Radius	_____
Max Radius	_____

**Commodities:**

Paper products <input type="checkbox"/>	Machinery / heavy equipment <input type="checkbox"/>	Intermodal containers <input type="checkbox"/>	Frozen seafood <input type="checkbox"/>
Auto hauler <input type="checkbox"/>	Electronics <input type="checkbox"/>	General dry freight <input type="checkbox"/>	Garbage hauler <input type="checkbox"/>
Building materials <input type="checkbox"/>	Household goods mover <input type="checkbox"/>	Produce <input type="checkbox"/>	Sand & gravel <input type="checkbox"/>

**VEHICLE SCHEDULE**

#	Year	Make	SERIAL / VIN#	Stated Value	GVW
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

**DRIVERS:**

#	Driver Name	Date of Birth	Hire Date	License #	State	# Years Exp
1.						
2.						
3.						
4.						
5.						

\*\*By completing and signing this application, I am authorizing quotes on behalf of me and my company. The information included is true and accurate to the best of my knowledge. I understand this information is used in rating quotes for my insurance policies. Should the information change, the quote given to me is subject to change.

X

X

Signature of Authorized Party

Date Signed