

Trucker 2 Trucker Insurance Application



ASCENT TRANSPORTATION SERVICES

Section 1

MOTOR CARRIER INFORMATION

Motor Carrier Name: _____ Dot #: _____ MC #: _____
Address: _____ City: _____ State: _____ Zip: _____
Contact Person: _____ Phone Number: _____
Email: _____ Fax Number: _____
Kind of Cargo Hauled _____ Haul Hazmat: Yes No Provide Liability: Yes No
Type of Operation: Van Flatbed Tanker End Dump Intermodal Other _____

Section 2

TRUCK OWNER INFORMATION

Owner Name: _____ Business Name: _____
Owner Address: _____ City: _____ State: _____ Zip: _____
Date of Birth: _____ Email Address: _____
Cell Phone: _____ Home Phone: _____ Fax Number: _____
Number of years in business: _____ Hauling Radius (miles): <200 201-500 >500
How did you hear about us? Motor Carrier Current Client Truck Dealer
 Website Finance Company Other: _____

Section 3

DRIVER INFORMATION

Driver 1 Name: _____ Driver Wages reported as: 1099 W-2
Address: _____ City: _____ State: _____ Zip: _____
CDL #: _____ State _____ Date of Birth: _____
Number of Years **Class A CDL** Driving Experience: _____
Number of violations last 4 years: _____ Number of accidents last 4 years: _____
Description of violations/accidents: _____

Driver 2 Name: _____ Driver Wages reported as: 1099 W-2
Address: _____ City: _____ State: _____ Zip: _____
CDL #: _____ State _____ Date of Birth: _____
Number of Years **Class A CDL** Driving Experience: _____
Number of violations last 4 years: _____ Number of accidents last 4 years: _____
Description of violations/accidents: _____

Contact: Brad Muller 503-227-3153 Ex-2050

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OWNER OPERATOR APPLICATION



ASCENT TRANSPORTATION SERVICES

Section 4

TRUCK/TRAILER INFORMATION

Unit 1 Tractor Trailer Straight Truck Other: _____ Existing Damage? Yes No

Year: _____ Make: _____ Vin #: _____

Actual Cash Value: _____ Loan on Equipment? Yes No (If yes, complete section 5)

Unit 2 Tractor Trailer Straight Truck Other: _____ Existing Damage? Yes No

Year: _____ Make: _____ Vin #: _____

Actual Cash Value: _____ Loan on Equipment? Yes No (If yes, complete section 5)

Section 5

LOSS PAYEE INFORMATION

Unit 1 Name: _____ Loan Balance _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Email: _____

Unit 2 Name: _____ Loan Balance _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Email: _____

Section 6

COVERAGE SELECTION

Non-Trucking Liability (select limit)

Physical Damage

\$500,000 \$1,000,000 \$2,000,000

Extended Coverage

**Separate Application Required for:*

Personal Property

Passenger Accident*

Deductible BuyBack

Occupational Accident*

Gap*

Requested Effective Date: _____

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