

DESIRED POLICY EFFECTIVE DATE:	TIME:	am
/ /	:	pm

J. P. Anthony Agency LLC
Professional Liability Specialists
2 Eastwick Drive, Suite 301
Gibbsboro, NJ 08026

The Truck Insurance Group
SMALL FLEET INSURANCE APPLICATION

GENERAL INFORMATION

Applicant Name:	Professional I			
Applicant Address	2 Eastwick	City	State	County
	Gibbsbor			Zip
Principal Garaging Address(If Different)		City	State	County
				Zip
Type Of Entity:	Applicant Phone () -			
<input type="checkbox"/> Proprietorship, <input type="checkbox"/> Partnership,	M.C. Number			
<input type="checkbox"/> Corporation, <input type="checkbox"/> Individual, <input type="checkbox"/> Other	Social Security Or Tax I.D. Number:			
Name of Person to Contact:	Number Of Years In Business?:			

COVERAGE DESIRED

Coverage	Limit	Deductible	Symbol
Primary Liability	<input type="checkbox"/> 300 <input type="checkbox"/> 500 <input type="checkbox"/> 750 <input type="checkbox"/> 1000	<input type="checkbox"/> None <input type="checkbox"/> 1000 <input type="checkbox"/> 2500	
Non Trucking Use	<input type="checkbox"/> 300 <input type="checkbox"/> 500 <input type="checkbox"/> 750 <input type="checkbox"/> 1000	N/A	
Personal Injury	<input type="checkbox"/> Reject <input type="checkbox"/>	N/A	
Uninsured Motorists	<input type="checkbox"/> Reject <input type="checkbox"/>	N/A	
Physical Damage	Stated Amount	<input type="checkbox"/> \$1000 <input type="checkbox"/> \$2500	

MILEAGE BY STATE (Or Attach Copy of Schedule B -- Fuel Tax Summary)

State	Annual Mileage	State	Annual Mileage	State	Annual Mileage

DRIVER INFORMATION

Driver Name	Date Of Birth	License # and (State)	Date Employed	Commercial Experience
1.	/ /	()	/ /	
2.	/ /	()	/ /	
3.	/ /	()	/ /	
4.	/ /	()	/ /	
5.	/ /	()	/ /	
6.	/ /	()	/ /	

VIOLATIONS and ACCIDENTS

Driver Name	Date Of Violation	Details Of All Violations Or Accidents In The Last 36 Months	Place
	/ /		
	/ /		
	/ /		
	/ /		
	/ /		

FINANCIAL INFORMATION

Attach a copy of the insured's most recent year end profit and loss sheet, tax statement or other financial information and any necessary explanation.

FILINGS

Does the applicant require: ICC Filing (provide docket #MC) PUC Filing Other state filings (Specify state) _____
Note: 1. We must insure all vehicles owned or operated by the insured to make an ICC or PUC filing. 2.: No filings will be make until downpayment is received and the risk is accepted. 3. There is a fully earned filing fee of \$10.00 for filings made as a result of reinstatement.

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