

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

<b>AIG</b> The Truck Insurance Group Phone (404) 853-2630 FAX (404) 853-3123 100 Colony Square, Suite 900 1175 Peachtree St., N.E. , Atlanta, GA 30361
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**AIG** The Truck Insurance Group  
**SMALL FLEET INSURANCE APPLICATION**

**GENERAL INFORMATION**

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

**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.
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**FILINGS**

Does the applicant require: <input type="checkbox"/> ICC Filing (provide docket #MC) <input type="checkbox"/> PUC Filing <input type="checkbox"/> 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 acceptad. 3. There is a fully earned filing fee of \$10.00 for filings made as a result of reinstatement.
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