

BRAZOS SPECIALTY RISK, INC.

12200 FORD RD STE. 470

PHONE (972) 484-4100

FAX (972) 484-4101

Name of Applicant _____

Address _____

City, State _____ Zip Code _____ Phone # _____

Date coverage to be effective From _____ To _____ Insured is: Individual Partnership Corp.

Insured's business? _____ Years experience in this business? _____

Type of Cargo carried _____

Will any of your Equipment ever be loaned or rented to others? Yes No (If yes, explain) _____

DESCRIPTION AND AREA OF OPERATIONS

Define normal areas of operations: _____

Maximum radius operated by all trucks? _____ miles. Are trucks used for wholesale or retail delivery? _____

Terminal Locations _____ Maximum equipment value any one location \$ _____

PREVIOUS BUSINESS AND LOSS EXPERIENCE

Name of your insurance carrier(s) for the last 3 years? _____

Have you ever had insurance for this type of operation cancelled, declined or renewal refused? Yes No

(If so, explain fully below giving name of insurance companies, dates, and reason for cancellation or refusal.)

SHOW POLICY PERIODS FOR PAST THREE YEARS		DATE OF LOSSES	TOTAL \$ AMOUNT OF LOSSES BY COLLISION	TOTAL \$ AMOUNT OF LOSSES BY FIRE	TOTAL \$ AMOUNT OF LOSSES BY THEFT	TOTAL \$ AMOUNT OF OTHER LOSSES
FROM	TO					

This application shall not be binding unless and until a policy shall be issued and a down payment received and then only as of the commencement date of said policy and in accordance with all terms thereof, and the said Applicant hereby covenants and agreed that the forgoing statements and answers are a just, full and true exposition of all the facts and circumstances with regard to the risk to be insured, insofar as same are known to the Applicant; and the same are hereby made the basis and a condition of the insurance, and a warranty on the part of the insured.

It is mutually understood and agreed between the Company and the applicant that any inspection of premises, operations, or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only, and is not to be relied upon by the applicant in any respect.

----- Show Premium Computations For Percentages and Surcharges Below -----

MFT-1
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY AND WILL BE SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

