

PREMIUM INDICATION REQUEST FORM (For Excess / Umbrella Transportation or Garage Risks)

Date Completed: _____ Need By Date: _____

Applicant Name: _____	
Address: _____	
City & State: _____	Garaging City & State: _____
Agency Name: SAFETRAK SOLUTIONS INC. Agency #: _____	
Contact Person: _____	
Email: _____	Phone: _____

LINE OF COVERAGE NEEDED (check only one)

- Buffer Auto** (Buffer Excess)
 Excess GL (Excess GL only)
 Umbrella (All Lines)
 Excess Auto (Excess Auto only)
 Excess Garage (Garage + GL + Auto)

LIMITS OF COVERAGE

Limit of Coverage needed: _____

Optional Limit: _____

Underlying Coverage	Limits	Carrier	Premium (Liability Only)
Auto Liability			\$
General Liability			\$
Garage Liability *			\$

* A Garage application or supplement is required

APPLICANT INFORMATION

Does applicant have a MC or DOT number on file? Yes No MC or DOT number: _____

Is this a new venture? Yes No

Est. Annual Receipts: \$ _____ Est. Annual Payroll: \$ _____ No. of Employees/Drivers: _____

What does applicant transport? _____

Number of: Tractors: _____ Pickups: _____ X-Heavy Trucks: _____ Heavy Trucks: _____

Other (describe): _____

Radius of Operations: _____ miles

Total number of power units on the primary Auto policy: _____ Number of owner-operators (if any): _____

PUBLIC AUTOS NOTE: A completed supplemental application is required.