



COMPANY INFORMATION

COMPANY NAME: _____
ADDRESS: _____
CONTACT PERSON: _____ MC NUMBER: _____
HOME PHONE: _____ CELL PHONE: _____
BEST TIME & PHONE NUMBER TO CONTACT YOU: _____

DRIVERS INFORMATION

Name	Date of Birth	CDL Number	SSN	Years of Experience
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

DRIVING RECORD FOR THE LAST THREE YEARS (Send in your current MVR to get a more immediate response.)

Date	Violation
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

EQUIPMENT INFORMATION

Unit Number	Tractor or Trailer	Year	Make	Value	Type of Trailer
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____

COMMODITIES HAULED: _____

CARGO LIMIT: \$ _____ CARGO DEDUCTIBLE: \$ _____

ANNUAL MILES DRIVEN PER UNIT:

Unit 1: _____ Unit 2: _____ Unit 3: _____

FREQUENTLY TRAVELED LOCATIONS:

States: _____

Cities: _____

INSURANCE LOSSES LAST 3 YEARS:

Last Year: _____ 2 Years Ago: _____ 3 Years Ago: _____

REVENUE THIS YEAR: \$ _____ REVENUE LAST YEAR: \$ _____

SIGNATURE: (REQUIRED) _____

Fill out and fax this form to 214 987 4309.

We will be in contact within 48 hours at the number and time you gave to us. Or you can call Mondics Insurance Group, Inc. for a free quote at 800 678 4801.