



Complete, Save & email to
 csr@k2brokers.com
 OR
 Fax to 951 398 5170

Small Fleet Application

Submit Date: _____ Proposed Effective Date: _____

Company Name: _____

Contact: _____ Phone # _____ Fax # _____

Email: _____

Mailing Address: _____

City _____ State _____ Zip _____

County: _____

Contact: _____ Phone # _____ Fax # _____

Years Company In Business *: _____ Federal ID# _____

*If less than 3 years, provide years experience: _____

USDOT #: _____ MCP #: _____

Coverage/Limits Requested: (check all options requested)

Auto Liability

- \$ 750,000
- \$1,000,000
- Hired & Brwd
- Non Owned

Physical Damage

- \$ Total Values
- \$1,000 Deductibles
- \$2,500 Deductibles

Motor Truck Cargo

- \$ 50,000
- \$100,000
- \$250,000

Trailer PH/DAM

- \$1,000 Deduct
- \$2,500 Deduct

Trailer Interchange

\$

Hired Physical Damage

\$

MTC Deductible

- \$ 1,000
- \$ 2,500

Number of Units: _____ Number of Trailers: _____

Radius	Percent
50 miles	%
100 miles	%
200 miles	%
300 miles	%
400 miles	%
500 + miles	%

Trailer Types	Percent
Dry Van	%
Reefer Van	%
Flat Bed	%
Dump	%
Tank	%
Other	%

Estimated Annual Mileage: _____ Estimated Annual Revenue: _____

States: _____

Business Operation: _____

List Commodities Hauled	% of Total Hauls
	%
	%
	%
	%
	%

Main Shippers

1. _____ 2. _____ 3. _____
4. _____ 5. _____ 6. _____

Does Company use Owner/Operators? Yes No

If yes, how many? _____

Does Company use Team Drivers? Yes No

Power Unit Descriptions: Attach lists if necessary – VIN's not required for quote

	Unit Type	YEAR	MAKE	SERIAL #	STATED VALUE
1.					
2.					
3.					
5.					
6.					
7.					
8.					
9.					
10.					

Trailer Descriptions:

	Unit Type	YEAR	MAKE	SERIAL #	STATED VALUE
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Driver Information:

	NAME	DOB	STATE	LICENSE #	DOH	YRS EXP
1.			CA			
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

Description of Operations/Comments:

I understand that providing false information may void or reduce insurance coverages and certify that all information given is true and correct to the best of my knowledge.

Signed: _____ Date: _____

1. Complete Form 2. Save File to your computer 3. email to csr@k2brokers.com

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