

**NON-FLEET INSURANCE APPLICATION**

1) Producer Name: <b>Cline Wood Agency, Inc.</b>	4) Commodity _____ % Hauled _____ Avg Value _____
Address: <b>4300 W. 133<sup>rd</sup> Street</b>	_____
City, ST: <b>Leawood, KS 66209</b>	_____
Fax Number: <b>913-451-3925</b>	_____
Phone Number: <b>913-451-3900</b>	_____
Email Address: _____	5) States or Regions Traveled _____
FEIN: _____	_____
2: Insured Name: _____	6) 0 to 75 miles _____ %
Street Address: _____	76 to 150 Miles _____ %
City _____ State _____	151 to 300 Miles _____ %
County: _____	301 to 500 Miles _____ %
Zip: _____ Phone # _____	Over 500 Miles _____ %
3) Present insurance expires on: _____	7) # of Years in Business as this entity: _____

**Driver Information - MVR's Attached**

Name	Birth Date	# of Years Experience	Date of Hire	Social Security Number	License Number	Owner

**Vehicle Information**

Year	Make	Type	Value	Serial Number

**Prior Years Loss Information - LOSS RUNS ATTACHED**

8) BI/PD Liability Limit _____ UM _____ UIM _____ PIP _____ Hired Auto <input type="checkbox"/> Non-Owned <input type="checkbox"/>	14) Has Risk been canceled or Non-Renewed in last 3 Years <input type="checkbox"/> Yes   <input type="checkbox"/> No Not Applicable in MO
9) Physical Damage - Comp/Coll _____ Ded _____	
10) Non-Owned Phys Dam Limit _____ Ded _____ # Tractors per day _____ # Trailers per day _____	15) Filings Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No List: _____
11) GL Limit: _____ Broadened Pollution <input type="checkbox"/>	16) ICC Docket# _____
12) Hired Cargo <input type="checkbox"/> Driver Dishonesty <input type="checkbox"/>	17) Do you operate as a broker under this ICC#: <input type="checkbox"/> Yes <input type="checkbox"/> No
13) Cargo Limit _____ Deductible _____	18) Any APU's? <input type="checkbox"/> Yes <input type="checkbox"/> No Value? _____
	19) Do you allow passengers? <input type="checkbox"/> Yes <input type="checkbox"/> No
	20) Estimated Trucking Gross Receipts _____
	21) Miles in a year _____

**APPLICAT Application Trk Quick App**



**NON-TRUCKING USE/PHYSICAL DAMAGE INSURANCE APPLICATION**

- 1) Producer Name: **Cline Wood Agency, Inc.** 4) Commodity % Hauled Avg Value  
 Address: **4300 W. 133<sup>rd</sup> Street**  
 City, ST: **Leawood, KS 66209**  
 Fax Number: **913-451-3925**  
 Phone Number: **913-451-3900**  
 Email Address:  
 FEIN:
- 2) Insured Name: 5) Cities & States Travelled:  
 Street Address:  
 City: State  
 County:  
 Zip: Phone #
- 3) Present insurance expires on: 6) 0 to 75 miles %  
 76 to 150 Miles %  
 151 to 300 Miles %  
 301 to 500 Miles %  
 Over 500 Miles %  
 7) # of Years in Business as this entity:

**Driver Information**

Name	Birth Date	# of Years Experience	Date of Hire	Social Security #	License Number	% of Driving

**Vehicle Information**

Year	Make	Type	Value	Serial Number

- 8) NTU Liability Limit \$1,000,000  
 UM \_\_\_\_\_ UIM \_\_\_\_\_  
 PIP \_\_\_\_\_
- 9) Physical Damage - Comp/Coll Ded
- 10) Non-Owned Phys Dam Limit Ded
- 11) Leased to: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 MC: \_\_\_\_\_
- 12) Present Ins. Carrier: \_\_\_\_\_
- 13) Has Risk been canceled or Non-Renewed in last 3 Years  Yes |  No  
 Not Applicable in MO
- 14) Do you allow passengers?  Yes  No