

## ***Commercial Truckers Insurance Program***

***Kentucky and Tennessee based carriers may now be eligible for new Truckers Package Insurance Program***

### ***Available Coverages Include:***

Truckers Liability and Physical Damage Insurance  
Commercial Property and Liability Insurance  
Motor Truck Cargo Insurance  
Umbrella Liability Insurance  
Workers Compensation Insurance

### ***Program Highlights Include:***

Truckers Package-One convenient policy and payment plan  
Excellent Rates and Payment Terms  
A+/Admitted Carrier  
Nationwide/24 Hour Claims Service  
Free Loss Control Services  
One Unit to 1000 units eligible  
Quick and Accurate Federal and State Filings  
Free Semi-Annual MVR Reports  
Various Composite Rating formula's available

### ***Call or write for additional information:***

David C. Walker  
Associated Insurance Service, Inc.  
PO Box 23410  
Louisville, KY 40223

Toll Free: 1-888-423-7608  
Fax: 502-241-3784  
Local: 502-241-3765

Please complete our one page risk questionnaire for a no obligation quotation

# Commercial Truckers Insurance Program

## Risk Questionnaire

Name/Address of Risk/Contact and Phone/Fax No:

# Years in Business:                      Documentable Loss Experience ?    Y < >    N < >

Coverages Desired	Yes	No	Limits Requested	Remarks
Truckers Liability Only	< >	< >		\$1MM, \$500K, Other
Truckers Liability with Phys. Dmg.	< >	< >		Attach Equip. List
Property/General Liability	< >	< >		Attach Loc. List
Motor Truck Cargo	< >	< >		Limit Required
Commercial Umbrella	< >	< >		\$1MM, \$2MM, Other
Workers Compensation	< >	< >		Attach Payroll by Driver, Clerical/Officer, Mech.

Average Radius of Operations:	Maximum Radius of Operations: <i>*Furthest point from any one terminal</i>
-------------------------------	---

**List major cities traveled through on a REGULAR basis:**

**Check what best describes your type of operation:**

General Commodities	< >	Types of Commodities/Major Customers:
HazMat	< >	
Flatbed	< >	
Dumping	< >	
Bulk	< >	
Coal	< >	
Other (Describe)	< >	

**List Filings required and Docket Numbers if available:**

**Describe and list any claims in excess of \$10,000 incurred in the past 3 years:**

**FAX To**  
**Associated Insurance Service, Inc./Attn: David Walker**  
**502-241-3765**

Attachments:

Equipment/Vehicle List	< >	
Property Listing	< >	
Loss runs	< >	
Drivers List	< >	
Payroll by Class	< >	< >
Other	< >	