

William Knight Insurance Agency

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TRANSPORTATION APPLICATION FORM

NAME _____ DATE _____

STREET _____ CITY _____ ST _____ ZIP _____

PHONE # _____ FAX # _____ EMAIL _____

FED ID # _____ MC # _____ DOT # _____

CURRENT INSURANCE CARRIER _____ RENEWAL DATE _____

LONGEST ONE WAY TRIP _____ YEAR BUSINESS STARTED _____ YEARS EXPERIENCE _____

MI 0-100 _____ % 101-300 _____ % 301-500 _____ % OVER 500 _____ %

DESCRIPTION OF CARGO HAULED	%	AVERAGE VALUE	MAXIMUM VALUE

DRIVER	DOB	DOH	ST & LICENSE #	YRS CDL	ACCIDENTS/VIOLATIONS

DESCRIPTION OF UNITS	VIN #	VALUE	DEDUCTIBLE

LOSSES _____

LIABILITY LIMIT _____ UM/UIM LIMIT _____ CARGO LIMIT _____ DEDUCTIBLE _____

Please fax or email application Include loss runs, 4 quarter IFTA, and MVRS if not a new venture

Customer Signature: _____ **Date:** _____