

Return Completed Form to:

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Commercial Auto Management (CAM)

Confidential

Insured: _____
(Name) (Street Address) (State/Zip)

Garage Location: _____ Years in business: _____
(City) (County)

Type of Carrier: Contract: _____ Common: _____ Private: _____

USDOT #: _____

Principal Name: _____ Tax ID#: _____ FEIN#: _____

Description of Operations: _____

Type of Cargo Hauled (w/ percentages):

Hazmat: Yes _____ No _____

Radius (miles): 0-50: _____ 51-100: _____ 101-200: _____ Over 300: _____

Cities Entered: _____

Filings: US DOT#: _____ MC#: _____ TxDMV#: _____

Form "E" Yes: _____ No: _____ Form "H&I" Yes: _____ No: _____ Form "T" Yes: _____ No: _____

Limits Desired :

Combined Single Limit (circle one) \$500,000 / \$750,000 / \$1,000,000 / State Minimums

UM \$: _____ PIP \$: _____

Cargo Limits: _____ Deductible: _____

Insurance Record (past 3 years)

Policy period:	Company	Policy #	Losses	Premium paid
2015-2016				
2014-2015				
2013-2014				

Vehicles and Drivers

Trucks/Tractors/Trailers

Year	Make	VIN	GVW/ GCW	Insurable Value	Deductible

Drivers

Driver's Name	Date of Birth	Driver License #	State	Years of Experience

Notes: _____
