



Physical Damage & Non-Trucking Liability Application and Request for Quote

Instructions: Please complete the appropriate sections, sign, date, and return with your vehicle scheduler. All applications are subject to underwriting review.

FED EX INDEPENDENT CONTRACTOR INFORMATION:

First and Last Name: _____ Fed Ex #: _____

Business Name (if applicable) _____ FEIN: _____

Mailing Address: _____ City, State, Zip: _____

Physical Address: _____ City, State, Zip: _____

Daytime Phone: _____ Fax: _____ Email: _____

Operation Type: Ground ___ Home ___ ISP ___ Vehicle Type: Tractor-Trailer ___ Package & Delivery ___

Coverage Selection: (Select options by marking an X after your selection)

Physical Damage with the deductible \$500 ___ \$1000 ___

Non-Trucking Liability with policy limit:

Option 1 - \$1,000,000 Limit

(2 policies \$100k / \$900k excludes um/uim/pip)

UM/UIM \$100,000 policy options Selection

um/uim personal use state min	
um/uim personal & business use state min	
um/uim rejected	
um/uim matching	

Option 2 - \$2,000,000 Limit

(2 policies \$100k / \$1.9M excludes um/uim/pip)

UM/UIM \$100,000 policy options Selection

um/uim personal use state min	
um/uim personal & business use state min	
um/uim rejected	
um/uim matching	

By signing this document, you will be acknowledging these statements are true. Please read them carefully.

1. I understand that the giving of any inaccurate, false, or misleading information on this application will result in rejection of this application and the denial of benefits under any and all insurance coverages for which I have applied.
2. I authorize the release to MJAI all insurance documents related to me or my equipment and current Motor Vehicle Report.
3. I understand the statements and information provided herein are being used by to secure insurance coverage on my behalf. The statements and covenants made by me will be incorporated in and made a part of each respective insurance policy by this reference when issued.
4. I understand that no coverage will be in effect until approved by MJAI and the insurance carrier.

Note: Insurance coverage cannot be put into effect until we receive your completed, signed application and payment.

Owner Signature: _____ Date: _____