

DATE: _____

BRAZOS SPECIALTY RISK, INC.

12200 FORD RD. STE 470

CONTACT: _____

DALLAS, TEXAS 75234

PH (972) 484-4100 FAX (972) 484-4100

INSURED: _____

(Name)

(Address)

(City)

(State)

(Zip Code)

GARAGE LOCATION: _____ Years in Business: _____

(City)

(County)

TYPE OF CARRIER: CONTRACT _____ COMMON _____ PRIVATE _____

DESCRIPTION OF OPERATIONS/CARGO HAULED: _____

RADIUS: 0-50 _____ 51-100 _____ 101-200 _____ 201-300 _____ Over 300 _____

AVERAGE LENGTH OF HAUL: _____ AVERAGE ANNUAL MILES: _____

CITIES ENTERED: _____

FILINGS: ICC _____ MC _____ Permit# _____

DESCRIPTION OF VEHICLES:

Year	Make/Model	VIN#	GVW/GCW	ACV	Deductible
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

DRIVER INFORMATION:

Name	DOB	DL#	SS#	Violations/Dates	Hire Date	Yrs Exp Like Veh
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____

INSURANCE RECORD (Past 3 Years)

Policy Period	Company	Policy #	Losses	Premium Paid
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

LIMITS DESIRED: BI/PD \$ _____ UM \$ _____ PIP \$ _____

COMMENTS: _____

CARGO LIMITS: _____ DEDUCTIBLE: _____ REEFER? _____