

**ATTENTION**

**Insured Information**

Company Name: <u>Couch Cowboys LLC</u>	DOT #: <u>                    </u>
DBA Name: <u>                    </u>	MC #: <u>                    </u>
Business Entity Type: <u>Llc</u>	Operation description:
FEIN #: <u>920433032</u>	Range of operation: <input type="radio"/> Interstate <input checked="" type="radio"/> Intrastate
Garaging Address: <u>8301 E Desoto St</u>	Radius of operation: <u>                    </u>
City: <u>Muncie</u>	Any related broker authority?: <input type="radio"/> Yes <input checked="" type="radio"/> No
State: <u>IN</u>	Annual mileage: <u>                    </u>
ZIP: <u>47303</u>	Annual revenue: <u>                    </u>
Owner's name: <u>Franz Milner</u>	Federal or State Filings Required?: <input type="radio"/> Yes <input checked="" type="radio"/> No
Owner's DOB: <u>03/26/1985</u>	Will policy cover all vehicles owned, operated, or under lease to applicant?: <input checked="" type="radio"/> Yes <input type="radio"/> No
Phone Number: <u>7653301300</u>	Major cities:
Email Address: <u>couchcowboys@icloud.com</u>	Has risk been cancelled or non-renewed in last 3 years?: <input type="radio"/> Yes <input checked="" type="radio"/> No
Years of primary liability coverage: <u>                    </u>	How many years has insured owned commercial equipment?: <u>                    </u>
Business Start Date: <u>09/30/2022</u>	Do you pull?: <input type="radio"/> doubles <input type="radio"/> triples <input type="radio"/> neither <input type="radio"/> both
Desired Effective Date: <u>05/19/2023</u>	Do you allow non-employee passengers?: <input type="radio"/> Yes <input checked="" type="radio"/> No
	Is risk covered by workers compensation?: <input type="radio"/> Yes <input checked="" type="radio"/> No
	Notes - Description of Operations:
	<u>Delivery furniture to Customer Residence</u>

**Commodity Information**

Commodity	% of Loads	Average Value per laod	Max Value per load	Commodity	% of Loads	Average Value per laod	Max Value per load
Household Goods	100						

**Driver Information**

							Last 3 Years # of	
Name	Marital status	Dob	License number	State	Date hired	Year CDL issued	Mov. Violations	Accidents
Brett McCarty	not_married	09/08/1996	4000412679	IN		0	0	0

**Vehicle Information**

Year	Make	Vehicle type string	Gvw string	Stated value	Vin	Radius
	Ford	Truck Tractor		7500.0	1FDWE35L46DA17476	

**Loss Information**

(Previous career & loss information - must show current year and previous 2 years. If previously leased to another company, list that company.)

Policy start date	Policy end date	Company name	Policy numbers	Premium amount	Number of claims	Total paid and reserved

**Coverage and Limits**

**Liability**

Auto Liability	<input checked="" type="checkbox"/>	Limit	Deductible
Non-Trucking Liability	<input type="checkbox"/>	Limit	Deductible
UM/UIM	<input type="checkbox"/>	Limit	Deductible
PIP	<input type="checkbox"/>	Limit	Deductible
Medical Payments	<input type="checkbox"/>	Limit	Deductible
Hired Auto	<input type="checkbox"/>	Limit	Deductible
Trailer Interchange	<input type="checkbox"/>	Limit	Deductible
General Liability	<input checked="" type="checkbox"/>	Limit	Deductible
Workers Compensation	<input checked="" type="checkbox"/>	Limit	Deductible

**Physical Damage**

Specified causes of loss	<input type="checkbox"/>	Limit	Deductible
Comprehensive	<input type="checkbox"/>	Limit	Deductible
Collisions	<input type="checkbox"/>	Limit	Deductible

**Cargo**

Broadform Cargo	<input type="checkbox"/>	Limit	Deductible
Refrigeration Malfunction	<input type="checkbox"/>	Limit	Deductible
Expanded Refrigeration	<input type="checkbox"/>	Limit	Deductible