

ATTENTION

Insured Information

Company Name: <u>GIANT LOGISTICS LLC</u>	DOT #: <u>3631412</u>
DBA Name: <u></u>	MC #: <u>1244180</u>
Business Entity Type: <u>Llc</u>	Operation description:
FEIN #: <u>863448077</u>	Range of operation: <input checked="" type="radio"/> Interstate <input type="radio"/> Intrastate
Garaging Address: <u>10105 HEDDEN ROAD</u>	Radius of operation: <u>Interstate up to 500 mile</u>
City: <u>EVANSVILLE</u>	Any related broker authority?: <input type="radio"/> Yes <input type="radio"/> No
State: <u>IN</u>	Annual mileage: <u></u>
ZIP: <u>47725</u>	Annual revenue: <u></u>
Owner's name: <u>Julia Hemminger</u>	Federal or State Filings Required?: <input type="radio"/> Yes <input checked="" type="radio"/> No
Owner's DOB: <u>01/04/1961</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>8137400422</u>	Major cities:
Email Address: <u>j.hemminger@giantoil.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>2.0</u>	How many years has insured owned commercial equipment?: <u>2.0</u>
Business Start Date: <u>04/26/2021</u>	Do you pull?: <input type="radio"/> doubles <input type="radio"/> triples <input checked="" type="radio"/> neither <input type="radio"/> both
Desired Effective Date: <u>05/18/2023</u>	Do you allow non-employee passengers?: <input type="radio"/> Yes <input type="radio"/> No
	Is risk covered by workers compensation?: <input checked="" type="radio"/> Yes <input type="radio"/> No
	Notes - Description of Operations:
	<div style="border: 1px solid black; padding: 5px;">Hauling Fuel - Refinery to Gas station</div>

Commodity Information

Commodity	% of Loads	Average Value per laod	Max Value per load	Commodity	% of Loads	Average Value per laod	Max Value per load
Liquids/Gases	100						

Driver Information

Name	Marital status	Dob	License number	State	Date hired	Year CDL issued	Last 3 Years # of	
							Mov. Violations	Accidents
Michael Honaker	not_married	09/15/1967	8926776482	IN	04/26/2021	2020	0	0
Jaret Gray	not_married	01/17/1990	1491261318	IN	04/26/2021	2019	0	0

Vehicle Information

Year	Make	Vehicle type string	Gvw string	Stated value	Vin	Radius
2014	CHRO	Trailer	Class 7: 26,001 - 33,000 lb		4J8T04228ET008802	500.0
2005	Kenworth	Truck Tractor	Class 7: 26,001 - 33,000 lb		1XKDDU9X35J089081	500.0
1993	HEIL	Trailer	Class 7: 26,001 - 33,000 lb		1HLA3A7B0P7H56945	500.0
2014	CHRO	Trailer	Class 7: 26,001 - 33,000 lb		4J8T04226ET008801	500.0
1980	FRUE	Trailer	Class 7: 26,001 - 33,000 lb		OMT012712	500.0
2012	Kenworth	Truck Tractor	Class 7: 26,001 - 33,000 lb		1XKDDP9X2CJ299721	500.0
2014	Peterbilt	Truck Tractor	Class 7: 26,001 - 33,000 lb		1XPBDDP9X9ED233704	500.0
1991	HEIL	Trailer	Class 7: 26,001 - 33,000 lb		1HLA3A7B6M7H56041	500.0
2012	Peterbilt	Truck Tractor	Class 7: 26,001 - 33,000 lb		1XPVDP9X3CD156418	500.0
2015	Kenworth	Truck Tractor	Class 7: 26,001 - 33,000 lb		1XKYDP9X4FJ442979	500.0

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		Physical Damage	
Auto Liability	<input checked="" type="checkbox"/> Limit <input type="text"/> Deductible <input type="text"/>	Specified causes of loss	<input type="checkbox"/> Limit <input type="text"/> Deductible <input type="text"/>
Non-Trucking Liability	<input type="checkbox"/> Limit <input type="text"/> Deductible <input type="text"/>	Comprehensive	<input checked="" type="checkbox"/> Limit <input type="text"/> Deductible <input type="text"/>
UM/UIM	<input checked="" type="checkbox"/> Limit <input type="text"/> Deductible <input type="text"/>	Collisions	<input checked="" type="checkbox"/> Limit <input type="text"/> Deductible <input type="text"/>
PIP	<input type="checkbox"/> Limit <input type="text"/> Deductible <input type="text"/>	Cargo	
Medical Payments	<input type="checkbox"/> Limit <input type="text"/> Deductible <input type="text"/>	Broadform Cargo	<input type="checkbox"/> Limit <input type="text"/> Deductible <input type="text"/>
Hired Auto	<input checked="" type="checkbox"/> Limit <input type="text"/> Deductible <input type="text"/>	Refrigeration Malfunction	<input type="checkbox"/> Limit <input type="text"/> Deductible <input type="text"/>
Trailer Interchange	<input type="checkbox"/> Limit <input type="text"/> Deductible <input type="text"/>	Expanded Refrigeration	<input type="checkbox"/> Limit <input type="text"/> Deductible <input type="text"/>
General Liability	<input type="checkbox"/> Limit <input type="text"/> Deductible <input type="text"/>		
Workers Compensation	<input checked="" type="checkbox"/> Limit <input type="text"/> Deductible <input type="text"/>		