



BELFAST BLUE LLC
1 Fisher Rd
Suite 230C
Pittsford NY 14534

INSURED: _____

DBA: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP CODE: _____

INSURED'S PHONE NUMBER: _____

PHYSICAL ADDRESS IF DIFFERENT THAN THE ADDRESS SHOWN ABOVE:

ADDRESS: _____

CITY: _____

STATE: _____

ZIP CODE: _____

DESCRIPTION OF OPERATIONS:

ORGANIZATION TYPE:

EIN#: _____

HOW MANY YEARS IN BUSINESS: _____

HAS THE INSURED HAD PRIOR AUTO INSURANCE FOR THE LAST YEAR
WITH NO LAPSE IN COVERAGE:

YES

NO

CURRENT AUTO LIABILITY LIMIT: _____

DOES THE INSURED HAVE GENERAL LIABILITY COVERAGE:

YES

NO

HOW MANY ADDITIONAL INSURED: _____

HOW MANY WAIVERS: _____

TYPE OF CARGO HAULED: _____

RADIUS: _____

FILINGS:

YES

NO

TYPE:

TXDOT: _____

ICC: _____

DOCKET #: _____

DESCRIPTION OF VEHICLES

<u>YEAR</u>	<u>MAKE/MODEL</u>	<u>BODY TYPE</u>	<u>VIN#</u>	<u>GVW</u>	<u>ACTUAL CASH VALUE</u>
1					
2					
3					
4					

DRIVER INFORMATION

<u>DRIVER NAME</u>	<u>D.O.B.</u>	<u>MARITAL STATUS</u>	<u>VIOLATIONS/DATE</u>	<u>DRIVER LIC. #</u>	<u>STATE LIC.</u>
1					
2					
3					
4					

LIMITS DESIRED: **LIABILITY LIMIT: \$**
 PIP: \$
 MED: \$
 UM/UIM: \$
 UMPD: \$
 COMP / OTC: \$
 COLLISION: \$
 RENTAL REIMBURSEMENT: \$
 MOTOR TRUCK CARGO: \$
 ROADSIDE ASSISTANCE: YES NO
 HIRED AUTO: YES NO
 NON-OWNED AUTO: YES NO # EMPLOYEES: _____

AGENT NAME: _____
PRODUCER CODE: _____
AGENCY CONTACT NAME: _____
EMAIL: _____
PHONE NUMBER: _____
ADDITIONAL INFO: _____