

# Nielsen Insurance Agency

Business • Financial Services • Risk Management

**BRAD TIMMEL**

**800-468-5647**

FAX# 503-244-6881

[www.niagency.com](http://www.niagency.com)



NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE#(\_\_\_\_) \_\_\_\_\_ FAX#(\_\_\_\_) \_\_\_\_\_

LIABILITY COVERAGE LIMITS (CIRCLE ONE) \$750,000 \$1,000,000 \$2,000,000

**TRUCKS** YEAR, MAKE, MODEL \*PHYSICAL DAMAGE COVERAGE

#1 \_\_\_\_\_ YES \_\_\_ NO \_\_\_

#2 \_\_\_\_\_ YES \_\_\_ NO \_\_\_

#3 \_\_\_\_\_ YES \_\_\_ NO \_\_\_

\*DEDUCTIBLES FOR PHYSICAL DAMAGE COVERAGE ARE \$25 FOR SPECIFIED CAUSES OF LOSS AND \$1000 FOR COLLISION UNLESS OTHERWISE STATED.

**TRAILERS** YEAR, MAKE, MODEL \*PHYSICAL DAMAGE COVERAGE

#1 \_\_\_\_\_ YES \_\_\_ NO \_\_\_

#2 \_\_\_\_\_ YES \_\_\_ NO \_\_\_

#3 \_\_\_\_\_ YES \_\_\_ NO \_\_\_

\*DEDUCTIBLES FOR PHYSICAL DAMAGE COVERAGE ARE \$25 FOR SPECIFIED CAUSES OF LOSS AND \$1000 FOR COLLISION UNLESS OTHERWISE STATED.

## DRIVER INFORMATION

NAME DATE OF BIRTH CDL # CITATIONS (LAST 3 YRS)

1# \_\_\_\_\_

2# \_\_\_\_\_

PLEASE ATTACHED SEPARATE SHEET FOR ADDITIONAL VEHICLES AND DRIVERS

## CLAIMS HISTORY (LAST THREE YEARS)

DATE OF LOSS AMOUNT PAID TYPE OF LOSS

\_\_\_\_\_  
\_\_\_\_\_