



# Application and Request for Quote

The Association of Professional Truck Drivers of America

Serving the Transportation Industry

Administered by Avant Brokerage LLC

PO Box 1540, Lee's Summit, MO 64063-7540

PHONE: 1-888-972-7832 ♦ FAX: 1-888-972-7831 ♦ [www.avantbrokerage.com](http://www.avantbrokerage.com)

Instructions: Please complete the appropriate sections, sign, date, and return with Motor Vehicle Records (MVRs) on each driver and a copy of your lease agreement(s). All applications are subject to underwriting review.

## OWNER/INDEPENDENT CONTRACTOR INFORMATION:

First and Last Name: \_\_\_\_\_

Business Name (if applicable) \_\_\_\_\_ FEIN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

CDL Number: \_\_\_\_\_ State of License: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Have you ever filed bankruptcy? Yes/No \_\_\_\_\_ If yes, Date Filed: \_\_\_\_\_ Previous Ins Carrier: \_\_\_\_\_

## MOTOR CARRIER INFORMATION:

*(Please provide a copy of your Permanent Lease Agreement with the completed application)*

Do you have a lease agreement with a Motor Carrier?  Yes  No

Name: \_\_\_\_\_ Motor Carrier Number: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_ Safety Director: \_\_\_\_\_

Commodities Hauled: \_\_\_\_\_

## DRIVER INFORMATION:

A separate form must be completed for each driver (Use Additional Unit/Driver page for multiple drivers).

Driver Name (as it appears on CDL): \_\_\_\_\_

Driver Address: \_\_\_\_\_

Driver CDL and State: \_\_\_\_\_ Phone: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Driver paid with a:  1099  W2

DRIVER QUALIFICATIONS: (The answers to these questions will help Avant Brokerage LLC determine what insurance plans are available. Your MVR will determine what coverage you actually qualify for.)

- Yes  No 1. Does driver hold a current CDL?
- Yes  No 2. Is the driver at least 23 years old?
- Yes  No 3. Does driver have at least two years of commercial driving experience?
- Yes  No 4. Does driver have 3 or more Tickets in the last 36 months?
- Yes  No 5. Does driver have any at fault accidents? When \_\_\_\_\_
- Yes  No 6. Does driver have any not at fault accidents? When \_\_\_\_\_
- Yes  No 7. Does Applicant Operate Equipment not listed here?

By signing below I confirm that I have not had the following violations in the past 5 years: Hit and run, fleeing an officer, manslaughter, any felony conviction, racing, leaving the scene of an accident, driving while license suspended or revoked, careless or reckless and DUI.

Driver Signature (if not the same as the owner): \_\_\_\_\_ Date: \_\_\_\_\_

Would you like to purchase occupational accident insurance\*?  Yes  No *Separate Application is required*

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*9/1/18 APTDA is administered by Avant Brokerage LLC If application is accepted, insurance is subject to actual policy, terms and conditions. We do not accept debit cards, and a surcharge applies to all payments by credit card. This surcharge may fluctuate; however, it will never exceed 4% of the balance due or the cost of our acceptance. After the initial bind is paid by credit card, future payments may be paid by ACH to avoid surcharges.*