



## GENERAL INFORMATION

Legal Name \_\_\_\_\_ (the "company") Date \_\_\_\_\_

Operating Name \_\_\_\_\_ Is this a DBA? \_\_\_ Yes \_\_\_ No

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Company open date: \_\_\_\_\_ state incorporated: \_\_\_\_\_

Employer identification number: \_\_\_\_\_

Contact name: \_\_\_\_\_ work tattle: \_\_\_\_\_

Business Phone(s) (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-Mail \_\_\_\_\_ Website \_\_\_\_\_

Dot #: \_\_\_\_\_ Mc #: \_\_\_\_\_

## INSURANCE INFORMATION

Sky van lines require proof of insurance coverage. Incomplete or insufficient insurance will not allow us to process this application. Proof of Insurance must be filed at the Sky van lines headquarters on an ongoing basis by fax or email.

Normal coverage requirements are outlined below. Please provide evidence of insurance in the form of original Certificate(s) of Insurance as follows:

- **General Liability** - Minimum \$1,000,000 Combined Single Limit w
- **Worker's Compensation** - Statutory per state (normally \$100,000/\$500,000/\$100,000)
- **Auto** - Minimum \$1,000,000 any Auto, including Hired & Non-owned,
- **Cargo** – minimum \$100,000 cargo coverage

Name: \_\_\_\_\_ signature: \_\_\_\_\_ date: \_\_\_\_\_

***Please attach copies of Certificates of Insurance and the carrier agreement.***

Sky van lines inc 4500 Andrews St Ste A North Las Vegas, NV 89081 Phone: 1-888-212-2298 Fax: 1-702-800-7481  
DOT No.: 2176401 ICC/MC: 757701