

1st GUARD CORPORATION
PHYSICAL DAMAGE & NONTRUCKING LIABILITY
AN INSURANCE PROGRAM FOR
FIRST STAR LOGISTICS OWNER-OPERATORS

EFFECTIVE DATE: _____

NAME OF INSURED: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

HOME PHONE#: _____

VEHICLE DESCRIPTION

TRACTOR:

Unit# _____ Year _____ Make _____ Serial _____

BASEPLATE _____ STATE _____

LIENHOLDER NAME AND ADDRESS

TRAILER:

Unit# _____ Year _____ Make _____ Serial _____

Flat w/sides Alu _____ Steel _____ Flat no sides Alu _____ Steel _____ Reefer _____

Van _____ Stepdeck _____ Dropdeck _____ Double Drop _____ Other _____

LIENHOLDER NAME AND ADDRESS

COVERAGE INFORMATION

PHYSICAL DAMAGE: _____ ADD _____ DROP _____

DECLARED MARKET VALUE: TRACTORS:\$ _____ TRAILER:\$ _____

NONTRUCKING LIABILITY: _____ ADD _____ DROP _____

CHANGE _____

For Informational Purposes Only
Disclosure: Coverage is not bound until a certificate of insurance is issued