



REQUEST TO ADD TRUCK/TRAILER TO LIABILITY & CARGO INSURANCE

Owner Operators Name:

Owner Operator's Date of Birth

Owner Operator's Social Security Number:

Effective Date of Change:

Truck Information

Unit#:

Year:

Make:

VIN number:

Trailer Information

Unit#:

Year:

Make:

VIN number:

Email address:

I, _____, am aware of my truck being ADDED to MMM Express Inc. insurance effective date stated above. I am also aware of company policies and all insurance rates that I will be paying to the company every month.

Owner Signature: _____

Date _____

Agent Signature: _____

Date _____

Signature: _____

Email: _____