

Commercial TRUCKING Quotes up to 10 units
Ph: 888.287.3449 • E-mail service@natlinsurers.com

Submit Date : _____ Date Quote Required: _____ Effective Date: _____

Agency Name: Commercial Ins Agencies Phone Number: 828.447.0036 Ext. : _____

Agency E-mail: service@natlinsurers.com Fax Number: 888.351.4534

Company Name: _____

Has Company had a Name Change Within the Last 5 Years? If so List Prior Name Below: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Contact Person: _____ Phone Number: _____

Fax #: _____ E-mail: _____ Number of Years in Business: _____

Federal ID #: _____ Docket #: _____ USDOT #: _____

Coverages/Limites Requested:

| | | | | |
|--|--|---|---|--------------------------------------|
| Auto Liability | Physical Damage | Motor Truck Cargo | Cargo Deductible | General Liability |
| <input type="checkbox"/> \$750,000 | _____ Total Values | <input type="checkbox"/> \$50,000 | <input type="checkbox"/> \$1,000 Deductible | <input type="checkbox"/> \$1,000,000 |
| <input type="checkbox"/> \$1,000,000 | <input type="checkbox"/> \$1,000 Deductible | <input type="checkbox"/> \$100,000 | <input type="checkbox"/> \$2,500 Deductible | <input type="checkbox"/> \$ _____ |
| <input type="checkbox"/> Hired/Non Owned | <input type="checkbox"/> \$2,500 Deductible | <input type="checkbox"/> \$150,000 | <input type="checkbox"/> \$ _____ | |
| <input type="checkbox"/> \$ _____ | <input type="checkbox"/> \$ _____ | <input type="checkbox"/> \$ _____ | | Non-Owned |
| \$ _____ UM Limit | <input type="checkbox"/> Comp/Coll | <input type="checkbox"/> Reefer Breakdown | Trailer Interchange | Phys. Dam. |
| \$ _____ PIP Limit | <input type="checkbox"/> Specified Perils/Coll | | <input type="checkbox"/> \$25,000 | <input type="checkbox"/> \$25,000 |
| | | | <input type="checkbox"/> \$ _____ | <input type="checkbox"/> \$ _____ |

Number of Tractors: _____

Number of Trailers: _____

| Radius | Percent |
|----------------|---------|
| 0-50 miles | % |
| 51-200 miles | % |
| 201-500 miles | % |
| Over 500 miles | % |
| Average Radius | |
| Max. Radius | |

| Trailer Types | Percent |
|---------------|---------|
| Dry Van | % |
| Reefer Van | % |
| Flat Bed | % |
| Dump | % |
| Tank | % |
| Other | % |

Estimated Annual Mileage: _____ Estimated Annual Revenue: _____

States: _____

Major Cities: _____

| UNITS REVENUE AND MILEAGE | | Actual and Estimated - ONLY NEEDED IF QUOTING OVER 10 UNITS | | |
|---------------------------|--------|---|---------|---------|
| | Period | Units | Revenue | Mileage |
| Projected | | | | |
| Current | | | | |
| 1 st Prior | | | | |
| 2 nd Prior | | | | |
| 3 rd Prior | | | | |

| List Commodities Hauled | Average Value (\$) | Max Value (\$) | % of Total Hauls |
|-------------------------|--------------------|----------------|------------------|
| | | | % |
| | | | % |
| | | | % |
| | | | % |
| | | | % |

Main Shippers:

1. _____ 2. _____ 3. _____
 4. _____ 5. _____ 6. _____

DRIVER LIST: Attach Additional

| Driver Name | DOB | Hire Date | License # | State | Yrs Exp |
|-----------------------------|--------------------|-----------------|--------------------|-----------------|---------|
| Progressive Fleet Insurance | National Indemnity | Fleet Insurance | Berkshire Hathaway | Fleet Insurance | |
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TRACTOR LIST:

Attach Additional

o/o = owner operator
or
n/i = named insured

| Year | Make | Model | VIN # | Value | | Lienholder & Address |
|------|------|-------|-------|-------|--|----------------------|
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TRAILER LIST:

Attach Additional

o/o = owner operator
or
n/i = named insured

| Year | Make | Model | VIN # | Value | | Lienholder & Address |
|------|------|-------|-------|-------|--|----------------------|
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* Please Attach 3 Years of Loss Runs

* Were there any Losses > \$25k within last 3 years? If Yes, please describe:

| SIGNATURES | |
|--|-----------------------|
| <p>I hereby certify that the foregoing statements and answers are a just, full and true exposition of all the facts and circumstances with regard to the risk to be insured, insofar as same are known to me, and the same are hereby made as the basis and condition of the insurance. Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment. By signing below, I affirm full knowledge of and adherence to current D.O.T. Safety Regulations, and hereby apply for insurance with respect to the coverages stated herein.</p> | |
| APPLICANT'S SIGNATURE | TITLE DATE |
| <hr/> | |
| PRODUCER'S NAME Commercial Insurance Agencies | PHONE #(828) 447-0036 |
| <hr/> | |
| PRODUCER'S SIGNATURE <i>Dwain Ammons</i> | DATE |
| <hr/> | |