

Commercial TRUCKING And auto Liability Quotes up to 10 units
Ph: 828-447-0036 • E-mail da@natlinsurers.com

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

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

Agency E-mail: da@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

- \$750,000
- \$1,000,000
- Hired/Non Owned
- \$ _____
- \$ _____ UM Limit
- \$ _____ PIP Limit

Physical Damage

- _____ Total Values
- \$1,000 Deductible
- \$2,500 Deductible
- \$ _____
- Comp/Coll
- Specified Perils/Coll

Motor Truck Cargo

- \$50,000
- \$100,000
- \$150,000
- \$ _____
- Reefer Breakdown

Cargo Deductible

- \$1,000 Deductible
- \$2,500 Deductible
- \$ _____

Trailer Interchange

- \$25,000
- \$ _____

General Liability

- \$1,000,000
- \$ _____

Non-Owned Phys. Dam.

- \$25,000
- \$ _____

Number of Tractors: _____

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

Number of Trailers: _____

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

TRACTOR LIST:

Attach Additional

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

Year	Make	Model	VIN #	Value		Lienholder & Address

TRAILER LIST:

Attach Additional

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

Year	Make	Model	VIN #	Value		Lienholder & Address

* 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>	
<p>APPLICANT'S SIGNATURE _____</p>	<p>TITLE _____</p>
<p>PRODUCER'S NAME Commercial Insurance Agencies</p>	<p>PHONE #(828) 447-0036</p>
<p>PRODUCER'S SIGNATURE <i>Dwain Ammons</i></p>	<p>DATE _____</p>