

National Advantage Insurance Services, Inc.
COMMERCIAL AUTO - SPEED-QUOTE REQUEST (1/18) - CA License No.0821992

For Motor Truck Cargo and/or Physical Damage only

Date Submitted: _____ Purposed Eff. Date: _____

Broker Name: _____ Broker Contact Person: _____

Applicant Name: _____ DBA: _____

Owners Name: _____ US DOT #: _____

Mailing Address: _____

Garaging Address: _____

Years in Business: (under current name) _____ Years Prior Insurance: (under current name) _____

Owner Operator? Yes No Planning to Lease any Owner Operators? Yes No Applicant Financially Sound? Yes No

Do they plain on added more units? Yes No If YES Estimate # of units _____

Vehicle List *If more than 6 units use are vehicle schedule/extension list*

Year, Full Make Name, Model	Full Vin#	Stated Value	Radius	Owned or Leased	
		\$		<input type="checkbox"/> Owned	<input type="checkbox"/> Leased
		\$		<input type="checkbox"/> Owned	<input type="checkbox"/> Leased
		\$		<input type="checkbox"/> Owned	<input type="checkbox"/> Leased
		\$		<input type="checkbox"/> Owned	<input type="checkbox"/> Leased
		\$		<input type="checkbox"/> Owned	<input type="checkbox"/> Leased
		\$		<input type="checkbox"/> Owned	<input type="checkbox"/> Leased

No. of trailer hauled at one time: Single Double Triples

Please forward a copy of current MVR(s), on all drivers to be covered. *If more than 6 Divers use are Diver Schedule/Extension list*

#	Drivers Full Name	Date of Birth	Driver's License		No. Yrs. Commercial Driving	No. Yrs. Employed By Applicant
			State	License Number		
1						
2						
3						
4						
5						
6						

Coverages

Physical Damage: Total Values of all units \$ _____ on # _____ units
 Deductible Requested: \$1,000 \$2,500 \$5,000 Combined Single Deductible
 Towing Extension \$2,500 to \$5,000 included: \$10,000, \$15,000 (not all limits are available on all risks)

Cargo Limit \$ _____ on # _____ Units
 Deductible Requested: \$1,000 \$2,500 \$5,000 Combined Single Deductible

Check Cargo Endorsements desired:
 Include Target goods Yes No Sublimit requested \$10,000 - \$25,000 - \$50,000 - \$100,000
 Appliances, Alcohol, other than Beer and/or Wine, Beer and/or Wine, Bulk & Bagged Nuts, Copper, Electronics, Garments,
 Metal, Metal Coils, Pharmaceuticals - Prescription, Pharmaceuticals - Over the counter, Seafood, unless canned, Tires,
 Tobacco, Cigarettes and/or Cigars Amazon, FedEx, Mail, UPS

Refrigeration Breakdown- Yes No Max age of Reefer Units 1-10; 11- 15, 16-20

Trailer Interchange OR Non-owned Trailer: Limit Per Unit: \$ _____ No. of trailer hauled at one time: Single Double
 While attached only or While attached and Dropped Off for 72 hours, with security.
Non-owned trailers include trailers that you do not own, lease or rent but are in your care, custody or control (not exceeding 90 days) that you have agreed to be responsible for, while in your possession and being used in the Insured's business.

Describe and show percent of All Types of Cargo hauled:

_____ %	_____ %	_____ %	_____ %
_____ %	_____ %	_____ %	_____ %

Have there been any Claims reported during the past three years? Yes No: If yes, please describe including amounts paid or reserved:

Insurance History for the Past 3 Years: (Motor Truck Cargo and/or Physical Damage only) Please list even if there were no losses.

Policy Period	Company Name	Physical Damage Losses	Cargo Losses