

**National Advantage Insurance Services, Inc.**  
**COMMERCIAL AUTO - SPEED-QUOTE REQUEST (01/2017) - 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) \_\_\_\_\_

Applicant have good Safer ratings (flags)?  Yes  No Maximum Radius: \_\_\_\_\_

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

**Vehicle 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

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

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

**Please forward a copy of current MVR(s), on all drivers to be covered.**

#	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						

*If more than 6 Drivers use are Diver Schedule/Extension list*

**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

**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

**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  
*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