AMWINS
NATIONAL TRANSPORTATION UNDERWRITERS

Quick Quote Application

Desired effective date: _____

Agency Information

Agency name		Contact name		Email	

Insured Information

Insured name

Address

City

State	ZIP

# of years primary liability coverage under above name

If non-trucking liability, name of the company leased to

1. US DOT#* _____

2. Is there broker authority under this FMCSA #? ☐ Yes ☐ No
(MC # _____)

3. Commodities hauled _____

4. States entered _____

5. Major cities _____

6. Has risk been cancelled or non-renewed in the last 3 years?
☐ Yes ☐ No

7. Is risk covered by workers' compensation? ☐ Yes ☐ No

8. How many years has the insured owned commercial equipment?
_____

9. Filings needed? ☐ Yes ☐ No

(If yes, FMCSA docket #_____)

10. Do you currently utilize telematics in your equipment? ☐ Yes ☐ No

12. Do you pull: ☐ Doubles ☐ Triples ☐ Both ☐ Neither

Driver Information

Driver name	Date of birth	License number	State	Date hired	# Years comm'l driving	Last 3 years - # of Mov. violations	Last 3 years - # of Accidents

Vehicle Information

Year	Make	Trailer type	GVW	Stated value	VIN #	Radius (miles)

Loss Information (Previous carrier & loss information – Must show current year and previous two years)

Policy dates	Company name	Policy numbers	Premium amount	# of claims	Total paid & reserved

Coverage & Limits

Liability ☐ Primary liability or
☐ Non-trucking liability   *(select one)*

Auto liability limit _____

Uninsured motorist limit _____

Underinsured motorist limit _____

Personal injury protection limit _____

Medical payments _____

Hired auto   Liab _____ Phys Dmg _____ Cargo _____

Trailer interchange _____

Other (_____) _____

Physical Damage

☐ Specified causes of loss & collision

☐ Comprehensive & collision

Deductible

Collision _____

Other than collision _____

Cargo

Commodity transported	% of loads	Value per truck load Maximum	Value per truck load Average

☐ Refrigeration malfunction

Cargo limit _____
Cargo deductible(s) _____
Reefer deductible(s) _____