

# AMWINS® Quick Quote Application

Desired effective date: \_\_\_\_\_

Agency Information		
Agency name	Contact name	Email

Insured Information	
Insured name	1. US DOT#* _____
Address	2. Is there broker authority under this FMCSA #? <input type="checkbox"/> Yes <input type="checkbox"/> No (MC # _____)
City	3. Commodities hauled _____
State	4. States entered _____
ZIP	5. Major cities _____
# of years primary liability coverage under above name	6. Has risk been cancelled or non-renewed in the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No
If non-trucking liability, name of the company leased to	7. Is risk covered by workers' compensation? <input type="checkbox"/> Yes <input type="checkbox"/> No
	8. How many years has the insured owned commercial equipment? _____
	9. Filings needed? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, FMCSA docket # _____)
	10. Do you currently utilize telematics in your equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No
	12. Do you pull: <input type="checkbox"/> Doubles <input type="checkbox"/> Triples <input type="checkbox"/> Both <input type="checkbox"/> Neither

Driver Information							
Driver name	Date of birth	License number	State	Date hired	# Years comm'l driving	Last 3 years - # of	
						Mov. violations	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															
<b>Liability</b> <input type="checkbox"/> Primary liability or <input type="checkbox"/> 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 ( _____ ) _____	<b>Physical Damage</b> <span style="background-color: #003366; color: white; padding: 2px;">Deductible</span> <input type="checkbox"/> Specified causes of loss & collision Collision _____ <input type="checkbox"/> Comprehensive & collision Other than collision _____ <b>Cargo</b> <table border="1"> <thead> <tr> <th rowspan="2">Commodity transported</th> <th rowspan="2">% of total revenue</th> <th colspan="2">Value per truck load</th> </tr> <tr> <th>Maximum</th> <th>Average</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <input type="checkbox"/> Refrigeration malfunction Cargo limit _____ Cargo deductible(s) _____ Reefer deductible(s) _____	Commodity transported	% of total revenue	Value per truck load		Maximum	Average								
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		Maximum	Average												