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 100% of your equipment, both owned and leased? ☐ Yes ☐ No
If yes, please list telematics vendor(s): _____
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	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 — Deductible

☐ Specified causes of loss & collision
☐ Comprehensive & collision

Collision _____

Other than collision _____

Cargo

Commodity transported	% of loads	Value per truck load	
		Maximum	Average

☐ Refrigeration malfunction

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