



Agency Name: _____ Contact Name: _____ Ph: _____ Fax: _____
 Applicant Name: _____ DBA: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Years in Business: _____ Years of Prior Insurance: _____

OPERATION TYPE: For Hire _____ Private _____ Non-Trucking _____ Other (explain) _____
RADIUS INFO: 0-500 Miles (CA only) _____% 501-750 Miles (Regional) _____% 48 States _____%

COMMODITIES TRANSPORTED:								
Commodity	% of Loads	Value	Commodity	% of Loads	Value	Commodity	% of Loads	Value
	%			%			%	
	%			%			%	

Coverages & Limits
 Auto Liability Limit: _____ U.M. Limit: _____
 Do you need a quote for Physical Damage? Yes No
 Do you need a quote for Cargo Coverage? Yes No If Yes, what limits? _____ Reefer Breakdown: Yes No

Is this account "Agency Renewal" or "New Business to Agency"?
 Have you or anybody else from your agency submitted this risk to NTA under this name or any other name previously? No If Yes, explain: _____

OPERATIONS INFORMATION:

1	Are Filings Required? If Yes Please Provide:	DOT # _____	MC # _____	CA # _____	Other # _____	Yes	No	
2	Are there any vehicles owned or operated by the applicant (including non-operational units) NOT listed on the application?					Yes	No	
		If Yes, Please Explain: _____						
3	Does the applicant lease to others?					Yes	No	
		If Yes, Please Explain: _____						
4	Does the applicant hire Sub-Haulers?					Yes	No	
		If Yes, Please Explain: _____						
5	Does the applicant loan, lease or rent trucks, tractors or trailers to others with or without drivers?					Yes	No	
6	Does the applicant utilize team driving?					Yes	No	
7	Does the applicant allow passengers to occupy your vehicles or use vehicles to transport employees?					Yes	No	
8	Does the applicant have any other businesses related to the trucking industry?					Yes	No	
9	Does the applicant act as a freight forwarder, freight broker or arrange loads for others?				If yes what is the cost of hire? _____	Yes	No	
		If yes, please explain: _____						
10	Have there been any changes in the ownership, management, or the name of the operation in the past five (5) years?					Yes	No	
		If yes, please explain: _____						
11	Does/has the applicant had an ownership or interest in any other trucking company in the past five (5) years?					Yes	No	
		If yes, please provide MC # for all other entities: _____						
12	Does the applicant carry Workers Compensation Coverage?					Yes	No	
13	Does the applicant comply with all DOT regulations concerning driver employment, files and regulations?					Yes	No	
14	Does the applicant pull doubles, triples, oversized or overweight loads?					Yes	No	
15	Does the applicant pull flatbed trailers or haul any flatbed commodities?					Yes	No	
16	Does the applicant haul any hazardous materials?					Yes	No	

No.	Driver Name	License #	State	DOB	Years of Class A Exp	Date Hired
1						
2						
3						
4						
5						
6						

No.	Year	Make	Vin # (Must be 17 digits)	Value	TRLR Type	GVW	Radius (Miles)
1			/ / / / / / / / / / / / / / / / /				
2			/ / / / / / / / / / / / / / / / /				
3			/ / / / / / / / / / / / / / / / /				
4			/ / / / / / / / / / / / / / / / /				
5			/ / / / / / / / / / / / / / / / /				
6			/ / / / / / / / / / / / / / / / /				
7			/ / / / / / / / / / / / / / / / /				
8			/ / / / / / / / / / / / / / / / /				

**Quick Quote Form is only for 1-4 Power Units. You must submit a completed Fleet Supplemental for 5 or more units.

Prior Policy Dates	Carrier Name	Coverage Type: (Liab/PHD/MTC)	Policy Number	# of Units Insured	Any Losses: (Yes or No)	Amount Paid	Driver involved in Loss
____/____/____ To ____/____/____							
____/____/____ To ____/____/____							
____/____/____ To ____/____/____							
____/____/____ To ____/____/____							