



General Insurance Agency

NATIONAL TRANSPORTATION ASSOCIATES, INC.
333 North Cayons Parkway, Suite 225
Livermore, CA 94551

CA Lic #0G53188

(925) 292-8900

www.ntageneral.com

NTA TOWING SUPPLEMENTAL PROGRAM APPLICATION - VEHICLES

1. Name of Applicant: _____ Requested Effective Date: _____

2. Please describe each Vehicle (if necessary, list additional Vehicle descriptions on a separate page):

#	Year	Make, Model and Body Type	Vehicle Identification Number	Garage Location (City and State)	Radius of Operations (In Miles)	GVW	Amount of Insurance (Must equal present value)
1							\$
2							\$
3							\$
4							\$
5							\$
6							\$
7							\$
8							\$
9							\$
10							\$
11							\$
12							\$
13							\$
14							\$
15							\$
16							\$

3. Please list the Name and Mailing Address, as well as the corresponding Vehicle Number (i.e. from above), for each applicable Loss Payee (if necessary, list additional Loss Payee information on a separate page):

Vehicle Number	Loss Payee's Name	Loss Payee's Mailing Address