

**National Advantage Insurance Services, Inc. -- Fax 714-505-1025**

**COMMERCIAL AUTO - SPEED-QUOTE INDICATION - CA License**

No.0821992

For Motor Truck Cargo and/or Physical Damage only.

Broker Name \_\_\_\_\_ Tel. # \_\_\_\_\_ Fax # \_\_\_\_\_

Broker Contact Person \_\_\_\_\_ Target Rate \_\_\_\_\_ Date \_\_\_\_\_

Applicant Name \_\_\_\_\_ Garaging Zip Code \_\_\_\_\_

Purposed Eff. Date \_\_\_\_\_ US DOT or FMCSA Docket # \_\_\_\_\_ Garaging State \_\_\_\_\_

Years in Business \_\_\_\_\_ Years Prior Insurance \_\_\_\_\_ Gross Receipts \$ \_\_\_\_\_

Maximum Radius: \_\_\_\_\_ miles; USA only; Into Canada; Into Mexico # miles \_\_\_\_\_

Total Number and Type of Vehicles: Tractors \_\_\_\_\_; Enclosed Plain Trucks & Vans \_\_\_\_\_;  
Open Plain Trucks \_\_\_\_\_; Reefer Trucks & Vans \_\_\_\_\_; Enclosed Plain Trailers \_\_\_\_\_;  
Open Trailers \_\_\_\_\_; Reefer Trailers \_\_\_\_\_. No. of non-owned Trailers \_\_\_\_\_.

**Vehicle List:**

Number of Drivers Age:16-20 \_\_\_\_\_; 21-22 \_\_\_\_\_; 23-24 \_\_\_\_\_; 25-28 \_\_\_\_\_; 29-65 \_\_\_\_\_; 66+\_\_\_\_\_.

**Please forward a copy of current MVR(s), on all drivers to be covered.**

Describe and show percent of **All Types of Cargo** hauled:

\_\_\_\_\_ % \_\_\_\_\_ % \_\_\_\_\_ %  
\_\_\_\_\_ % \_\_\_\_\_ % \_\_\_\_\_ %

Have there been any **Claims** reported during the past three years? No or Yes, please describe including amounts paid or reserved:

Quote **Physical Damage**, Limit per Vehicle List, including current retail values. Ded.\$ \_\_\_\_\_

Quote **Cargo**  Broad Form "All Risk" or  Named Peril  Cargo ICC Filing Required.

Cargo Limits: Per Power Unit \$ \_\_\_\_\_ Average \$ \_\_\_\_\_ Deductible \$ \_\_\_\_\_

Cover **Target Goods** with maximum Theft Sub-Limit of \$ \_\_\_\_\_ less a \$ \_\_\_\_\_ Deductible.

Check **Cargo Endorsements** desired:  Refrigeration Breakdown-Max age of Reefer Units \_\_\_\_\_;

Riggers G/R \$ \_\_\_\_\_;  Contingent Transit;  Unattended Truck;  Earned Freight Charges;

Debris Removal Costs;  Loading & Unloading;  Terminal (Off Truck) \$ \_\_\_\_\_ on # \_\_\_\_\_.

Quote **Non-Owned Trailer(s)** as follows:

\$ \_\_\_\_\_ Limit Each, \$ \_\_\_\_\_ Limit Per Loss, on \_\_\_\_\_ Units. Deductible \$ \_\_\_\_\_

Form:  Trailer Interchange;  Non-Owned Trailer or  Towed Trailer Extension.

While attached only or  While attached and Dropped Off for 72 hours, with security.

Applicant Financially Sound? Yes or No.  Quote Terrorism coverage.