Fax form to (888) 351-5634

Save form to you computer or device
and email to service@natlinsurers.com

Non-Fleet Quote Sheet
1 to 4 Power Units

Underwriter: _____ Date: _____

Agency Information

Agent Code: A0068597 Agent Name: D. Ammons State: NC

Person to Contact: D. Ammons

Insured Information

Insured Name: _____ Owners Name: _____

Address: _____ Phone #

City: _____ State: _____ Zip: _____

Insured DOT #: _____ Brokerage (Y/N): _____

Insured MC#: _____

Other State Filings (Please provide ID #s if applicable): _____ Years in Business: _____

States Entered: _____ Does the Insured do Doubles or Triples (Y/N): _____

Major Cities Driving Into or Through: _____

Prior Carrier Info for the past 3 years

Year	Company Name and Policy Number	Losses (Y/N)	Details	Driver Involved

If no prior insurance in own name, provide 3 years of driver employment history:

Driver Information

Driver Name	Date of Birth	License Number	State	Date Hired	# of Yrs CDL	Last 3 Years Violations	# of Accidents

Vehicle Information

Year	Make	Model	GVW	Present Value	Radius Miles	Comments

Coverage & Limits:

Liability
☐ Primary
☐ Non-Trucking

Physical Damage	Deductible
☐ Specified Perils	
☐ Comprehensive	
☐ Collision	

Auto Liability Limits	
UM	
UIM	
PIP Coverage	
Medical Payments	
Hired Car	
Non-Owned	
GL Coverage	
Other	

☐ Cargo Maximum Cargo Limit: _____

Cargo Deductible: _____

Commodity Transport	% of Total	Value Per Truckload

What kind of growth and/or changes expected in the next 12 months?

Comments: