



Effective Date of Insurance \_\_\_\_\_

**Information Needed For Quote**

1. Current Premium for all lines. (Liability, Cargo, Physical Damage)
2. Copy of current vehicle list (tractors & trailers) including year, make, model, serial #, and current value.
3. Current driver's list including name, date of birth, driver's license number, state, date received CDL, date of hire. Include owner operators.
4. Current MVR's on all drivers. \*
5. Current insurance loss runs for past 4 years that are valued within the last 90 days.
6. Copy of IFTA reports for last 4 quarters.

*If you have a copy of your current certificate of insurance, please send with the above information.*

**MVR's**

\*Note: Underwriting requires current copies of MVRs as part of the rating of your account. You may provide us with copies matching your current driver list **no later than 45 days prior to your renewal date**. If you do not provide these we will request on your behalf and bill you for this fee.

Please sign below in acknowledgement of this fee disclosure and indicate if you will or will not be providing us with your MVRs.

- I will provide my own MVRs
- Please order on our behalf

**PLEASE FAX OR EMAIL QUOTE SHEET AND REQUIRED INFORMATION**

Fax: 615.451.9918

or by E-mail

sheri.jones@nastc.com / mike.jordan@nastc.com  
dawn.shaw@nastc.com / jeremy.townes@nastc.com

**NASTC INSURANCE SERVICES, LLC.**

*Insurance Application*

Effective Date of Insurance \_\_\_\_\_

NASTC Member  Yes  No

**Applicant Information and History**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Year Business Established: \_\_\_\_\_ Years Insured under this name: \_\_\_\_\_

MC or DOT#: \_\_\_\_\_ Current Carrier: \_\_\_\_\_ Current Premium \_\_\_\_\_

FEIN # \_\_\_\_\_ SS#: \_\_\_\_\_

Specific Commodities Hauled (*% of commodities hauled more helpful / if cargo coverage wanted please provide average & minimum value of each commodity - attach a separate page(s) if necessary*):

\_\_\_\_\_  
\_\_\_\_\_

**Radius** (*Please list % of hauls or attach Mileage or IFTA reports (more helpful)*)

\_\_\_\_ 0-50 Miles \_\_\_\_ 51-200 Miles \_\_\_\_ 201-500 Miles \_\_\_\_ 501-1000 Miles \_\_\_\_ over 1000 Miles Average Length Of Haul \_\_\_\_\_

**Coverages Requested**

Auto Liability: Limit \_\_\_\_\_  Optional Limit \_\_\_\_\_

Non Trucking: Limit \_\_\_\_\_ (*Bobtail*)

Uninsured Motorists:  Reject  Limit \_\_\_\_\_  Med Pay: Limit \_\_\_\_\_

Physical Damage: Sum Insured: \_\_\_\_\_ Deductible: \_\_\_\_\_  Option \_\_\_\_\_

Motor Truck Cargo: Limit: \_\_\_\_\_ Deductible: \_\_\_\_\_  Refrigeration Breakdown

General Liability: Limit: \_\_\_\_\_

Workers Compensation or Occupational Accident (*Note: we will require other information*)

Trailer Interchange  Yes  No

How many turns per week \_\_\_\_\_ How many weeks per year \_\_\_\_\_

Value per trailer \_\_\_\_\_

Does applicant haul Double or Triple Trailers?  Yes  No

Does applicant haul Sand & Gravel?  Yes  No

Does applicant haul Flatbed Materials?  Yes  No

Haul Hazardous Materials?  Yes  No

Haul reefer commodities?  Yes  No

Air Bags?  Yes  No

(ABS) Anti- Lock Brakes?  Yes  No

Anti-Theft:  Anti-Theft Standard  Anti-Standard

**Equipment Information** (Attach schedule of equipment if more than two power units and two trailers)

Unit#	P=Power Unit T=Trailer	Owned? Leased? Owner/Oper.	Year	Model	Make	Type <i>Van, Flatbed Hopper, etc</i>	Stated Amount
1							
Vin#							ELD <input type="checkbox"/> Yes <input type="checkbox"/> No
Loss Payee		<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Whom: _____				
2							
Vin#							ELD <input type="checkbox"/> Yes <input type="checkbox"/> No
Loss Payee		<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Whom: _____				
3							
Vin#							ELD <input type="checkbox"/> Yes <input type="checkbox"/> No
Loss Payee		<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Whom: _____				
4							
Vin#							ELD <input type="checkbox"/> Yes <input type="checkbox"/> No
Loss Payee		<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Whom: _____				
5							
Vin#							ELD <input type="checkbox"/> Yes <input type="checkbox"/> No
Loss Payee		<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Whom: _____				
6							
Vin#							ELD <input type="checkbox"/> Yes <input type="checkbox"/> No
Loss Payee		<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Whom: _____				
7							
Vin#							ELD <input type="checkbox"/> Yes <input type="checkbox"/> No
Loss Payee		<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Whom: _____				

**NASTC INSURANCE SERVICES, LLC.**

*Insurance Application*

**Driver Information** (attach drivers list with the following information if more than 3 drivers or MVR's)

Driver Full Name (First /Last)	Date of Birth	License #	State Licensed	Date Employed	Number of Years Driving Similar Equipment	Violation/Activity Last 3 Years
Owner Info:						

**Loss Information**

*(NOTE: Currently required 3 year loss runs by line of coverage requested are helpful but not required on 1-2 unit accounts / they are required on accounts of 3 units over. If more than 4 losses please provide on a separate sheet.)*

Date of Loss	Driver Name	Loss Details	Coverage Applicable (AL, PD, MTC, GL)	Amount Paid or Reserved

**Operation History and Current Operation Questions**

*(NOTE: Currently required 3 year loss runs by line of coverage requested are helpful but not required on 1-2 unit accounts / they are required on accounts of 3 units over. If more than 4 losses please provide on a separate sheet.)*

	Projected Next Period	Past Year	Past Year 2	Past Year 3
Revenue				
Mileage				
Units Operated				

**Route Information**

What percentage of loads are on a Fixed Route(s)? \_\_\_\_\_ %  
 What percentage of loads are received through a broker? \_\_\_\_\_ %  
 What percentage of miles on freeways? \_\_\_\_\_ %

Please list all Destination Cities (only cities you end up delivering to): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Fix Route Description**

*(NOTE: If we have specific route information [for example: shipper name, time contracted with shipper, what commodities hauled with origination city and destination city], we are able to apply an additional Dedicated Route Credit -attach separate sheet if necessary)*

Shipper Name	TWS*	Commodity / ies	Origination City	Destination City

\* TWS - The TWS Column is for **Time With Shipper** - How long has the insured been contracted with the shipper?

\_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 NASTC Representative Signature

\_\_\_\_\_  
 Date

<b>FOR INTERNAL USE ONLY</b>	Current NASTC Customer? <input type="checkbox"/> Yes <input type="checkbox"/> No	NASTC services utilized: _____
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# NEW VENTURE SUPPLEMENT

(LESS THAN 2 YEARS IN BUSINESS)

Applicant Name: \_\_\_\_\_

## General Information

1. Is owner a driver?  Yes  No
2. How long have you been driving the same type auto(s) as scheduled on application? \_\_\_\_\_
3. Have you previously owned equipment?  Yes  No **If Yes,**
  - A. How long? \_\_\_\_\_ number of owned autos: \_\_\_\_\_
  - B. Did you have Non-Trucking and / or Physical Damage Coverage in your name?  Yes  No **If Yes,**  
Losses:  Yes  No **If Yes,** details \_\_\_\_\_
4. Do you expect to increase the number of autos within the next 12 months?  Yes  No **If Yes,** details \_\_\_\_\_
5. Will you be hauling for the same shippers used while employed or under lease?  Yes  No **If No,** details \_\_\_\_\_
6. Will you be hauling similar commodities?  Yes  No **If No,** details \_\_\_\_\_
7. Will you be operating same routes?  Yes  No **If No,** details \_\_\_\_\_
7. How many accidents have you been involved in (at fault & not at fault) over the last 3 years? \_\_\_\_\_
9. Applying for Authority?  Yes  No **If No,** when? \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**NASTC INSURANCE SERVICES, LLC.**

*Insurance Application*

**Commercial Driver Employment History**

Please complete the following or forward a copy of the DOT Driver Employment Record.

Insured \_\_\_\_\_ Name of Driver \_\_\_\_\_

Policy Number \_\_\_\_\_ Driver's Date Of Birth \_\_\_\_\_

Driver's License Number \_\_\_\_\_

(Including Current Employer, list in order of most recent employee first. MUST HAVE FULL THREE YEARS.)

Employer _____	MC DOT _____	Phone _____
Address _____		
Amount of Experience:		Trailer Type
Radius of Use: <input type="checkbox"/> 0-75 Miles	Tractor Trailer _____%	Van _____%
<input type="checkbox"/> 76-300 Miles	Straight Truck _____%	Reefer _____%
<input type="checkbox"/> Over 300 Miles	Dump Truck _____%	Flatbed _____%
	Other _____%	Tank _____%
		Other _____%

  

Employer _____	MC DOT _____	Phone _____
Address _____		
Amount of Experience:		Trailer Type
Radius of Use: <input type="checkbox"/> 0-75 Miles	Tractor Trailer _____%	Van _____%
<input type="checkbox"/> 76-300 Miles	Straight Truck _____%	Reefer _____%
<input type="checkbox"/> Over 300 Miles	Dump Truck _____%	Flatbed _____%
	Other _____%	Tank _____%
		Other _____%

  

Employer _____	MC DOT _____	Phone _____
Address _____		
Amount of Experience:		Trailer Type
Radius of Use: <input type="checkbox"/> 0-75 Miles	Tractor Trailer _____%	Van _____%
<input type="checkbox"/> 76-300 Miles	Straight Truck _____%	Reefer _____%
<input type="checkbox"/> Over 300 Miles	Dump Truck _____%	Flatbed _____%
	Other _____%	Tank _____%
		Other _____%

Have you had any accidents in the last 3 years?  Yes  No **If Yes**, please describe \_\_\_\_\_

During the past three years have you had at least two years over-the-road driving experience with equipment similar to that which you will be operating for this employer?  Yes  No

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date