



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

eugene.viers@nastc.com / michelle.francis@nastc.com / jeremy.townes@nastc.com

NASTC INSURANCE SERVICES, LLC.

Insurance Application

Effective Date of Insurance _____

Are You A Military Veteran Yes No

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 and 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

FOR INTERNAL USE ONLY Current NASTC Customer? Yes No NASTC services utilized: _____

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 _____	Start Date _____	End Date _____
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 _____	Start Date _____	End Date _____
Amount of Experience: _____		Trailer Type
Radius of Use: <input type="checkbox"/> 0-75 Miles	Tractor Trailer _____%	Van _____%
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<input type="checkbox"/> Over 300 Miles	Dump Truck _____%	Flatbed _____%
	Other _____%	Tank _____%
		Other _____%

Employer _____	MC DOT _____	Phone _____
Address _____	Start Date _____	End Date _____
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