National Independent Truckers Insurance Company, rrg

610 West St. Georges Ave. Linden, NJ 0736 Phone: 908.587.2500 • Fax: 908.587.1681

QUOTATION REQUEST FORM

DATE ICC #		CC#	# OF UNITS C			DWNED DOT#			TYPE OF A			F AUTH	AUTHORITY		
NAME/BU	SINESS NAME OF POTEI	NTIAL INS	SURED								-	TYPE OI	F ENTIT	Y	
MAILING ADDRESS								CITY	ITY			STATE	ZIP		
PHONE		FAX		CELL PHONE				E-MAIL ADDRESS							
()		()			()										
PHYSICAI	L ADDRESS	"		1					CITY				STATE	ZIP	
BASE STA	ATE INDIVIDUAL Yes No	0	;	SS # -	-				FIN#						
GARAGIN	G ADDRESS	_					CITY						STATE	ZIP	
DESCRIP	TION OF OPERATION														
TYPE OF	CARGO HAULED (be as	specific a	s possible)												
YEARS CA	EARS CARRYING PRIMARY LIABILITY RADIUS (average miles one way – over 50% of 0peration) CITIES/STATES OF FREQUENT OPERATION miles									TION					
VEHICLE AND TRAILER YEAR VIN#			MAKE MODEL						TRAILER USED GVW						VW
															lbs.
															lbs.
	N/A (Single Vehicle		e Poli	Policy Only)									lbs.		
	N/A (S	ingle	Vehicle Policy Only)							lbs.					
DRIVER			DOD	66			LIGI	ENCE #		CTATE	VDC EV	(DEDIENC	er Mol	TIONS	1.00050
	NAME		DOB	-	S # -		LICE	ENSE#		SIAIE	YRS. EX	CPERIENC	E VIOLA	ATIONS	LOSSES
N/A (Single Driver Policy)		/ /	-	-	-										
N/A (Single Driver Policy)		/ /	-	-											
N/A (Single Driver Policy)		/ /	-	-											
N/A (S	ingle Driver Policy))	/ /	-	-										
Insura	ANCE HISTORY														
PRIOR CARRIER		POI	POLICY #		EFFECTIVE / EXPIRATION DAT								RITTEN PREMIUM		
				,	/ / –		/ /					\$			
					1	<u> </u>			\$			\$			
DDIMA	OV LIADILITY / TRA	AII EDJ	NTEDCHANG	E COVER	AGE I	/ IMITS		1 1					φ		
PRIMARY LIABILITY / TRAILER INTERCHANGE COVERAGE L COMBINED SINGLE LIMIT ON PRIMARY LIABILITY					TRAILER INTERCHANGE LIMIT										
\$					\$										

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NAME/BUSINESS NAME OF POTENTIAL INSURED									DATE	DATE		
PHYSICAL DAMAGE												
COVERAGE												
Value of Vehicle 1:	☐ Not Re											
LOSS PAYEE NAME												
LOSS PAYEE ADDRESS							CITY	S	TATE	ZIP		
0												
CARGO COVERAGE / LIM			TVD= 0= 0									
, ,		R BD (\$2,500 DED.)	TYPE OF C	ARGO TO	BE INSU	RED						
\$	☐ Yes	s 🗌 No										
BROKER INFORMATION												
BROKER NAME BROKER CONTAC			TNAME	ı	BROKER	PHONE #	E-MAIL ADDRESS					
				(()							
PHYSICAL ADDRESS				ı			CITY	S	TATE	ZIP		
Policy Information (EOD CO	DMDANY LISE C	MI ^)									
RATE	OK CO	JIVIFANT USL C	JINL I)	STOCK		REASON FOR	CREDIT		EFF D	T OF COVERAGE		
	(credit)) = Premium \$		\$								
POLICY# REMARKS	` ') = 1 Tellilalii φ		Ψ								
REMARKS												

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