

National Transportation Associates, Inc.

QUICK QUOTE FORM

DBA: NTA General Insurance Agency- 333 North Canyons Parkway - Suite 225, Livermore, CA 94551

Ph: 925-292-8900 Fax: 925-449-1100

Email: Quotes@ntageneral.com

www.ntageneral.com

Agency Name: _____ Contact Name: _____ Ph: _____ - _____ - _____ Fax: _____ - _____ - _____

Applicant Name: _____		DBA: _____	
Mailing Address: _____		City: _____	State: _____ Zip: _____
Garaging Address: _____		City: _____	State: _____ Zip: _____
Phone: _____ - _____ - _____		Years in Trucking Industry: _____	Years in Business: _____

OPERATION TYPE: ☐ For Hire ☐ Private ☐ Non-Trucking ☐ Other (explain) _____

RADIUS INFO: ☐ 0-100 Miles _____ % ☐ 101-300 Miles _____ % ☐ and 301-over Miles _____ % - ☐ Please Identify Cities traveled through or into:

<input type="checkbox"/> Atlanta, GA	<input type="checkbox"/> Cincinnati, OH	<input type="checkbox"/> Houston, TX	<input type="checkbox"/> Louisville, KY	<input type="checkbox"/> New Orleans, LA	<input type="checkbox"/> Pittsburg, PA	<input type="checkbox"/> San Diego, CA
<input type="checkbox"/> Baltimore, MD	<input type="checkbox"/> Cleveland, OH	<input type="checkbox"/> Indianapolis, IN	<input type="checkbox"/> Memphis, TN	<input type="checkbox"/> New York City, NY	<input type="checkbox"/> Portland, OR	<input type="checkbox"/> Seattle, WA
<input type="checkbox"/> Boston, MA	<input type="checkbox"/> Dallas/Ft Worth, TX	<input type="checkbox"/> Jacksonville, FL	<input type="checkbox"/> Miami, FL	<input type="checkbox"/> Oklahoma City, OK	<input type="checkbox"/> Richmond, VA	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Buffalo, NY	<input type="checkbox"/> Denver, CO	<input type="checkbox"/> Kansas City, KS	<input type="checkbox"/> Milwaukee, WI	<input type="checkbox"/> Omaha, NE	<input type="checkbox"/> St. Louis, MO	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Charlotte, NC	<input type="checkbox"/> Detroit, MI	<input type="checkbox"/> Little Rock, AR	<input type="checkbox"/> Minneapolis/St. Paul, MN	<input type="checkbox"/> Philadelphia, PA	<input type="checkbox"/> Salt Lake City, UT	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Chicago, IL	<input type="checkbox"/> Hartford, CT	<input type="checkbox"/> Los Angeles, CA	<input type="checkbox"/> Nashville, TN	<input type="checkbox"/> Phoenix, AZ	<input type="checkbox"/> San Francisco, CA	

COMMODITIES TRANSPORTED:

Commodity	% of Loads	Value	Commodity	% of Loads	Value	Commodity	% of Loads	Value
	%			%			%	
	%			%			%	

OPERATION INFORMATION:

Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	1. Are Fillings Required? If Yes Please Provide: DOT # _____ MC # _____ CA # _____ Other # _____
Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	2. Do you act as a freight-broker or freight forwarder or arrange loads for others?
	If yes, please provide Brokerage Name: _____ Docket #: _____ Annual Brokerage Revenue: \$ _____
Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	3. Is all equipment operated under the applicant's authority scheduled on the application? If no, attach explanation.
Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	4. Is all owned equipment scheduled on this application? If no, attach explanation.
Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	5. Is all equipment owned by You? If no, attach explanation.
Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	6. Do you sub-haul, lease or hire equipment from others? If yes, is it:
	(a) If permanently leased, is it scheduled on this application? Y <input type="checkbox"/> N <input checked="" type="checkbox"/> (b). If permanently leased, are autos hired with drivers? Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
	(c) If trip leased, provide the annual cost of hire. Current Year: \$ _____ Prior Year: \$ _____
Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	7. Do you lease to others? If yes, who must provide Primary insurance?
	If you provide insurance, who is coverage desired for: _____ And If Named Lessee(s), attach a list of Name Addresses for each lessee.
Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	8. Do you pull Doubles, Triples or Both?
Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	9. Do you haul Oversize / Overweight loads? Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	10. Do you haul Containers or Containerized freight?
	11. Do you haul any Hazardous-Materials? Y <input type="checkbox"/> N <input checked="" type="checkbox"/>

No.	DRIVERS NAME	LICENSE #	STATE	D.O.B	YEARS CLASS A EXP.	DATE HIRED
1.						
2.						
3.						
4.						
5.						

No.	YEAR	MAKE	VIN # (MUST BE 17 DIGITS)	VALUE	TRLR TYPE	GVW	RADIUS (Miles)
1.			____/____/____/____/____/____/____/____/____/____/____/____/____/____/____/____/____/____				
2.			____/____/____/____/____/____/____/____/____/____/____/____/____/____/____/____/____/____				
3.			____/____/____/____/____/____/____/____/____/____/____/____/____/____/____/____/____/____				
4.			____/____/____/____/____/____/____/____/____/____/____/____/____/____/____/____/____/____				
5.			____/____/____/____/____/____/____/____/____/____/____/____/____/____/____/____/____/____				
6.			____/____/____/____/____/____/____/____/____/____/____/____/____/____/____/____/____/____				
7.			____/____/____/____/____/____/____/____/____/____/____/____/____/____/____/____/____/____				
8.			____/____/____/____/____/____/____/____/____/____/____/____/____/____/____/____/____/____				

Prior Policy Dates	CARRIER NAME	Coverage Type: Liab/PHD/MTC	POLICY #	# of Units Insured	Any Losses: (Yes or No)	Amount Paid	Driver Involved in Loss
____/____/____ To ____/____/____							
____/____/____ To ____/____/____							
____/____/____ To ____/____/____							
____/____/____ To ____/____/____							

COVERAGE & LIMITS:

☐ Auto Liability Limit: _____ ☐ U.M Limit: _____ ☐ Hired & Non-Owned Coverage Limit: _____
☐ Cargo Limit: _____ ☐ Reefer-Breakdown Needed: NO ☐ Physical Damage Deductible Amount: _____
☐ Truckers General Liability Limit: _____ ☐ GL Payroll: _____ ☐ Medical Payment: _____ ☐ PIP Limit: _____

*** Quick quote is only for 1-4 Power Units. You must submit a completed New York Marine Application for 5 and more Power Units***