



NATIONAL TRUCK  
 UNDERWRITING  
 MANAGERS, INC.

ATTENTION: \_\_\_\_\_

# Quick Quote

New 11/2007 Update!

ntuminc.com

**MINNESOTA (MAIN OFFICE)**  
 (800) 831-NTUM (6886)  
 Fax (952) 893-1882

**IDAHO**  
 (800) 306-5651  
 Fax (208) 461-9639

**IOWA**  
 (888) 577-NTUM (6886)  
 Fax (515) 225-4891

**TENNESSEE**  
 (888) 800-0378  
 Fax (901) 375-4132

**WASHINGTON**  
 (800) 561-2193  
 Fax (425) 603-9142

**WISCONSIN**  
 (866) 376-NTUM (6886)  
 Fax (414) 762-3992

## AGENCY INFORMATION

AGENCY NAME	CITY	STATE
CONTACT NAME	PHONE	FAX
		EMAIL

## INSURED INFORMATION

INSURED NAME	1. US DOT #* _____ *MUST BE PROVIDED TO GET NORTHLAND QUOTE!
GARAGING ADDRESS	2. IS THERE BROKER AUTHORITY UNDER THIS FMCSA #? NO YES (MC # _____ )
CITY	3. COMMODITIES HAULED _____
STATE	4. STATES ENTERED _____
ZIP	5. MAJOR CITIES _____
DESIRED EFFECTIVE DATE	6. HAS RISK BEEN CANCELLED OR NON-RENEWED IN LAST 3 YEARS YES NO
# OF YEARS PRIMARY LIABILITY COVERAGE UNDER ABOVE NAME	7. IS RISK COVERED BY WORKERS' COMPENSATION? YES NO
IF NON-TRUCKING LIABILITY, NAME OF COMPANY LEASED TO	8. HOW MANY YEARS HAS INSURED OWNED COMMERCIAL EQUIPMENT? _____
	9. FILINGS NEEDED? YES NO (IF YES, FMCSA DOCKET # _____ )
	10. FEIN or SSN # _____
	11. DO YOU PULL: DOUBLES TRIPLES BOTH NEITHER
	12. DO YOU ALLOW NON-EMPLOYEE PASSENGERS? YES NO

## DRIVER INFORMATION

DRIVER NAME	DATE OF BIRTH	LICENSE NUMBER	STATE	DATE HIRED	# YRS COMM'L DRIVING	LAST 3 YRS - # OF MOV. VIOLATIONS	# OF ACCIDENTS

## VEHICLE INFORMATION

YEAR	MAKE	TRAILER TYPE	GVW	STATED VALUE	VIN #	RADIUS (MILES)

## LOSS INFORMATION

PREVIOUS CARRIER & LOSS INFORMATION - MUST SHOW CURRENT YEAR AND PREVIOUS 2 YEARS. IF PREVIOUSLY LEASED TO ANOTHER COMPANY, LIST THAT COMPANY.

POLICY DATES	COMPANY NAME or PREVIOUS LESSEE NAME	POLICY NUMBERS	PREMIUM AMOUNT	# OF CLAIMS	TOTAL PAID & RESERVED

## COVERAGE & LIMITS

**LIABILITY** PRIMARY LIABILITY or NON-TRUCKING LIABILITY (SELECT ONE)

AUTO LIABILITY LIMIT \_\_\_\_\_

UNINSURED MOTORIST LIMIT \_\_\_\_\_

UNDERINSURED MOTORIST LIMIT \_\_\_\_\_

PERSONAL INJURY PROTECTION LIMIT \_\_\_\_\_

MEDICAL PAYMENTS \_\_\_\_\_

HIRED AUTO Liab \_\_\_\_\_ Phys Dmg \_\_\_\_\_ Cargo \_\_\_\_\_

TRAILER INTERCHANGE \_\_\_\_\_

OTHER ( \_\_\_\_\_ ) \_\_\_\_\_

**PHYSICAL DAMAGE**

SPECIFIED CAUSES OF LOSS & COLLISION \_\_\_\_\_

COMPREHENSIVE & COLLISION \_\_\_\_\_

**DEDUCTIBLE**

COLLISION \_\_\_\_\_

OTHER THAN COLLISION \_\_\_\_\_

### CARGO

COMMODITY TRANSPORTED	% OF TOTAL REVENUE	VALUE PER TRUCK LOAD	
		MAXIMUM	AVERAGE

BROADFORM CARGO \_\_\_\_\_

REFRIGERATION MALFUNCTION \_\_\_\_\_

EXPANDED REFRIGERATION \_\_\_\_\_

CARGO LIMIT \_\_\_\_\_

CARGO DEDUCTIBLE(S) \_\_\_\_\_

REEFER DEDUCTIBLE(S) \_\_\_\_\_

RESET FORM