



NATIONAL TRUCK
UNDERWRITING
MANAGERS, INC.

ntuminc.com

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

ATTENTION: _____

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

New 11/2007 Update!

Quick Quote

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

DRIVER INFORMATION

DRIVER NAME	DATE OF BIRTH	LICENSE NUMBER	STATE	DATE HIRED	# YRS COMM'L DRIVING	LAST 3 YRS - # OF MOV. VIOLATIONS	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
	<input type="checkbox"/> Company <input type="checkbox"/> Prev. Lessee				
	<input type="checkbox"/> Company <input type="checkbox"/> Prev. Lessee				
	<input type="checkbox"/> Company <input type="checkbox"/> Prev. Lessee				

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 COLLISION _____

COMPREHENSIVE & COLLISION OTHER THAN COLLISION _____

CARGO

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

BROADFORM CARGO CARGO LIMIT _____

REFRIGERATION MALFUNCTION CARGO DEDUCTIBLE(S) _____

EXPANDED REFRIGERATION REEFER DEDUCTIBLE(S) _____