



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
michelle.francis@nastc.com / jeremy.townes@nastc.com
ashleigh.rutherford@nastc.com

Insured's Signature _____

(1)

Date _____

Applicant Information and History

Company Name: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: ☐ Same as Physical _____

City: _____ State: _____ Zip Code: _____

Business Established: _____ Years Insured Under This Name: _____ ELD Provider: _____

MC #: _____ DOT #: _____ Current Carrier: _____ Current Premium: _____

FEIN #: _____ SS#: _____ Fax: _____

Company Owner: _____ Phone: _____ Email: _____

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 ☐ Yes ☐ No
Loss Payee	☐ Yes ☐ No	If Yes, Whom: _____					
2							
Vin#							ELD ☐ Yes ☐ No
Loss Payee	☐ Yes ☐ No	If Yes, Whom: _____					
3							
Vin#							ELD ☐ Yes ☐ No
Loss Payee	☐ Yes ☐ No	If Yes, Whom: _____					
4							
Vin#							ELD ☐ Yes ☐ No
Loss Payee	☐ Yes ☐ No	If Yes, Whom: _____					
5							
Vin#							ELD ☐ Yes ☐ No
Loss Payee	☐ Yes ☐ No	If Yes, Whom: _____					
6							
Vin#							ELD ☐ Yes ☐ No
Loss Payee	☐ Yes ☐ No	If Yes, Whom: _____					
7							
Vin#							ELD ☒ Yes ☐ No
Loss Payee	☐ Yes ☐ 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

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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: ☐ 0-75 Miles	Tractor Trailer _____ %	Van _____ %
☐ 76-300 Miles	Straight Truck _____ %	Reefer _____ %
☐ Over 300 Miles	Dump Truck _____ %	Flatbed _____ %
	Other _____ %	Tank _____ %
		Other _____ %

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☐ 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