

Quick Quote

AGENCY INFORMATION

AGENCY NAME Top Line Truck Insurance Services, Inc.

CITY Draper

STATE UT

CONTACT NAME Angie Rossum

PHONE 801-572-8851

FAX 801-523-9012

EMAIL angie@toplinetruck.com

INSURED INFORMATION

INSURED NAME

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

1. US DOT #* _____ *MUST BE PROVIDED TO GET NORTHLAND QUOTE!
2. IS THERE BROKER AUTHORITY UNDER THIS FMCSA #? ☐ NO ☐ YES (MC # _____)
3. COMMODITIES HAULED _____
4. STATES ENTERED _____
5. MAJOR CITIES _____
6. HAS RISK BEEN CANCELLED OR NON-RENEWED IN LAST 3 YEARS ☐ YES ☐ NO
7. IS RISK COVERED BY WORKERS' COMPENSATION? ☐ YES ☐ NO
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
	<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
☐ COMPREHENSIVE & COLLISION

COLLISION

OTHER THAN COLLISION

DEDUCTIBLE

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) _____