

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	1. US DOT #* _____ *MUST BE PROVIDED TO GET NORTHLAND QUOTE!
GARAGING ADDRESS	2. IS THERE BROKER AUTHORITY UNDER THIS FMCSA #? <input type="checkbox"/> NO <input type="checkbox"/> YES (MC # _____)
CITY	3. COMMODITIES HAULED _____
STATE ZIP	4. STATES ENTERED _____
DESIRED EFFECTIVE DATE	5. MAJOR CITIES _____
# OF YEARS PRIMARY LIABILITY COVERAGE UNDER ABOVE NAME	6. HAS RISK BEEN CANCELLED OR NON-RENEWED IN LAST 3 YEARS <input type="checkbox"/> YES <input type="checkbox"/> NO
IF NON-TRUCKING LIABILITY, NAME OF COMPANY LEASED TO	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

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

COVERAGE & LIMITS

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

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) _____