

Small Fleet & Box Truck Quick Quote Form

(for submissions with 4 or less vehicles)



AmTrust North America
An AmTrust Financial Company

*To be able to save this form after the fields are filled in, you will need to have Adobe Reader 9 or later. If you do not have version 9 or later, please download the free tool at: <http://get.adobe.com/reader/>.

Please select one: Motor Carrier Quotation Box Truck Quotation

Send Small Fleet & Box Truck submissions to: motorcarrier@amtrustgroup.com

Date: 04/10/2026

Desired effective date: 4/15/2026

Agency Information

Agency Name: Amerigo Insurance Company Phone: 530-290-1633
Contact Person: Cj Gill Email: gill@aiazone.net
City: Yuba City State: CA Zip Code: 95993

Insured Information

Insured Name: RAPTOR FREIGHT Garage Location: 7319 CHETCO RIVER ST
City: BAKERSFIELD State: CA Zip Code: 93311
Phone: (661) 706-2048 Insured FEIN or SSN: 39-4763201
ICC#/MC#: 1814156 US DOT #: 4563434

Average Miles Driven:

1 - 200: 25 % 201 - 1000: 25 % Over 1000: 50 %

of units owned:

States entered:

Does insured have plans to add more vehicles? Yes No

Major cities entered:

If yes, how many units do they plan to add?

Entering Canada? Yes No

Does the named insured / owner have a Class A CDL? Yes No

Entering Mexico? Yes No

Number years liability coverage under the above name:

Does the insured use team drivers? Yes No

Has the insured canceled/non-renewed in last 3 years? Yes No

Do they allow non-employee passengers? Yes No

Who has the insured been working for in the past 12 months? (Name & DOT #)

Does the insured act as a freight broker, freight forwarder, or arrange any loads for other companies? Yes No

Commodities:

Dry van: 100 %

Refrigerated: 0 %

Containerized freight: %

Other: %

Equipment Information **Physical Damage: If requesting a quote for this coverage list stated amount below:"**

Year	Make	ELD(Y/N)	Type	VIN (Full VIN is required)	Stated amount
2022	International	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tractor	3HSDZAPR4NN204484	\$46,000.00
	Interchange	<input type="checkbox"/> Yes <input type="checkbox"/> No	Trailer	Trailer Interchange	\$40,000.00

Driver Information **MVR(s) on all drivers are required.**

Driver Name	State	DOB	CDL exp (YR)	Driver license number	Full-time or Part-time
Karanbir Singh Dhillon	CA	10/08/1992	2 Years, 3 Months	W1867252	Owner Operator

Liability.

Liability limit:	\$1,000,000	Personal injury protection limit:	\$
Uninsured motorist limit:	\$60,000	Trailer interchange limit:	\$
Underinsured motorist limit:	\$	Trucker GL limit:	\$
Non-trucking payroll:	\$		

Motor Truck Cargo.

Cargo Limit :	\$	Reefer Breakdown:	<input type="checkbox"/> Yes <input type="checkbox"/> No
---------------	----	-------------------	--

Commodity	% of Loads	Maximum	Average
Canned Goods	25%	\$100,000.00	\$25,000.00
Water & Beverages	25%	\$100,000.00	\$25,000.00
Paper Products	25%	\$100,000.00	\$25,000.00
Plastic Products	25%	\$100,000.00	\$25,000.00

Loss History **Loss runs are required if prospect client has prior coverage.**

Year	Carrier	Number of claims	Loss information
------	---------	------------------	------------------