

Small Fleet & Box Truck Quick Quote Form

(for submissions with 4 or less vehicles)



*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: _____

Desired effective date: _____

Agency Information

Agency Name: Amerigo Insurance Company

Phone: 530-290-1633

Contact Person: Cj Gill

Email: Gill@aiazone.com

City: Yuba City

State: CA

Zip Code: 95993

Insured Information

Insured Name: Yad Trucking Inc

Garage Location: _____

City: Fresno

State: CA

Zip Code: 93702

Phone: (425) 919-0039

Insured FEIN or SSN: _____

ICC#/MC#: _____

US DOT #: 3670719

Average Miles Driven:

1 - 200 100 %

1 - 200 _____ %

Over 1000: _____ %

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: _____ % Refrigerated: _____ % 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
2019	Freightliner	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tractor	1FUJHHDR8KLKN7339	

Year	Make	ELD(Y/N)	Type	VIN (Full VIN is required)	Stated amount
	Interchange	<input type="checkbox"/> Yes <input type="checkbox"/> No	Trailer	Unknown	

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

Driver Name	State	DOB	CDL exp (YR)	Driver license number	Full-time or Part-time
Yadwinder Kumar Sharma	California	05/02/1991	3 Year, 5 Month	Y7266479	Employee

Liability.

Liability limit:	\$ 1,000,000	Personal injury protection limit:	\$
Uninsured motorist limit:	\$60,0000	Trailer interchange limit:	\$
Underinsured motorist limit:	\$	Trucker GL limit:	\$
Non-trucking payroll:	\$		

Motor Truck Cargo.

Cargo Limit :	\$ of Loads	Reefer Breakdown:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Commodity	% of Loads	Maximum	Average
Water & Beverages		\$100000	\$25000
Canned Goods		\$100000	\$25000
Fresh Produce		\$100000	\$25000
Refrigerated Food		\$100000	\$25000
		\$	\$

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

Year	Carrier	Number of claims	Loss information
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