

Non-Fleet Trucking Submission Requirements Checklist



In order to make the quoting process as easy as possible, we have a two-page quick quote form to use for non-fleet trucking risks. Below is a list of the items we MUST HAVE in order to quote your these risks. Please be sure these fields are complete on the attached quick quote sheet.

Note: Not having this information complete will delay the turnaround time of your quote.

- Effective Date
- Need By Date
- List of Markets Submitted to
- Short Narrative
- DOT Number (if applicable)
- 3-5 years currently valued loss runs
- Names of Additional Insureds (if applicable)
- Trailer Type
- Total Insured Value of Vehicles
- VINs
- Insurance Limits & Deductibles
- Dates of Hire & Years of CDL Experience for Drivers (*important rating factor)
- Single State or Multi-State Driving
- IFTAs
- Radius
- Cargo Commodities Description & Percentages

Non-Fleet Trucking Quote Sheet

(1-10 Power Units)

All questions must be answered

Insured Information:		
Effective Date:	Need By Date:	
Insured Name including DBA:		
Mailing Address:		
Garaging Location:		
Owner:		
Years in business with primary liability coverage in place:		Date Business Started:
<small>*if a new venture, please complete the Truck New Venture Supplement located on our website</small>		
Phone:	US DOT #:	MC #:
Type of Business: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other	Filings Required: <input type="checkbox"/> State <input type="checkbox"/> Federal	

Agent Information:	
Agency:	Agency Code:
Agent:	
Phone:	Email:

Operation Information:	
<input type="checkbox"/> For Hire <input type="checkbox"/> Private <input type="checkbox"/> Non-Trucking <input type="checkbox"/> Other	
Major Cities traveled through or into:	
Does the insured haul doubles or triples? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the insured broker loads? <input type="checkbox"/> Yes <input type="checkbox"/> No	Brokerage authority? <input type="checkbox"/> Yes <input type="checkbox"/> No
Years in trucking industry?	Range of Transport: <input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate

Driver Information: (must be completed for all drivers including owner)						
Driver Name:	Date of Birth	DL #	State	CDL Class (A, B, C)	# Years Exp w/ CDL Class	Date of Hire
1. Owner:						
2.						
3.						
4.						
5.						
6.						

**If more space is needed, complete the Additional Driver Schedule located on our website

Driver Information Continued:			
# Violations	# Accidents	Owner/Op (Y/N)	Details (accidents are considered at fault unless police report confirming not at fault is provided)
1.			
2.			
3.			
4.			
5.			
6.			

Commodities Transported:			
Commodity:	% of Loads	Average Value	Max Value

Vehicle/Trailer Information: (all units you own &/or operate must be scheduled and insured if filings are to be made)									
	Year	Make	Model	Body Type*	17-digit VIN	GVW	Stated Value	Max Radius	Owners Name
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									

*Body Type: TR = Tractor TK = Truck DTK = Dump Truck TW = Tow Truck/Wrecker FBT = Flatbed Truck
 DV = Dry Van Trailer DT = Dump Trailer FB = Flatbed Trailer RT = Reefer Trailer CC = Car Carrier
 TT = Tanker Trailer LT = Livestock Trailer

**If more space is needed, complete the Additional Vehicle/Trailer Schedule located on our website.

Insurance History and Loss Experience:								
Has insured been cancelled or non-renewed in last years? <input type="checkbox"/> Yes <input type="checkbox"/> No								
If yes, provide details:								
Years of prior insurance under this name?								
Eff Date	Exp Date	Carrier	Coverage Type*	Policy #	# of units insured	# of losses	Amount Paid	Driver Involved

*Coverage Type: L = Primary Auto Liability P = Physical Damage C = Cargo
 N = Non Trucking Liability G = General Liability

Coverages and Limits:		
Auto Liability:	\$	Cargo:
Uninsured Motorist:	\$	Limit: \$
Underinsured Motorist:	\$	Deductible: \$
Medical Payments:	\$	Physical Damage Coverage and Deductibles:
PIP:	\$	<input type="checkbox"/> Comp \$ <input type="checkbox"/> SCL \$
		<input type="checkbox"/> Collision \$
Hired Auto Liability:	\$	Cost of Hire:
		Michigan Only: <input type="checkbox"/> Limited
		<input type="checkbox"/> Regular
		<input type="checkbox"/> Broadened
Non-Owned Auto Liability:	\$	# of Employees:
Trailer Interchange:	\$	Deductible: \$
		General Liability:
		Each Occurrence: \$
		General Aggregate: \$

If you'd like to email this to us you can do so by going to file, send and then choosing mail recipient (as attachment).

You will need to use this address: arquotebind@arlingtonroe.com.

Disclaimer

The signatory below is an authorized representative of the proposed insured and represents that reasonable inquiry has been made to obtain the answers to questions on this application. He/she represents that the answers are true, correct and complete to the best of his/her knowledge.

Signature

National Producer Number (Required in Florida)

Producer's Signature

Applicant's Signature

Producer's Name (*please print*)

Date

State Producer License Number