

**National Advantage
Insurance Services, Inc.** Ca License #0821992

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Sagamore Insurance Co.

Agency Name: _____
City: _____ °State: _____ Zip: _____
Contact Person: _____
Fax #: (____) - ____ - _____ Phone #: (____) - ____ - _____
E-mail: _____
Insured: _____
Street Address: _____
City: _____ °State: _____ Zip: _____
County: _____
Insured Phone #: (____) - ____ - _____ E-mail: _____

Does the applicant have more than three trailers for any power units (tractor)?

Yes No

Does each driver have the appropriate license type to drive his/her respective vehicles?

Yes No

Have any of the drivers had any one of the following violations within the last three years?

Yes No

- Administrative action - license suspended or revoked
- Court action - license suspended or revoked
- Driving intoxicated - violations pertaining to intoxicants
- Fatality due to violation
- Felony
- Failure to pay assessment - license suspended or revoked
- Financial responsibility - license suspended or revoked
- Failure to appear/comply - license suspended or revoked
- Hearing - license suspended or revoked
- Hit and run - leaving the scene - evading arrest
- More than two (2) accidents during the thirty-six (36) months prior to the policy effective date
- Two (2) accidents and more than two (2) violations* during the thirty-six (36) months prior to the policy effective date

- One (1) accident and more than three (3) violations* during the thirty-six months prior to the policy effective date
- More than four (4) violations* during the thirty-six (36) months prior to the policy effective date

*Note: For the purpose of determining the number of violations, any combinations of two (2) equipment and/or weight violations during the thirty-six (36) months prior to the policy effective date will count as one (1) moving violation.

Does the applicant have more than six (6) power units and/or trucks?

Yes No

Does this prospect need filings with the state or federal regulators?

Interstate State

What is the prospect s personal name?

First: _____ Middle: _____ Last: _____

What is the applicant using for a business name (DBA- Doing Business As) or what is the partnership name? _____

What is the corporation or LLC name if applicant is either?

Are any named insureds non-driving owners? Yes No

In which state are the vehicles garaged? _____

What is the requested effective date of this quote? ____/____/____

Please provide the county and Zip code for the garaging location

_____ Zip: _____

What Commodities does the prospect haul? (Please be as specific as possible) _____

What is the average annual miles for each power to be insured? _____

What is the prospect s average one-way length of haul? _____

Is the power unit(s) to be insured now leased or will it be leased to anyone for over 30 consecutive days? Yes No

If yes, how many months has the power unit(s) been under lease? _____

Does the prospect trip lease or sub haul the power units? Yes No

If yes, what percentage of the total miles are under trip lease? _____%

Driver Information:

<u>Full Name:</u>	<u>Owner?</u>	<u>Date of Birth & Age</u>	<u># of Yrs. Exp.</u>	<u>If not an owner then list hire date</u>	<u>Moving Violations & Accidents —Last 3 years</u> <u>YES (#) NO</u>

Vehicle Information:

<u>Vehicle Type</u>	<u>Make/Model</u>	<u>Year</u>	<u>Gross Vehicle weight</u>	<u>Physical Damage?</u>		<u>Vehicle Cost When New</u>	<u>Current Vehicle Value</u>
				<u>Yes</u>	<u>No</u>		

LIABILITY - Choose either Combined Single Limit *OR* Split Limits.

Combined Single Limit BI & PD: _____

Split Limits:

Bodily Injury:

Each Person: _____

Each Accident: _____

Property Damage:

Each Accident _____

Medical Payments _____

PHYSICAL DAMAGE-

Comprehensive Deductible: _____

Fire, Theft, and CAC Deductible: _____

Collision: _____