



AMBASSADOR SERVICE GROUP

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Quick Quote

AGENT _____ DATE _____

INSURED INFORMATION

INSURED NAME	1. COMMODITIES HAULED _____
MAILING ADDRESS	2. STATES ENTERED _____
CITY STATE ZIP	3. MAJOR CITIES _____
PHYSICAL ADDRESS	4. HAS RISK BEEN CANCELLED OR NON-RENEWED IN LAST 3 YEARS? YES NO
CITY STATE ZIP	5. IS RISK COVERED BY WORKERS' COMPENSATION? YES NO
PHONE CELL FAX	6. HOW MANY YEARS HAS INSURED OWNED COMMERCIAL EQUIPMENT? _____
TAX ID / SSN DESIRED EFFECTIVE DATE	7. FILINGS NEEDED? YES NO (IF YES, FHWA DOCKET # _____)
# OF YEARS PRIMARY LIABILITY COVERAGE UNDER ABOVE NAME	8. IS THERE BROKER AUTHORITY UNDER THIS FHWA #? YES NO
IF NON-TRUCKING LIABILITY, NAME OF COMPANY LEASED TO	9. DOES INSURED BROKER LOADS? YES NO
	10. US DOT # _____
	11. E-MAIL ADDRESS _____

DRIVER INFORMATION

DRIVER NAME	DATE OF BIRTH	LICENSE #	STATE	# YRS EXP.	MARITAL STATUS	DATE HIRED	LAST 3 YRS - # OF MOV. VIOL ACCIDENTS	

VEHICLE INFORMATION

YEAR	MAKE	MODEL	VIN #	GVW	VALUE	RADIUS	LOSS PAYEE/ NAME OF OWNER

PREVIOUS CARRIER & LOSS INFORMATION - MUST SHOW CURRENT YEAR AND PREVIOUS 2 YEARS

POLICY DATES	COMPANY NAME	POLICY NUMBERS	PREMIUM AMOUNT	# OF CLAIMS	TOTAL PAID & RESERVED

COVERAGE & LIMITS

LIABILITY PRIMARY LIABILITY OR NON-TRUCKING LIABILITY (SELECT ONE)

AUTO LIABILITY LIMIT _____

UNINSURED MOTORIST LIMIT _____

UNDERINSURED MOTORIST LIMIT _____

PERSONAL INJURY PROTECTION LIMIT _____

MEDICAL PAYMENTS _____

HIRED AUTO _____

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 _____

NAMED PERILS & THEFT CARGO _____

REFRIGERATION MALFUNCTION _____

CARGO LIMIT _____

CARGO DEDUCTIBLE _____

REEFER DEDUCTIBLE _____