

Version date _____
 Quote needed by _____
 Target pricing _____

QUICK QUOTE

For assistance call (208) 376-3613



MUSTARD SEED

TRUCK INSURANCE

Complete, save & then fax to (208) 658-1376 or email to info@mseedfinancial.com

AGENCY INFORMATION			
AGENCY NAME	Mustard Seed Financial & Insurance	CITY	Meridian
		STATE	Idaho
CONTACT NAME	PHONE 208-376-3613	FAX 208-658-1376	EMAIL

INSURED INFORMATION	
INSURED NAME	1. US DOT #* _____ *MUST BE PROVIDED TO GET NORTHLAND QUOTE!
ADDRESS	2. IS THERE BROKER AUTHORITY UNDER THIS FMCSA #? NO YES (MC # _____)
CITY	3. COMMODITIES HAULED _____
STATE ZIP	4. STATES ENTERED _____
DESIRED EFFECTIVE DATE	5. MAJOR CITIES _____
# OF YEARS PRIMARY LIABILITY COVERAGE UNDER ABOVE NAME	6. HAS RISK BEEN CANCELLED OR NON-RENEWED IN LAST 3 YEARS YES NO
IF NON-TRUCKING LIABILITY, NAME OF COMPANY LEASED TO	7. IS RISK COVERED BY WORKERS' COMPENSATION? YES NO
	8. HOW MANY YEARS HAS INSURED OWNED COMMERCIAL EQUIPMENT? _____
	9. FILINGS NEEDED? YES NO (IF YES, FMCSA DOCKET # _____)
	10. FEIN or SSN # _____
	11. DO YOU PULL: DOUBLES TRIPLES BOTH NEITHER
	12. DO YOU ALLOW NON-EMPLOYEE PASSENGERS? YES NO

DRIVER INFORMATION							
DRIVER NAME	DATE OF BIRTH	LICENSE NUMBER	STATE	DATE HIRED	# YRS COMM'L DRIVING	LAST 3 YRS - # OF MOV. VIOLATIONS ACCIDENTS	

VEHICLE INFORMATION						
YEAR	MAKE	TRAILER TYPE	GVW	STATED VALUE	VIN #	RADIUS (MILES)

LOSS INFORMATION PREVIOUS CARRIER & LOSS INFORMATION - MUST SHOW CURRENT YEAR AND PREVIOUS 2 YEARS. IF PREVIOUSLY LEASED TO ANOTHER COMPANY, LIST THAT COMPANY.

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

COVERAGE & LIMITS		DEDUCTIBLE
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	Liab _____ Phys Dmg _____ Cargo _____	
TRAILER INTERCHANGE	_____	
OTHER (_____)	_____	
PHYSICAL DAMAGE	SPECIFIED CAUSES OF LOSS & COLLISION	COLLISION _____
	COMPREHENSIVE & COLLISION	OTHER THAN COLLISION _____
CARGO		
COMMODITY TRANSPORTED	% OF TOTAL REVENUE	VALUE PER TRUCK LOAD MAXIMUM AVERAGE
BROADFORM CARGO	CARGO LIMIT _____	
REFRIGERATION MALFUNCTION	CARGO DEDUCTIBLE(S) _____	
EXPANDED REFRIGERATION	REEFER DEDUCTIBLE(S) _____	