

NUGEN & ASSOCIATES INSURANCE SERVICES, INC.

FIRE - CASUALTY - BONDS

LIC. #OC17304

10722 Arrow Rte., Ste. #116

Rancho Cucamonga, CA. 91730

(909) 941-0167 FAX# (909) 941-9453

Today's Date:		Coverage Effective Date:		Target Price: \$	
Agency:		Producer's Name:			
CA No.	ICC No.	Yrs In Bus.	Is this a new venture? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Insured's Name:		DBA:			
Mailing Address:					
City:		State: CA Zip:			
Telephone:					
Garaging Location: City		State: CA Zip:			
Any other garaging locations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list:					
Specific commodities hauled (breakdown by percentage):					
Target Commodities:				Are any placard loads hauled: <input type="checkbox"/> Yes <input type="checkbox"/> No	
List cities hauled through:					
Is insured a UIIA hauler? <input type="checkbox"/> Yes <input type="checkbox"/> No (ANSWER ONLY IF INSURED HAULS CONTAINERS)					

COVERAGES:

Liability Limit:		Liability Deductible:			
UM \$30,000/\$60,000 <input type="checkbox"/> Yes <input type="checkbox"/> No		Physical Damage Deductible:			
Cargo Limit:		Cargo Deductible:		Is Refer Breakdown Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
General Liability:					
Other (please specify): <input type="checkbox"/> Work Comp <input type="checkbox"/> Hired Auto <input type="checkbox"/> ENO <input type="checkbox"/> Trailer Interchange <input type="checkbox"/> Property <input type="checkbox"/> Equipment Floater <input type="checkbox"/> Other:					

DRIVERS:

Owner:		D.O.B.		License No.			
Yrs Commercial Driving Exp.		Moving Tickets:		Other Tickets:		Accidents:	
Driver:		D.O.B.		License No.			
Yrs Commercial Driving Exp.		Moving Tickets:		Other Tickets:		Accidents:	
Driver:		D.O.B.		License No.			
Yrs Commercial Driving Exp.		Moving Tickets:		Other Tickets:		Accidents:	
Driver:		D.O.B.		License No.			
Yrs Commercial Driving Exp.		Moving Tickets:		Other Tickets:		Accidents:	

VEHICLES:

VEHICLES:			If "Truck", give GVW		
No	Year	Make (if unid trlr, show UNID)	Axles or ST/PT	Radius	Value
1					
2					
3					
4					
5					
6					
7					
8					

Are there any other owned autos? Yes No If yes, explain:

PRIOR INSURANCE COMPANY & LOSS HISTORY INFORMATION (must have to quote):

Year	Company	# of Claims	\$ Paid out

DESCRIBE ANY ACCIDENT WITHIN THE LAST 3 YEARS, REGARDLESS OF FAULT (including accidents that do not show on the MVR(s).)
