

**Small Fleet & Box Truck Quick Quote Form**

(For submissions with 4 or less vehicles

\*To be able to save this form after the fields are filled in, you will need to have Adobe Reader 9 or later. If you do not have version 9 or later, please download the free tool at: [http://get.adobe.com/reader/.](http://get.adobe.com/reader/)

# Please select one:

☒ Motor Carrier Quotation

☐ Box Truck Quotation

Send Small Fleet & Box Truck submissions to: [motorcarrier@amtrustgroup.com](mailto:motorcarrier@amtrustgroup.com)

Date: 01/22/2025 Desired effective date: 03/06/2025

**Agency Information**

Agency Name: Amerigo Insurance Agency Phone: 530-290-1633

Contact Person: Cj Gill Email: gill@aiazone.net

City: Yuba City State: CA Zip Code: 95993

**Insured Information**

Insured Name: US 1 Xpress Inc Dba US 1 Garage Location: 301 W Larch Rd

City: Tracy State: CA Zip Code: 95304

Phone: (801) 917-9900 Insured FEIN or SSN:

ICC# / MC#: 473251 US DOT #: 1184522

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Average Miles Driven:** |  |  |  |  |
| 1 – 200: 25 % 201 – 1000: 25 % Over 1000: 50 % | | | | |
| # of units owned: | | States entered: | | |
| Does insured have plans to add more vehicles? | ☐ Yes ☒ No | Major cities entered: | | |
| If yes, how many units do they plan to add? |  | Entering Canada? | ☐ Yes ☒ No |  |
| Does the named insured / owner have a Class A CDL? | ☒ Yes ☐ No | Entering Mexico? | ☐ Yes ☒ No |  |
| Number years liability coverage under the above name: |  | Does the insured use team drivers? | | ☐ Yes ☒ No |
| Has the insured canceled/non-renewed in last 3 years? | ☐ Yes ☒ No | Do they allow non-employee passengers? | | ☐ Yes ☒ No |
| Who has the insured been working for in the past 12 months? (Name & DOT #) | | | | |
| Does the insured act as a freight broker, freight forwarder, or arrange any loads for other companies? | | |  | ☐ Yes ☒ No |
| **Commodities:** |  |  |  |  |
| Dry van: % Refrigerated: 100 % Containerized freight: % Other: | | | | |

**Equipment Information \*\*\*\*Physical Damage: If requesting a quote for this coverage list stated amount below:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Year** | **Make** | **ELD (Y/N)** | **Type** | **VIN (Full VIN is required)** | **Stated amount** |
| 2021 | Volvo | ☐ Yes ☐ No | Truck-Tractor | 4V4NC9EH6MN282464 |  |
|  | Interchange | ☐ Yes ☐ No | Trailer | Interchange | $60,000 |

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**Driver Information \*\*\*\*MVR(s) on all drivers are required.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Driver name** | **State** | **DOB** | **CDL exp (Yr)** | **Driver license number** | **Full-time or Part-time** |
|  |  |  |  |  | Full-Time |

**Liability**

|  |  |  |  |
| --- | --- | --- | --- |
| Liability limit: | $ 1,000,000 | Personal injury protection limit: | $ |
| Uninsured motorist limit: | $ 60,000 | Trailer interchange limit: | $ |
| Underinsured motorist limit: | $ | Trucker GL limit: | $ |
| Non-trucking payroll: | $ |  |  |

**Motor Truck Cargo**

|  |  |  |  |
| --- | --- | --- | --- |
| Cargo Limit: | $ | Reefer Breakdown: | ☐ Yes ☐ No |
| . | | | |
| **Commodity** | **% of Loads** | **Maximum** | **Average** |
| Canned Goods | 25% | $100,000 | $25,000 |
| Fresh Produce | 25% | $100,000 | $25,000 |
| Paper Products | 25% | $100,000 | $25,000 |
| Water & Beverages | 25% | $100,000 | $25,000 |

**Loss History \*\*\*\*Loss runs are required if prospect client has prior coverage.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Carrier** | **Number of claims** | **Loss information** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |