



Send Submissions to: commercialbiz@niu.com
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Date:

TOW TRUCK QUICK QUOTE FORM – DO NOT USE THIS FORM IF MORE THAN 4 UNITS

Applicant: _____	Effective Date: _____
Address: _____	Years in Bus: _____
Street _____ City _____ County _____ State _____ Zip _____	Owners Name: _____
Location if different: _____	Phone: _____
<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> LLC	Need Filings: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other(describe) _____	If Yes, Docket/MC # _____

Any use of police band radios? <input type="checkbox"/> Yes <input type="checkbox"/> No	Convenience Store? <input type="checkbox"/> Yes <input type="checkbox"/> No	Sales:
Any Involuntary Repossession Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Gasoline Sales? <input type="checkbox"/> Yes <input type="checkbox"/> No	Gallons:
Any drive-away work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Storage Lot? <input type="checkbox"/> Yes <input type="checkbox"/> No	Receipts:
Any transporter plates? <input type="checkbox"/> Yes <input type="checkbox"/> No	Storage Lot? <input type="checkbox"/> Yes <input type="checkbox"/> No	Area:
Any snow plowing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Lien Car Sales? <input type="checkbox"/> Yes <input type="checkbox"/> No	# Units:
Any vehicle leased/loaned/rented to others? <input type="checkbox"/> Yes <input type="checkbox"/> No	Auto Dealer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Sales:
Any rental operations in this name or location? <input type="checkbox"/> Yes <input type="checkbox"/> No	Car Wash? <input type="checkbox"/> Yes <input type="checkbox"/> No	Sales:
Own or sponsor a car for racing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Auto Repair/Body Shop? <input type="checkbox"/> Yes <input type="checkbox"/> No	Sales:
Any fireworks on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	Roadside Service? <input type="checkbox"/> Yes <input type="checkbox"/> No	Sales:
Any employees/owner operators not listed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dismantling/Salvage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Sales:
Previously owned/operated another Company? <input type="checkbox"/> Yes <input type="checkbox"/> No	Tire Sales? <input type="checkbox"/> Yes <input type="checkbox"/> No	Sales:
Own or lease a car crusher <input type="checkbox"/> Yes <input type="checkbox"/> No	Welding or Spray Painting? <input type="checkbox"/> Yes <input type="checkbox"/> No	Sales:
Own or lease any cranes? <input type="checkbox"/> Yes <input type="checkbox"/> No	Towing Payroll (Excluding Drivers)	Payroll:

Explain All "Yes" responses in Remarks * Describe operations in Remarks

Remarks

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Vehicle(s) Information					Physical Damage		Cargo
Year	Make	Model	GVW	Radius	Cost New	Actual Value	Cargo Limit

Drivers				
Name	DOB	License # / State	# Yrs Exp.	Accidents/Violations prior 3 years

Loss History			
Year	Insurance Company	# of Losses	Loss amounts – Paid & Reserved (attach separate sheet if necessary)

Limits			
Automobile Liability	Limit:	Comprehensive	Deductible:
UM/UIM	Limit:	Collision	Deductible:
Personal Injury Protection	Limit:	General Liability – Occurrence	Limit:
Medical Payments	Limit:	GKLL	Limit:
Hired Car	Annual Cost:	Non-Owned	Number of Employees:

For Property, Inland Marine, Excess, etc. attach with Acord Applications

QQAPP 9-2011 Attach loss runs and MVRs. Completed and signed supplements and Acord applications will be required upon binding.