



Northern States Agency

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FAST TRAC

COMMERCIAL & PUBLIC AUTO COVERAGES

- Agency Name _____
City/State _____
Contact Person _____
Fax # _____ & Phone # _____
E-mail _____
- Insured _____
Street Address _____
City/State _____
Zip _____ County _____
- Effective Date of Coverage _____
- Nature of Operations _____
- Cargo Hauled _____
Describe Any Hazardous Materials Hauled _____
- Is this the applicant's primary business? Yes No
If no, explain _____
- Do you haul for hire? Yes No
- Is your business for profit? Yes No
- Is the transportation of people your primary business? Yes No
- Do you operate in more than one state? Yes No
- Major Cities Entered _____
- Driver's Information (attach list if needed):

Date of Birth	# Yrs. Exp.	License #	Married (Y/N)	Moving Violations & Accidents - Last 5 Yrs.

16. Vehicle Information:

Body Type	Year	Make	Current Stated Value (Not Cost New)	Radius	GVW (loaded) OR GCW/with trailer OR Seating Capacity	If Truck or Tractor, # of Rear Axles	Annual Mileage	Anti-Lock Brakes (A) Air Bags (B) or Lifts (C)

17. Prior Carrier - Last 3 years: _____
Claims Paid and Reserved: _____

INSURANCE NEEDS - Complete for desired coverages by indicating limits of insurance.							
LIABILITY					Medical Payments	UM/UIM	
Combined Single Limit BI & PD	Split Limits			CSL		SPLIT	
	Bodily Injury		Property Damage			BI	
	Each Person	Each Accident	Each Accident		Person	Accident	

DEDUCTIBLES - Complete for desired coverages.			<input type="checkbox"/> CARGO	<input type="checkbox"/> IN-TOW	<input type="checkbox"/> Cargo Named Peril or <input type="checkbox"/> Cargo Broad Form <input type="checkbox"/> Exclude Theft
<input type="checkbox"/> Specified Perils	<input type="checkbox"/> Comprehensive	Collision	Value	Deductible (500 or 1000)	

SPECIALTY CLASS QUESTIONS

- Dumping:** # of end dump/side dump vehicles _____ # of hopper dump vehicles _____
- Limousines:** Are the limousines stretched? Yes No If so, length stretched _____
- Tow Trucks:** Are towing vehicles associated with a service station repair shop Full-time towing business
 Other, Explain _____
Equipped with tilt bed? Yes No Repossess autos? Yes No If so, what % of time? _____
- All Public:** Are you transporting physically disabled persons? Yes No If so, what % of time? _____
Is a fee or fare charged for transporting passengers? Yes No
- Logging:** Do you exclusively cut your own trees? Yes No
- Driver Training:** Do vehicles have dual controls? Yes No
- Ambulance:** Are ambulances owned by hospital? Yes No
- Daycare:** Type of daycare: In-home Private Non-profit Other, Explain _____
- Bobtail/Contingent:** Equipment is under permanent/long term lease to _____ What % of time? _____