

A.M.A. UNITED TRANSPORT SERVICES, LLC

COMMERCIAL AUTO QUICK QUOTE FORM

Agent: Adam Molina | Phone: (512) 744-5731 | Fax: (512) 582-8558 | Address: 3008 Prairie Bluff, Seguin, TX 78155

1. GENERAL BUSINESS INFORMATION

Named Insured: _____

US DOT #: _____ MC #: _____ FEIN #: _____

Mailing Address: _____

Garaging Address: _____

Email: _____ Phone #: _____

Years in Business (w/ ins): _____ Proposed Effective Date: _____

ELD Provider: _____

Owner's Full Name: _____ DOB: _____ ST: _____

Owner DL #: _____ Is the Owner a listed driver? ☐ Yes (List below) ☐ No

2. OPERATIONS & RADIUS

For Hire? ☐ Yes ☐ No

Scope: ☐ Intrastate
☐ Interstate

Filings: ☐ None ☐ Fed/ICC
☐ State

Radius of Operations (%): 0-100 Mi: _____ % 101-300 Mi: _____ % 301-600 Mi: _____ % 601+ Mi: _____ %

Projected Annual Mileage: _____ Projected Annual Revenues: _____

Major Destination Cities: _____

#	Commodities Hauled (Be Specific)	% Hauled	Maximum Value (\$)	Average Value (\$)
1				
2				
3				
4				

3. REQUESTED COVERAGES

Auto Liability: ☐ \$300k CSL ☐ \$500k CSL ☐ \$750k CSL ☐ \$1M CSL Other: _____

General Liability: ☐ \$1,000,000 Occ / \$2,000,000 Agg Other: _____

Liability Ded: ☐ None ☐ \$500 ☐ \$1,000 Other: _____

UM/PIP: ☐ \$15k/\$30k ☐ \$25k/\$50k ☐ \$30k/\$60k ☐ Other / Rejected

Cargo Limit: ☐ \$50,000 ☐ \$100,000 ☐ \$250,000 Deductible: _____

Hired/Non-Owned? ☐ Yes ☐ No Est. Hired Cost: \$ _____ Total Employees: _____

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4. DRIVER SCHEDULE (UP TO 5 PERSONS)

#	Full Name	Date of Hire	Driver Type	Helper Only?	DOB	License # & ST and Loss Runs to:	YOE*	Viol. (3yr)
			☐ O/O ☐ H/D	☐				
2			☐ O/O ☐ H/D	☐				
3			☐ O/O ☐ H/D	☐				
4			☐ O/O ☐ H/D	☐				
5			☐ O/O ☐ H/D	☐				

*YOE = Years of Commercial Driving Experience | O/O = Owner Operator | H/D = Hired Driver

5. EQUIPMENT SCHEDULE (5 POWER UNITS & 5 TRAILERS)

Unit Type	Year	Make / Model	Full 17-Digit VIN #	GVW	Stated Value	Leased?
POWER UNITS						
Power Unit 1					\$	☐ Y ☐ N
Power Unit 2					\$	☐ Y ☐ N
Power Unit 3					\$	☐ Y ☐ N
Power Unit 4					\$	☐ Y ☐ N
Power Unit 5					\$	☐ Y ☐ N
TRAILERS						
Trailer 1					\$	☐ Y ☐ N
Trailer 2					\$	☐ Y ☐ N
Trailer 3					\$	☐ Y ☐ N
Trailer 4					\$	☐ Y ☐ N
Trailer 5					\$	☐ Y ☐ N

6. PRIOR INSURANCE & LOSS HISTORY

Policy Period	Insurance Carrier Name	Liability Losses	Liability Incurred	Cargo Losses	Cargo Incurred
Current Year			\$		\$
1st Prior Year			\$		\$
2nd Prior Year			\$		\$
3rd Prior Year			\$		\$

Please return this completed intake form along with MVRs and Loss Runs to:

Adam Molina | Email: adammolina@amaunited.com[cite: 2]

Phone: (512) 744-5731 | Fax: (512) 582-8558 | Office: 3008 Prairie Bluff, Seguin, TX 78155[cite: 2]