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**NSM**  
Insurance Group

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# Physical Damage and Non-Trucking Liability Small Fleet Program Application

Motor Carrier Name: \_\_\_\_\_

Address: \_\_\_\_\_

DOT #: \_\_\_\_\_

Lines of Coverage Selected:

- Physical Damage     Non-Trucking Liability

Commodities Hauled: \_\_\_\_\_

Date Established: \_\_\_\_\_

Years of Business Experience: \_\_\_\_\_

Deductible Option:

- \$1,000     \$2,500

**Optional Coverage (included with additional premium):**

Increased Towing & Storage Limit:

- \$10,000     \$15,000     \$20,000

Gap:

Downtime:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please remember to also submit the additional information needed for a quote:**

- Driver and equipment schedule (sample can be provided if needed)
- MVRs for all drivers
- Loss runs (if available)
- Copy of lease agreement

**Submit this form and all other application information to:**

**James Birkhead**  
Director of Transportation Risk  
jcbirkhead@nsminc.com  
(610) 808-9559