



Physical Damage and Non-Trucking Liability Small Fleet Programs 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