



800-666-5692

Agency:  
 Agency Code:  
 Contact:  
 Phone:  
 Email:  
 New      Renewal      Policy #:

**Quick Quote 1-3 Trucking Units**

Requested Effective Date:		Owner Name		Are you 100% owner?:    Yes    No If no, explain in the comments below.	
Owner email:		Owner Phone #:			
Insured Name including DBA:			MC Number:		US DOT Number:
Type of Business: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other _____					Yrs in Trucking Ind.
Are Filings Required: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Location	Address		City	State	Zip Code:
Mailing					
Garaging					

Description of Operations:		<input type="checkbox"/> For Hire <input type="checkbox"/> Private <input type="checkbox"/> Non Trucking <input type="checkbox"/> Other _____			
Maximum Radius:		Range of Transport: <input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate			
What percentage of loads are: 0-100 miles: _____ %    101-300 miles: _____ % 301-500 miles: _____ %    501+ miles: _____ %			Please list major Metropolitan Areas traveled through or into: _____ _____ _____		
Operation History					
	Projected	Past Year	Past Year 2	Past Year 3	
Revenue					
Mileage					
# Units Operated					

Commodities Transported		Requested Limit:		Deductible:	
Commodity	% of Loads	Maximum Value		Average Value	Comments: If Autos % New/%Used
Optional Coverages: <input type="checkbox"/> Earned Freight <input type="checkbox"/> Refrigeration Breakdown					

Insurance History and Loss Experience					Years Prior Insurance Under Business Name: _____				
Has any insurance company canceled or nonrenewed your policy in the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain in Comments section below.					Type: P = Physical Damage    C = Cargo L = Primary Liability    N = Non Truck Liab				
From	To	Ins. Co	Type	Pol #	# Units Insured	Any Losses	# Losses	Amount	Driver Involved

Driver Information		Must be completed on all drivers. (Include owner)			
Driver Name		Date of Birth	License Number	State	#Yrs CDL
1	Owner:				
2					
3					
4					

Driver Information Continued (last 3 years)				
	Date of Hire	#Violations	# Accidents	Details (Accidents are considered at fault unless report showing not at fault is submitted)
1				
2				
3				
4				

Schedule of Autos to be Insured			All units you own or are leased to you must be scheduled and insured if filings are to be made.					
Type: TR = Tractor TK = Truck TL = Trailer V = Van			Trailers: D = Dump F = Flat Bed R = Reefer CC = Car Carrier DV = Dry Van T = Tanker					
Model YR	Trade Name	Type	Trailer Type	Vin	GVW/G CQW	Stated Value	Max Radius	Owner's Name

<b>Coverages and Limits</b> <input type="checkbox"/> Med Pay: \$  <input type="checkbox"/> Physical Damage Deductible: \$	Auto Liability: CSL \$ UM/UIM Limits: \$  PIP Coverage Limit: \$  <input type="checkbox"/> General Liability # Executive officers	<input type="checkbox"/> Non-Owned Auto: # of Employees: <input type="checkbox"/> Hired Auto Cost of Hire: If Any Basis <input type="checkbox"/>  Payroll: \$
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What are the insured's plans for growth? Does the insured anticipate obtaining/adding units in the current year?  
 If yes, explain in comment section below.                      Yes                      No

Comments:



## Non-Fleet (1-10 Units) Transportation Checklist

Our underwriters want to provide you with the quickest and most competitive quote possible. The more we know about an account, the easier it is to market the account to our carriers and deliver the best available quote for your insured.

To ensure your submission is complete and to position you to receive the best available quote, here is a list of items that our carriers will need:

### 1-3 Power Units

- Quick Quote Form** – This 2 page form is found on our website at [jmwilson.com](http://jmwilson.com) and provides our underwriters with the necessary information to approach all available markets we have to offer.
- Other Applications** – We are more than happy to quote from another application or your agency's quick quote form if they provide the same information.

### 4-10 Power Units

- Completed Company Application**
- Drivers List** – Including dates of hire, license number and years of commercial driving experience, so we can reach the maximum driver credits available for each risk.
- 3 Year Current Valued Loss Runs** – To receive the most competitive pricing.
- IFTA Mileage Reports** - IFTAs give us the ability to mix-rate an account to more accurately reflect what the insured is truly doing and to be more competitive in pricing. Mileage allows us to pursue other markets who have certain radius restrictions.
- List any dedicated runs, long time shippers** - This information allows us to be competitive with markets who give additional credits for stable, dedicated drivers.

**Submit Your Risks Online at: [jmwilson.com](http://jmwilson.com)**

Thank you for your continued business!