



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

Coverages and Limits <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: