



Quick Quote

Agent: _____

Producer: _____

Phone: _____

Email: _____

COMPLETE ALL INFORMATION FOR BEST SERVICE

Effective Date: _____ Need By Date: _____

Business Name and DBA (if one): _____

Principal or Owners Name: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

of years with current Primary Insurance Coverage: _____

Is this a New Venture? _____

DOT#: _____

MC#: _____

Cargo

Commodity	Maximum Value	Average Value	% of total load

Insurance History

Company	Year	Losses? (Yes or No)

Radius of Operations: 0-100 _____% 101-300 _____% 301-500 _____% 500+ _____%

IFTA's are required

Drivers ****We need the Owner's Driver License information even if they are not a driver****

Driver Name	D.O.B.	Yrs. of Exp.	State & License Number	Date of Hire (Required)

Vehicles

Year	Make	VIN	Stated Amount	Trailer Type	Radius

Coverages Primary Coverage? Non-Trucking? Company Leased To: _____ DOT# _____

Liability Limit: _____ UM Limit: _____ General Liability: _____

Physical Damage Deductible: _____

Cargo Limit: _____ Deductible: _____ Refrigeration Breakdown _____

Trailer Interchange: Value: _____ Deductible: _____ # of Trailer Days: _____

There must be a written Trailer Interchange agreement in place in order for this to be quoted. A copy is required. Otherwise, we will quote Non-Owned Trailer Physical Damage.

Hired Auto: _____ Exposure (If Any) _____

Non-Owned Auto: _____