

QUICK QUOTE FORM

Effective Dates:												
INSURED INFORMATION							PRODUCER INFORMATION					
Name:							Agency:					
DBA:							Producer:					
Garaging Address:							Phone: Fax:					
Mailing Address:							Email:					
							Are you the incumbent producer?		roducer?	□ Yes	□ No	
						OPERATION	INFORMATION					
Destinat	tion Cities (Z	one rated	- 10% or m	ore of ope	ration):							
	aveled Thro					n):						
Percentage of Loads Through Brokers:							Percentage of Loads to Regular Destinations:					
	# of Power Units Current Year: 1st Prior:						Gross Revenue Past Year:			Projected:		
Past Year Mileage: Projected				:		DOT #:			MC #:			
FEIN:				,			ELD Manufacturer:					
	sured Under	this Name				Owner Social Security Number (SSN):						
Years Insured Under this Name: Canceled or Non-Renewed in Past 3 Years: □ Yes □						□ No	If Yes, Reason:					
Name			License		ense	Stat	te	DOB	Hire Da	ate Yrs. Exp. with Similar Equip.		
VEHICLE SCHEDULE (Attach schedule if desired)												
	Year	Make		VI		TRK/TRAC	TRL Type		Value	GVW	/ Radius	
1		make										
2												
3												
4												
5												
6												
0						(nast three years) If		nloaco attach	a complete des	rintion or los		
Polity Dates Company						# Units Insured	If any losses,please attach a complete de # of Claims Amount Inc				Drive Name	
			Company		# Offics Insured							
to												
to												
to						COVERAG		c	_			
COVERAGES & LIMITS												
Liability				Cargo Limit: Ded:					Value Per	Tavalda a d		
UM/UIM Limits:				Commodities		% of Load		1		Maximum		
				Commodities		% of Load		Average		Iviaximum		
Personal Injury Protection:												
Medical Payments:												
Hired Auto Liability:												
Hired Car Physical:												
HCP Limit: # of Days:												
Physical Damage				General Liability				Limit:				
Coll. Ded: OTC Ded:									# of Employees:			
Additional Coverages:					Payroll for other than owners, officers and clerical to inclu				de dispatches an	d mechanics:		