

Commercial Truck Quick Quote

GENERAL INFORMATION			Date quote desired by		
Name			Month/Year Operation Began		
Mailing Address					
City		State	Zip		E-Mail
Garaging Location(s) if different		City	State	Zip	Phone
Principal or Majority Owner		Social Security #	Is the principal licensed to operate the equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are there non-family owner operator units to be scheduled? <input type="checkbox"/> Yes <input type="checkbox"/> No
DESCRIPTION OF OPERATIONS			<input type="checkbox"/> For hire <input type="checkbox"/> Private <input type="checkbox"/> Non-Trucking <input type="checkbox"/> Other (explain)		
Range of Transport		Commodity (check all that apply)			
<input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate		<input type="checkbox"/> Property (nonhazardous) <input type="checkbox"/> Refuse/Waste/Garbage <input type="checkbox"/> Hazardous Substances requiring \$1,000,000 Liability Limits or less <input type="checkbox"/> Hazardous Substances requiring liability in excess of \$1,000,000 (if checked, attach explanation)			
RADIUS <input type="checkbox"/> 50 <input type="checkbox"/> 100 <input type="checkbox"/> 300 <input type="checkbox"/> 500 <input type="checkbox"/> Unlimited					
OPERATIONS BEYOND 300 MILE RADIUS: Identify Cities Traveled Through or Into					
<input type="checkbox"/> Atlanta		<input type="checkbox"/> Buffalo	<input type="checkbox"/> Detroit	<input type="checkbox"/> Miami	<input type="checkbox"/> New York City
<input type="checkbox"/> Balt.-Washington		<input type="checkbox"/> Chicago	<input type="checkbox"/> Hartford	<input type="checkbox"/> Los Angeles	<input type="checkbox"/> Philadelphia
<input type="checkbox"/> Boston		<input type="checkbox"/> Dallas	<input type="checkbox"/> Houston	<input type="checkbox"/> New Orleans	<input type="checkbox"/> Pittsburgh
Cities other than above or regular routes					
COMMODITIES TRANSPORTED					
Commodity		% of Loads	Maximum Value	Commodity	% of Loads
Are Filings required? <input type="checkbox"/> Yes <input type="checkbox"/> No Docket #					
DRIVER INFORMATION					
Driver Name & License #/State		Date of Birth	# Years Experience	Accidents/Violations in past three years. Please provide dates if possible.	
INSURANCE HISTORY & LOSS EXPERIENCE			Years Prior Insurance Under Business Name		
HAS ANY INSURANCE COMPANY CANCELED OR NONRENEWED YOUR POLICY IN THE LAST THREE YEARS? <input type="checkbox"/> Yes <input type="checkbox"/> No					
FROM Mo / Yr	TO Mo / Yr	Insurance Company	Policy Number	Premium Paid	Date Of Loss
SCHEDULE OF AUTOS TO BE INSURED			All units you own or that are leased to you must be scheduled and insured if filings are to be made.		
No.	Vehicle Description	GVW	VIN	Body Type	Stated Value
1.					
2.					
3.					
4.					
COVERAGES					
<input type="checkbox"/> AUTO LIABILITY <input type="checkbox"/> LIABILITY FOR NON-TRUCKING USE <input type="checkbox"/> GENERAL LIABILITY					
LIMITS: <input type="checkbox"/> Combined Single Limit (BI/PD) \$ CSL					
<input type="checkbox"/> Split Limits BI \$ per person \$ per accident PD \$ each accident					
PHYSICAL DAMAGE					
Deductibles		<input type="checkbox"/> CARGO		<input type="checkbox"/> UNINSURED MOTORIST \$	
<input type="checkbox"/> Comprehensive OR \$		<input type="checkbox"/> Standard <input type="checkbox"/> Preferred		<input type="checkbox"/> UNDERINSURED MOTORIST \$	
<input type="checkbox"/> Specified Perils \$		Limit \$		<input type="checkbox"/> MEDICAL PAYMENT \$	
<input type="checkbox"/> Collision \$		Deductible \$			
		<input type="checkbox"/> Reefer Deductible			
AGENCY INFORMATION		AGENT:			
Agency Name & Address:					
City:		State:	Zip:	Phone:	Fax: