



QUOTE FORM

Effective Dates:

INSURED INFORMATION				PRODUCER INFORMATION				
Name:				Agency:				
DBA:				Producer:				
Garaging Address:				Phone:		Fax:		
Mailing Address:				Email:				
				☐				
OPERATION INFORMATION								
Destination Cities (Zone rated - 10% or more of operation):								
Cities Traveled Through (Zone rated - 10% or more of operation):								
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:		FMCSA/ICC Docket #:		DOT #:		
Years Insured Under this Name:				Owner Social Security Number (SSN):				
Canceled or Non-Renewed in Past 3 Years: ☐ Yes ☐ No				If Yes, Reason:				
DRIVER INFORMATION								
Name		License		State	DOB	Hire Date	Yrs. Exp. with	
VEHICLE SCHEDULE (Attach schedule if desired)								
	Year	Make	VIN	TRK/TRAC	TRL Type	Value	GVW	Radius
1								
2								
3								
4								
5								
6								
INSURANCE CARRIER INFORMATION (past three years) If any losses, please attach a complete description or loss runs.								
Polity Dates		Company		# Units Insured	# of Claims	Amount Incurred	Drive Name	
to								
to								
to								
COVERAGES & LIMITS								
Liability ☐ Primary ☐ Non-Trucking				Cargo				
Auto Liability Limit:				Limit:		Ded:		
						Value Per Truckload		
UM/UIM Limits:				Commodities		% of Load	Average	
							Maximum	
Personal Injury Protection:								
Medical Payments:								
Hired Auto Liability:								
Hired Car Physical:								
HCP Limit:		# of Days:						
Physical Damage		Ded:		General Liability			Limit:	
☐ Comp & Coll		OTC:		# of Owners/Officers:			# of Employees:	
Additional Coverages:				Payroll for other than owners, officers and clerical to include dispatches and mechanics:				