



Quote Target Date:

Renewal Date:

Contact Person:		DBA Name:	
MC #:		Legal Name:	
Phone #:	Email Address:	Fax #:	
Mailing Address:	City:	State:	Zip:
Garaging Address:	City:	State:	Zip:

Describe in detail items being hauled / carried

LIST OF TRUCKS AND TRAILERS (Attach List if Available)

Year:	Make:	Current Value:	Comments :	Year:	Make:	Current Value:	Comments:

Driver(S) Name :	DL#:	# of Years Class A License:	Accident Details /At Fault & NOT At Fault / Commercial or Personal :

PRIOR INSURANCE INFORMATION

YEARS WITH CURRENT CARRIER (List last 4 years of insurance providers)

	Effective Dates	Complete Company Names	# of Losses	Paid Out/Open Claims	Policy #
Current					
Year 2					
Year 3					
Year 4					

COVERAGE LIMITS

Liability Limits (min \$750,000)	
Physical Damage Deductible:	If Yes, Complete Value Field For Each Vehicle
Cargo Limit:	If Yes, Complete Value Field For Each Vehicle

Expiring Premium: Installment Amount: # of Installments:

GENERAL LIABILITY Coverage Amount: Total Annual Payroll:

WORKERS' COMP Employee Federal Tax ID #

# of Employees	Duties:	Annual Payroll:	Comments