

Truckers Quote Request

ALL INFORMATION IS NECESSARY

Business Name: _____

Mailing Address: _____

Garaging Address: _____

Contact Name: _____

Contact Phone #: _____

****Owner Name/Date of Birth/SS#** _____

Coverage Requested	
<input type="checkbox"/>	Primary Auto Liability
<input type="checkbox"/>	Physical Damage
<input type="checkbox"/>	Cargo
<input type="checkbox"/>	Non-Trucking Liability
<input type="checkbox"/>	Occupational Accident
<input type="checkbox"/>	Contingent Liability /Cargo
<input type="checkbox"/>	Comm.. Gen. Liability
<input type="checkbox"/>	Workers' Comp.
<input type="checkbox"/>	Health

****REQUIRED INFORMATION FOR QUOTE**

years in Business _____ **Total Yrs. Experience:** _____

MC# _____ **DOT#** _____ ****FEIN#** _____

SPECIFIC COMMODITIES HAULED	%	MAX \$ VALUE/LOAD OF THIS COMMODITY

BE SPECIFIC - PLEASE DO NOT LIST "DRY" OR "GENERAL FREIGHT" OR "FREIGHT OF ALL KINDS" GIVE A PERCENTAGE AND MAXIMUM VALUE FOR EACH COMMODITY

What is the amount of Cargo Coverage desired? \$ _____

% of trips within each radius? 500+ Miles: _____% **301-500** _____% **51-300** _____% **0-50** _____%

Primary City &/or States Traveled? _____

Do you have Broker Authority? _____ YES _____ NO

Are ANY size/weight filings required? _____ YES _____ NO

Past 3 years of Loss Run Reports are required**

Past 4 years of IFTA's are required

Annual Revenue: _____ **LAST 12 MONTHS**

\$			
\$			

PROJECTED NEXT 12 MONTH

If company has had Authority for less than 2 years, please provide a description of the Owner(s) prior trucking experience: _____
