



Quick Quote Application

GENERAL INFORMATION

Effective Date _____

Exact name and address of First Named Insured:

Phone: () _____

MC# _____

DOT# _____

Federal Identification Number _____

You are Sole Proprietor Partnership Corporation LLC

You Have been in business in present form since: _____

Person responsible for insurance: _____

OPERATIONS

Description of Operations: _____

Applicant is: Common Contract Private Exempt

List Major Cities Entered by % _____

SCHEDULE OF EQUIPMENT OPERATED:

Year	Make	Type	VIN#	GVW	Stated Value

Driver Information:

Driver Name	DOB	License Number	State	Date Hired	# Years Comm'l Driving	Last 3 yrs. Moving Violations	Last 3 yrs. Accid-ents

EXPOSURE BASE -- CURRENT TERM AND PREVIOUS 3 FULL YEARS

From Mo./Yr. To Mo./Yr.	Revenue	Mileage	No. of Units

Projected for Coming Policy Year

CARGO DESCRIPTION:

Reefer Coverage: Yes No

Commodity	Max. Value	Ave. Value	% of Total	Major Shipper
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do you haul hazardous materials? Yes No If yes, explain: _____

RADIUS OF OPERATIONS:

Radius	Percentage	No. of Power Units
0 to 50 miles	_____	_____
50 to 200 miles	_____	_____
200 to 500 miles	_____	_____
500 or more miles	_____	_____

What is your Average length of haul? _____ miles Maximum length? _____ miles

PRIOR LOSS EXPERIENCE: Provide the following information for the current and past (4) policy periods:

	Current Year	1 st Prior Yr	2 nd Prior Yr	3 rd Prior Yr	4 th Prior Yr
Insurance Co.					
Auto Liability					
Phys. Dmg.					
Cargo Losses					

Has any company during the past (3) years, cancelled or refused to renew your insurance coverage? Yes NO If yes, explain _____

DESIRED COVERAGES: Specify below the coverages and limits desired:

Auto Liability	Limit
Auto Liability	

General Liability	Limit
Per Occurrence	
General Aggregate	

Physical Damage	Total Values	Deductible

Trailer Interchange: Limit per trailer \$

Number of days	Number of units	Deductible
Cargo Coverage		
Coverage Per Vehicle		
Catastrophe Limit		