CDL School Quote Sheet For Coverage DUPUY INSURANCE

Date: / /	
Company Name:	DBA:
Company Type: Individual Corporation Partnership	Limited Liability Company (LLC)
FEIN #:	(Federal Employee Identification Number)
Contact:	Title:
Address:	
P.O. Box	Street
City: State:	Zip Code:
Telephone No.:	Fax No.:
E-mail:	XX 1 1.
	
Provide the name(s) of any commercial automobile entity (i Insured or any of its officers, directors, partners or stockhold	-
	
Do your tractors/vehicles transport any kind of goods/cargo	? Yes No
Please list USDOT &/or ICC number. DOT #:	ICC #:
Number of Tractors:	Number of Trailers:
Other vehicles (light trucks):	
Do you provide personal auto training in those private passe	
If Yes, provide percentage of: Truck training:	% vs. Personal Auto training: %
Do all tractors have dual control brakes? Yes No	
If No, how many tractors have dual control brakes?	
Are any vehicle(s) used for training purposes operated STR	ICTLY in your yard and not used on public roads?
Yes No If yes, how many?	
If Yes, are these vehicles registered with the State -i.e. do th	
Describe any significant changes in your operations during operations during the proposed policy period.	the past four (4) years and any anticipated changes in your
Are Motor Vehicle Records acquired on a student before he	/she operates one of your vehicles? Yes No

Current total number of driver trainers:
During the last 12 months, how many drivers have you: Replaced? Added?
Do you provide Workers' Compensation insurance for <u>ALL</u> drivers? Yes No
If Yes, please specify Insurance carrier:
Do your driver selection procedures include?
Yes No
Written application Written test
Road test
Physical exam
Drug testing
Are Motor Vehicle Records and background checks conducted on your driver trainers? Yes No
Within the last three years has your insurance ever been cancelled or non-renewed? Yes No
If Yes, why?
COVERAGE INFORMATION - Please Check the Coverages and Limits Requested
LIABILITY COVERAGES
Liability Limit \$500,000 CSL* \$750,000 CSL* \$1,000,000 CSL*
Basic Personal Injury Protection (if applicable):
Property Protection Insurance (Michigan only):
Basic split limit Uninsured Motorists (UM):
Higher limits and/or UIM (Underinsured Motorists) coverage, when not included in UM, quoted upon request.
Hired Auto Liability: Yes No
Employer's Non-Ownership Liability: Yes No
DHYSICAL DAMAGE COVEDACES
PHYSICAL DAMAGE COVERAGES Specified Perils: \$1,000 deductible \$2,500 deductible \$5,000 deductible
Collision: \$1,000 deductible \$2,500 deductible \$5,000 deductible
GENERAL LIABILITY COVERAGES
\$500,000 CSL* \$750,000 CSL* \$1,000,000 CSL*
*Combined Single Limit
Please indicate Square Footage for:
No. Location Owned (O) Office Area Parking Vacant Land
1.
2.
3.

Location Information (cont'd):						
No.	No. Fenced Security Guards		Firearms Lighted		Guard Dog(s)	
1.	Yes No	Yes No	Yes No	Yes No	Yes No	
2.	Yes No	Yes No	Yes No	Yes No	Yes No	
3.	Yes No	Yes No	Yes No	Yes No	Yes No	

OTHER GENERAL LIABILITY EXPOSURES					
Describe and Provide Basis of Rating:					
A. Are there any Underground Storage Tanks on the Premises? Yes No					
If Yes, please identify the type and location:					
B. Are there any Above Ground Storage Tanks on the Premises? Yes No					
If Yes, how many gallons capacity are these tank(s) and what is stored in them?					
C. What were your gross receipts this past year?					
D. How many students did you train this past year?					
E. Do you have any mobile equipment? Yes No					
If Yes, please list.					
Please list all General Liability losses by year for current and past three (3) Years. (Please Attach Loss Runs.)					
Current Year:					
//_:					
_/ /:					

Please email the completed quote sheet along with the following information to Office@DupuyInsurance.com:

- Currently valued loss runs (3+ years valued within 60 days) The attached driver schedule
- The attached equipment schedule

DRIVERS' INFORMATION SCHEDULE

Driver Name	Full-Time / Part-Time	Date of Birth	Driver's License Number	State of Issuance	# of Yrs. Training

EQUIPMENT SCHEDULE

Unit #	Year	Make	VIN / Serial #	Leased/ Owned	Gross Veh. Weight (GVW)	Garage Location City & State	Actual Cash Value (ACV)
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
Unit#				Los	ss Payee (if any)		
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							

13. 14. 15.