TRUCK INSURANCE (1 Driver 1 Vehicle ONLY)

QUOTATION REQUEST FORM

DATE	ICC #	# OF UNITS OWNED	DOT #	TYPE OF AUTHORITY

NAME/BUSINESS NAME OF POTENTIAL INSURED	TYPE OF ENTITY

MAILING ADDRESS	CITY	STATE	ZIP

PHONE	FAX	CELL PHONE	E-MAIL ADDRESS
( )	( )	( )	

PHYSICAL ADDRESS	CITY	STATE	ZIP

BASE STATE	INDIVIDUAL ☐ Yes ☐ No	SS # - -	FIN #

GARAGING ADDRESS	CITY	STATE	ZIP

DESCRIPTION OF OPERATION

TYPE OF CARGO HAULED (be as specific as possible)

YEARS CARRYING PRIMARY LIABILITY	RADIUS (average miles one way – over 50% of 0peration)	CITIES/STATES OF FREQUENT OPERATION
	miles	

VEHICLE AND TRAILER

YEAR	VIN #	MAKE	MODEL	TRAILER USED	GVW
					lbs.
					lbs.
	N/A (Single Vehicle Policy Only)				lbs.
	N/A (Single Vehicle Policy Only)				lbs.

DRIVERS

NAME	DOB	SS #	LICENSE #	STATE	YRS. EXPERIENCE	VIOLATIONS	LOSSES
	/ /	- -					
N/A (Single Driver Policy)	/ /	- -					
N/A (Single Driver Policy)	/ /	- -					
N/A (Single Driver Policy)	/ /	- -					
N/A (Single Driver Policy)	/ /	- -					

INSURANCE HISTORY

PRIOR CARRIER	POLICY #	EFFECTIVE / EXPIRATION DATES	COMBINED SINGLE LIMIT	WRITTEN PREMIUM
		/ / – / /		$
		/ / – / /		$
		/ / – / /		$

PRIMARY LIABILITY / TRAILER INTERCHANGE COVERAGE LIMITS

COMBINED SINGLE LIMIT ON PRIMARY LIABILITY	TRAILER INTERCHANGE LIMIT
$	$ ☐ Not Requested

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NAME/BUSINESS NAME OF POTENTIAL INSURED	DATE

PHYSICAL DAMAGE

COVERAGE

Value of Vehicle 1: $ ☐ Not Requested

LOSS PAYEE NAME

LOSS PAYEE ADDRESS	CITY	STATE	ZIP

CARGO COVERAGE / LIMITS

CARGO (BROAD FORM) LIMIT	REEFER BD ($2,500 DED.)	TYPE OF CARGO TO BE INSURED
$	☐ Yes ☐ No	

BROKER INFORMATION

BROKER NAME	BROKER CONTACT NAME	BROKER PHONE #	E-MAIL ADDRESS
		( )	

PHYSICAL ADDRESS	CITY	STATE	ZIP

POLICY INFORMATION (FOR COMPANY USE ONLY)

RATE	STOCK	REASON FOR CREDIT	EFF DT OF COVERAGE
$ − $ (credit) = Premium $	$		

POLICY #	REMARKS