

# Quick Quote Sheet

1/8/2009

Insured Information	
Name: _____	
Address: _____	
City: _____	
State: _____	Zip: _____
Operation Information	
1. Commodities Hauled: _____	
2. Major Cities Entered & Percentage Entered: _____	
3. Has insured been cancelled or non-renewed in last three years? Yes <input type="checkbox"/> No <input type="checkbox"/>	
4. Do you haul doubles or triples? Yes <input type="checkbox"/> No <input type="checkbox"/>	
5. Do you haul hazardous materials? Yes <input type="checkbox"/> No <input type="checkbox"/>	
6. Do you haul sand & gravel or is there dump exposure? Yes <input type="checkbox"/> No <input type="checkbox"/>	
7. Filings needed? Yes <input type="checkbox"/> No <input type="checkbox"/> Docket# _____	
8. Brokerage authority? Yes <input type="checkbox"/> No <input type="checkbox"/>	
9. How long has insurance been carried under this name? _____	

Driver Information (please attach MVR's)							
Name	DOB	License Num	State	Hire Date	Yrs Exp.	Violations	Accidents

Vehicle Information						
	Year	Make	Model	Value	Radius	Comments
Veh. 1						
Veh. 2						
Veh. 3						
Veh. 4						
Veh. 5						
Veh. 6						
Veh. 7						
Veh. 8						

Loss Information (past three years)					
Policy Dates	Company	Policy #	Premium Amount	Num. of Claims	Total Paid & Res

Coverages & Limits			
<b>Liability:</b> Primary <input type="checkbox"/> Non Trucking <input type="checkbox"/>		<b>Cargo</b>	
Auto Liability Limit _____		Limit: _____	Ded: _____
Uninsured Motorist _____		Percent of Value Per Truckload	
Underinsured Motorist _____		Commodities	Revenue
Pers. Injury Protection _____			Average
Medical Payment _____			Maximum
Hired Auto Liability _____			
Trailer Interchange _____			
Other _____			
<b>Physical Damage</b>		Broad Form Cargo <input type="checkbox"/>	
<input type="checkbox"/> SP & Coll. Deductible _____		Named Perils <input type="checkbox"/>	
<input type="checkbox"/> Comp & Coll. Coll.: _____		Reefer Breakdown <input type="checkbox"/>	
OTC: _____			