

Agency Name

Contact

QUOTE SHEET 1-5 UNITS

INSURED INFORMATION

Insured Name: _____
 DBA: _____
 Address: _____
 City, State, Zip: _____
 Phone Number: _____
 Entity: Individual LLC Inc./Corp. Other
 Email: _____
 MC / DOT #: _____
 Filings: Federal State

Owners Name: _____
 DOB: _____
 CDL: _____
 FEIN #: _____
 Years in Business: _____
 New Venture: Yes or No
 Renewal Date: _____

TRUCK INFORMATION

#	Year	Make	Model	Value	VIN #
1					
2					
3					
4					
5					

TRAILER INFORMATION

#	Year	Make	Trailer Type	Value	VIN #
1					
2					
3					
4					
5					

DRIVER INFORMATION

Driver Name	DOB	License #	State	Date Hired	# of Yrs. CDL	O/O?	MVR History (36 months)

PRIOR INSURANCE CARRIER INFO OF THE PAST 4 YEARS

Policy Years	Insurance Company	Losses (Y/N)	Type of loss	Amount paid

Liability
Primary
Non-Trucking

Physical Damage	Deductible
Comprehensive	
Collision	

Cargo Limit	Deductible	Reefer Breakdown?

Coverage Type	Limits Requested
Auto Liability	
UM / UIM	
Medical Payments	
GL Coverage	
Trailer Interchange	
Others	

Commodities	%	Max Value

Radius