

AUTO QUICK QUOTE

AGENCY NAME:
CONTACT:

INFORMATION

NAME OF INSURED:

BUSINESS ADDRESS:

CITY:

STATE:

ZIP:

PHONE NUMBER:

DBA:

CORPORATION:

PARTNERSHIP:

OTHER:

DESCRIPTION OF OPERATION:

NEW VENTURE: YEARS IN BUSINESS:

HAS RISK BEEN CANCELLED OR NON-RENEWED IN THE LAST 3 YEAR:

REASON:

STATES ENTERED:

MAJOR CITIES:

COMMENTS:

TRUCKING OPERATION

ARE FILINGS REQUIRED:

MC:

USDOT:

DOES INSURED BROKER LOADS:

IS THERE BROKER AUTHORITY UNDER THIS MC:

DRIVER INFORMATION

DRIVER NAME	DATE OF BIRTH	DRIVER LICENSE #	STATE	# YEARS COMMERCIAL EXPERIENCE	LAST 3 YEARS MOVING VIOLATIONS	# OF ACCIDENT	HOW LONG WITH INSURED

VEHICLE INFORMATION

YEAR	MAKE	VIN	GVW OR PASS	VALUE	RADIUS	COMMENTS

LOSS INFORMATION

POLICY DATE	COMPANY NAME	PREMIUM AMOUNT	#OF CLAIMS	TOTAL

COVERAGE & LIMITS

AUTO LIABILITY	COMMODITY	VALUE	%OF HAUL
CSL: SPLIT: /			
UNINSURED: UNDERINSURED:			
PIP: MEDICAL PAYMENTS:			
PHYSICAL DAMAGE: COMP DED : COLL DED:			
DOWN TIME/ RENTAL REINBURSMENT:			
CARGO LIMIT: CARGO DED:			
LIST ALL COMMODITIES WITH % AND VALUES IN NEXT BOX →			

COMMENTS: