Trucking Insurance Group

Agency Name

Contact

QUOTE SHEET 1-5 UNITS

INSURED INFORMATION

Insured Name		Owner's Name	
DBA		DOB	
Address		CDL	
City, State, Zip		FEIN #	
Phone Number		Years in Business	
Entity	☐ Individual ☐ LLC ☐ Inc/Corp ☐ Other	New Venture	Yes ☐ No ☐
MC / DOT #		Renewal Date	
Filings	Federal ☐ State ☐		

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 F 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		