



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 ☐ Comprehensive ☐ Collision	Deductible 	Cargo Limit 	Deductible 	Reefer Breakdown?
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Coverage Type	Limits Requested
Auto Liability	
UM / UIM	
Medical Payments	
GL Coverage	
Trailer Interchange	
Others	

Commodities	%	Max Value
Radius		