



TRUCK INSURANCE QUOTE QUESTIONNAIRE

Company Name: _____ Ph# _____ Fax# _____

Physical Address: _____

Mailing Address: _____

Garaging location: _____

Company Owner: _____ DOB: _____ Ph.# _____

DOT# _____ MC# _____ FIN _____

Years of Experience in Business: _____ Have you ever filed a bankruptcy? Yes No

If Yes, please explain: _____

Max. Radius of Operation _____ Regular routs? _____

Radius of Operation:

Zone	1 - 100 miles	100 - 300 miles	300 - 500 miles	500+ miles
% of Loads	_____	_____	_____	_____

Commodities Hauled:

Commodities	% of Loads	Type(Tractor, Dry Van, Flat Bed, etc.)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you pull double trailers _____ Triple trailers _____ Do you haul any HAZMAT? _____

Limit of Liability Coverage desired _____

Limit of Cargo Insurance desired _____ Deductible _____

Attach additional pages if needed



Drivers information:

1.Name: _____ DOB: _____ CDL# _____ State _____

Years of Experience _____ Years licensed (in this class/type of license) _____ Date of Hire _____

2.Name: _____ DOB: _____ CDL# _____ State _____

Years of Experience _____ Years licensed (in this class/type of license) _____ Date of Hire _____

3.Name: _____ DOB: _____ CDL# _____ State _____

Years of Experience _____ Years licensed (in this class/type of license) _____ Date of Hire _____

4.Name: _____ DOB: _____ CDL# _____ State _____

Years of Experience _____ Years licensed (in this class/type of license) _____ Date of Hire _____

5.Name: _____ DOB: _____ CDL# _____ State _____

Years of Experience _____ Years licensed (in this class/type of license) _____ Date of Hire _____

Vehicles information (Trucks, Tractors & Trailers) (put vehicle value ONLY if physical damage coverage desired for those vehicles):

If all trailers will be trip leased by company check

Physical Damage Deductible: 1,000 2,500 5,000 Other _____

1.Make _____ Year _____ Body Type _____ VIN: _____ No. of Rear Axles _____

Stated value to be insured: \$ _____ Owned Leased

2.Make _____ Year _____ Body Type _____ VIN: _____ No. of Rear Axles _____

Stated value to be insured: \$ _____ Owned Leased

3.Make _____ Year _____ Body Type _____ VIN: _____ No. of Rear Axles _____

Stated value to be insured: \$ _____ Owned Leased

4.Make _____ Year _____ Body Type _____ VIN: _____ No. of Rear Axles _____

Stated value to be insured: \$ _____ Owned Leased

5.Make _____ Year _____ Body Type _____ VIN: _____ No. of Rear Axles _____

Attach additional pages if needed



Stated value to be insured: \$ _____

Owned Leased

Additional Coverage Options:

Loading and Unloading Coverage

Covers accidental breakage of cargo during loading and unloading process.

Refrigeration Breakdown Coverage

Covers losses caused by malfunctions in temperature control units.

Earned Freight Coverage

Replaces income lost when a load cannot be delivered due to a covered cargo loss.

Exclude Theft Coverage

DISCLAIMER: Coverages may vary by state and by insured business. Consult your agent about coverages you may need for your unique situation. Coverage descriptions above are for general information only. Actual coverage is subject to all terms, conditions and exclusions of the policy. Insurance described here may be provided by any of the companies listed below.

YOUR PREVIOUS INSURANCE COMPANIES:

If company have previously not been covered by any insurance, check None

1.Name _____ Coverage Period _____

Policy # _____ Cargo Liability Ph. Damage

2.Name _____ Coverage Period _____

Policy # _____ Cargo Liability Ph. Damage

3.Name _____ Coverage Period _____

Policy # _____ Cargo Liability Ph. Damage

2.Name _____ Coverage Period _____

Policy # _____ Cargo Liability Ph. Damage

4.Name _____ Coverage Period _____

Policy # _____ Cargo Liability Ph. Damage

5.Name _____ Coverage Period _____

Policy # _____ Cargo Liability Ph. Damage

Attach additional pages if needed