



## TRUCK INSURANCE QUOTE QUESTIONNAIRE

Policy Term From \_\_\_\_\_ / \_\_\_\_\_ /20\_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ /20\_\_\_\_\_

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 \_\_\_\_\_

Stated value to be insured: \$ \_\_\_\_\_  Owned  Leased

Attach additional pages if needed

## Additional Coverage Options:

**Non-Trucking Liability**

**General Liability**

**Refrigeration Breakdown Coverage**

Covers losses caused by malfunctions in temperature control units.

**Trailer Interchange**    **Limit: \$**                      **Deductible:**

Covers loss or damage to the trailers under a trailer interchange agreement whilst in the trucker's custody or control.

**DISCLAIMER:** Coverages may vary by state, insured business and insurance companies. Coverage descriptions above are for general information only. Actual coverage is subject to all terms, conditions and exclusions of the policy.

## 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**

**Additional Information:**     **Drivers' MVRs**             **Loss Runs for 3 years (if available)**             **Last 4 Quarters of IFTA (if available)**

Comments:

Attach additional pages if needed