



QUICK QUOTE QUESTIONNAIRE FOR TRANSPORTATION & BUSINESS AUTO

DATE COVERAGE DESIRED: _____ **QUOTE NEED BY DATE:** _____

This questionnaire is for premium indication only on risks with 5 units or less and is not a binding agreement. Additional information may be required. Binding is subject to a completed and signed application and any other necessary forms.

Insured: _____ Phone _____

Address: (Street, City & State) _____

Principal Garaging Location: _____ Years in Business Name _____

Type of Carrier: Common ___ Contract ___ Private ___ Does carrier haul exclusively for one concern? _____

Is Carrier permanently Leased? _____ If yes, to whom? _____

ICC Filings Required? _____ Form E Filings Required? _____ If so, what states? _____

MC# _____ DOT# _____ **SS# for owner** _____ (for Insurance Score)

Any Hazardous Hauling? _____; What type of hazardous, and limits required? _____

Cargo Commodities hauled: (Provide percentage breakdown of each item): CARGO Limit Required _____

1) _____ (_____ %) **CARGO DEDUCTIBLE** _____

2) _____ (_____ %)

3) _____ (_____ %)

RADIUS: LOCAL(0-150) _____% INTERMEDIATE(150-300) _____% LONGHAUL(301+) _____% **Attach Last 4 quarters IFTA returns, if radius is 300 miles and/or Filings are Required; IFTA's are required for best rates.**

Major Cities driven through: _____

Insurance Record Past 3 Years: (Must Indicate Any Known Losses for at least 3 years) Show # of losses & values

Policy period	Insurance Company	Liab Losses	Phys Dam Losses	Cargo Losses

Description of Vehicles: (Please provide Stated Amount if PHYSICAL DAMAGE IS REQUESTED)

Year	Make/Model	GVW	Value of unit	Deductible	Owned/Leased	Non-owned coverage needed

Driver Information: (Must State All Known Drivers and provide at least 3 years history on driving record)

Name	Date of Birth	Drivers License#	Violations/Accidents/Dates	Number yrs exper.

Liability Limits Desired: BI/PD \$ _____ **UM/UIM Limits:** Statutory () or other Limit \$ _____

NEW Venture: _____ **Has Insured operated under any prior authority?** _____ **Number of years?** _____

AGENCY NAME & ADDRESS: _____

PRODUCER CONTACT: _____

PHONE #: _____ **FAX#:** _____ **E-MAIL:** _____