



Quick Quote Truckers Application

NAMED INSURED: _____ US DOT / MC NUMBER _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

PHYSICAL ADDRESS: _____ FOR HIRE?: _____

Email Address: _____

PROPOSED EFF DATE: _____ LIMIT OF LIABILITY _____

INSURED PHONE #: _____ PIP & UM CARGO LIMIT _____

RADIUS OF OPERATIONS PERCENTAGE: _____

0- 100 _____ 101-300 _____ 301- 600 _____ 601 + _____

PROJECTED REV / MILEAGE FOR COMING YEAR MILEAGE REVENUES _____

CITIES OF DESTINATION AND PERCENT TO EACH: _____

COMMODITIES HAULED: Commodity % Hauled Max Value Average Value

TRUCKING EXP: _____ YEARS YEARS PREVIOUS INSURANCE _____ YEARS

HAS INSURED BEEN OPERATING UNDER A LEASE? _____ HOW LONG? _____

Table with 4 columns: VEHICLES - POWER UNITS, (provide: year, model and VIN), PHYS DAM VALUE, OWNER OPERATOR Are units leased to insured? YES/NO checkboxes.

Table with 2 columns: VEHICLES - TRAILERS, PHYS DAM VALUE

Table with 4 columns: PRIOR CARRIERS/ LOSSES, CARRIER, NUMBER OF LOSSES, AMOUNT INCURRED

Table with 6 columns: DRIVERS, NAME, DOB, DL NUMBER, Years of Experience, DATE OF HIRE

AGENCY RENEWAL YES NO EXPIRING PREMIUM _____

FEDERAL OR STATE FILINGS Has the Insured's policy canceled or nonrenewed in the past three years? YES NO

Hired Autos Coverage YES NO If YES, complete below Do you lease or hire equipment from others? If yes, Permanently Leased Trip Leased Both

Non-Owned Coverage YES NO If YES, complete below Total number of employees in your business Total number of non-owned autos that might be used in your business