Transportation Department Quick Quote (1-5 power units)

NAMED INSURED:				MC NUMB	ER
ADDRESS:		CITY	x	STATE _	ZIP
Physical Address:	•				For Hire?: Yes or No
PROPOSED EFF DATE:			LIMIT OF	LIABILITY	
Insured Phone #:				PIP & UM	
RADIUS OF OPERATIONS	PERCENTAGE:		CAF	RGO LIMIT	
0- 100 101-30	0 301	1- 600 6	01 +	_	
PROJECTED REV / MILEAGE CITIES OF DESTINATION A			AGE	REVENUES _	
COMMMODITIES HAULED	: % Hauled	Max Value	Average Value		
TRUCKING EXP: HAS INSURED BEEN OPER	YEARS ATING UNDER A I		US INSURANCE HOW LONG?	YEARS	
VEHICLES - POWER UNITS	5:		PHYS DA	M VALUE	OWNER OPERATOR
					YES / NO
2)					YES / NO YES / NO
					YES / NO
5)					YES / NO
3)			PHYS DAI	M VALUE	
5)					
PRIOR CARRIERS/ LOSSES CURRENT YR 1 ST PRIOR YR 12 MONT 2 ND PRIOR YR 12 MONT	HS	CARRIER	NUMBER OF LOSSES	F	AMOUNT INCURRED
3rd PRIOR YR 12 MONT DRIVERS:	HS	DOB	DL NUMBER	EXP	DATE OF HIRE
1) 2) 3) 4) 5)	TVIANE				
AGENCY RENEWAL FEDERAL OR STATE FILIN Has the Insured's policy cance Hired Autos Coverage YES Do you lease or hire equipmen Estimated cost of hired autos f Non-Owned Coverage YES Total number of employees in Total number of non-owned au	led or nonrenewed in NO If YES t from others? or the upcoming yea NO If YES your business	n the past three years? complete below If yes, Perma r \$ complete below	EXPIRING PREM YES NO NO NO NO NO NO NO NO NO N]	Both
Agency Name Texas Par	tners Insurance (Group	Attn.: Processing		

Email: TPIG@sbcglobal.net