

MOTOR TRUCK CARGO QUOTE

AGENCY NAME <u>Texas Partners Insurance</u>	PRODUCER# <u>2886</u>
FROM <u>Kyle E. Hern</u>	EMAIL ADDRESS <u>kehern@sbcglobal.net</u>
PHONE # <u>936-588-2202</u>	FAX# <u>936-309-0050</u>

NAMED INSURED _____ DBA (IF ANY) _____

MAILING ADDRESS _____

PREVIOUS CARRIER _____ CANCELED OR NON RENEWED (REASON) _____

LOSSES (IF ANY) _____

E-mail Address: _____ Phone #: _____

NUMBER OF UNITS _____ AMOUNT OF COVERAGE PER UNIT _____

COUNTY _____

GARAGING TERRITORY _____

RADIUS _____

DOES INSURED TRAVEL TO NEW YORK CITY? _____

WHAT PERCENT OF THE TIME _____

STATES OPERATING IN _____

ALL RISK _____

NAMED PERIL _____

VEHICLE INFORMATION: (MORE THAN 5 UNITS MUST BE SUBMITTED WITH LOSS RUNS)				
	YEAR	MAKE	MODEL	VIN #
1				
2				
3				
4				
5				

	NAME	DATE OF BIRTH	DRIVER LICENSE #
1			
2			
3			
4			
5			

COMMENTS

Description of Cargo:

Applicant Information

Applicant Name:	Effective Date:
-----------------	-----------------

New Venture Questionnaire (Complete if applicant has been in business for less than 2 full years)

Has the applicant been involved in any accidents in the past 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, give details below.
How many years of experience does the applicant have hauling these type of commodities with like-kind equipment?		
Does the applicant expect to increase the number of autos within the next 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, give details below.
Has the applicant ever had their own insurance in the past under a different authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, give details below.

Driver Experience History for New Ventures (Must have at least 3 years. Complete for each driver)

Driver Name				
US DOT#	Dates of Employment	Type of Unit Operated	Commodities	Radius

Driver Experience History for New Ventures (Must have at least 3 years. Complete for each driver)

Driver Name				
US DOT#	Dates of Employment	Type of Unit Operated	Commodities	Radius

Driver Experience History for New Ventures (Must have at least 3 years. Complete for each driver)

Driver Name				
US DOT#	Dates of Employment	Type of Unit Operated	Commodities	Radius