



Broker:

Email:

One Page Quote Sheet

NAME:							
OWNER & DOB:							
ADDRESS:							
CITY:		STATE:		ZIP:			
PHONE:		S.S. Number for President					
EFFECTIVE:		Quote Needed By:					
MC#:		DOT#:		Ever Been Cancelled/Non Renewed?			
COMMODITIES:							
Any Metals (Copper/Aluminum)?				OS/OW?			
RADIUS by %:	UNDER 50	51-300	300-500	Over 500			
ANNUAL MILEAGE _____				Furthest State Traveled:			
MAJOR CITIES TRAVELED TO/THROUGH:							
YEARS IN BUSINESS:				Team Driving/Passengers?			
ANNUAL REVENUE: _____							
LOSS HISTORY:		Ins. Co	Liability	APD	MTC		
CURRENT YEAR							
YEAR 2							
YEAR 3							
YEAR 4							

DRIVER:

NAME DOB DL #/State Yrs Exp. Date of Hire Violations: 3 YEARS

**MVRS ARE REQUIRED BEFORE BINDING COVERAGE.

UNITS:

Year Make VIN GVW Trl Type Value Owned or Owner Oper.

COVERAGES (MARK/COMPLETE APPROPRIATE SELECTIONS)

AUTO LIABILITY

- 750,000 1,000,000
- BASIC MATCHING
- 750,000 1,000,000
- 500 1000 2500

UM LIMIT

NON-TRUCKING – Leased to:

AUTO PHYSICAL DAMAGE

CARGO LIMIT (\$10,000-\$250,000)

CARGO DEDUCTIBLE

- 500 1000 2500
- 750,000 1,000,000

GENERAL LIABILITY

OTHER (Hired Car, Non-owned, Trailer Int., etc.)

IF WE CANNOT PROVIDE PACKAGE QUOTE, WOULD YOU LIKE
MONOLINE APD/MTC?

YES
NO

PROPOSALS OBTAINED THROUGH THE USE OF THIS FORM ARE SUBJECT TO COMPLETED APPLICATIONS, MVR VERIFICATION, AND FINAL APPROVAL FROM THE INSURING COMPANY. THIS FORM DOES NOT REPLACE THE INSURING COMPANY'S OWN APPLICATION