



Transportation Insurance Group Inc.

Broker:

Email:

### General Liability One Page Quote Sheet

|                                                                                                      |  |                  |                                                    |                                                                                                                        |  |  |  |
|------------------------------------------------------------------------------------------------------|--|------------------|----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--|--|--|
| NAME:                                                                                                |  |                  |                                                    |                                                                                                                        |  |  |  |
| OWNER & DOB:                                                                                         |  |                  |                                                    |                                                                                                                        |  |  |  |
| ADDRESS:                                                                                             |  |                  |                                                    |                                                                                                                        |  |  |  |
| CITY:                                                                                                |  | STATE:           |                                                    | ZIP:                                                                                                                   |  |  |  |
| PHONE:                                                                                               |  |                  |                                                    |                                                                                                                        |  |  |  |
| EFFECTIVE:                                                                                           |  | Quote Needed By: |                                                    |                                                                                                                        |  |  |  |
| MC#:                                                                                                 |  | DOT#:            |                                                    | Ever Been Cancelled/Non Renewed                                                                                        |  |  |  |
| Year Business Started                                                                                |  |                  |                                                    |                                                                                                                        |  |  |  |
| Number of Employees                                                                                  |  |                  | Annual Sales/Revenue                               |                                                                                                                        |  |  |  |
| Payroll (including employees, mechanics, & office workers but excluding drivers)<br><br>_____        |  |                  | Does the Applicant own/operate any other business? |                                                                                                                        |  |  |  |
| How many owners? _____                                                                               |  |                  |                                                    |                                                                                                                        |  |  |  |
| Fire Extinguishers available?                                                                        |  |                  |                                                    | Has the applicant, a majority owner, partner or member filed bankruptcy in past five years?                            |  |  |  |
| Are your Premises operations and dispatch open 24 hours?                                             |  |                  |                                                    | Does the applicant handle any infectious waste or haz mat?                                                             |  |  |  |
| Does the applicant have any operations involving rigging work or use of cranes?                      |  |                  |                                                    | Does the applicant/named insured provide ambulance services, armored car services or transport people?                 |  |  |  |
| Does the applicant rent or loan Equipment or tools to others (including vehicles)?                   |  |                  |                                                    | Does the applicant perform any operations other than for hire hauling and repair or maintenance of their own vehicles? |  |  |  |
| Does applicant have any appliance delivery or installation services?                                 |  |                  |                                                    | Does the applicant perform any residential or commercial moving operations?                                            |  |  |  |
| Does the applicant perform any hauling of mix-in-transit, hot mix, bulk sealant, or bulk dry cement? |  |                  |                                                    | Does the applicant have any ownership in mines, quarries, or pits?                                                     |  |  |  |
| Does the applicant warehouse goods of others?                                                        |  |                  |                                                    | Other than to dealership or auctions does the applicant have any towing operations including flatbed towing?           |  |  |  |
| Does the applicant provide any ice/snow treatment or removal services?                               |  |                  |                                                    | Does the applicant perform any street cleaning or debris removal operations?                                           |  |  |  |
| Is the applicant an ice cream or mobile food truck?                                                  |  |                  |                                                    | Is the applicant's operation a freight forwarder?                                                                      |  |  |  |
|                                                                                                      |  |                  |                                                    |                                                                                                                        |  |  |  |

|                                                                                                                                                        |         |                                                                                                                                                    |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------|----------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Has Applicant had an Employment Practices Liability Claim or currently aware of circumstance that may lead to an Employment Practices Liability Claim? |         | Has applicant been involved in or have planned to be involved in any layoffs, mergers, or acquisitions in the past 5 years or in the next 2 years? |  |
| Does the applicant's operation include any hauling or locations in California?                                                                         |         |                                                                                                                                                    |  |
| <b>IF ANY LOSSES WE WILL NEED CURRENTLY VALUED LOSS RUNS</b>                                                                                           |         |                                                                                                                                                    |  |
| <b>LOSS HISTORY:</b>                                                                                                                                   | Ins. Co | Loss amount with details                                                                                                                           |  |
| CURRENT YEAR                                                                                                                                           |         |                                                                                                                                                    |  |
| YEAR 2                                                                                                                                                 |         |                                                                                                                                                    |  |
| YEAR 3                                                                                                                                                 |         |                                                                                                                                                    |  |
| YEAR 4                                                                                                                                                 |         |                                                                                                                                                    |  |

**COVERAGES (MARK/COMPLETE APPROPRIATE SELECTIONS)**

|                                                   |                                    |                                                                     |
|---------------------------------------------------|------------------------------------|---------------------------------------------------------------------|
| Per Occurrence Liability Limit                    | <input type="checkbox"/> 500,000   | <input type="checkbox"/> 1,000,000                                  |
| General Aggregate Limit                           | <input type="checkbox"/> 1,000,000 | <input type="checkbox"/> 2,000,000                                  |
| Products and Completed Operations Aggregate Limit | <input type="checkbox"/> 1,000,000 | <input type="checkbox"/> 2,000,000 <input type="checkbox"/> Exclude |
| Medical Limit                                     | <input type="checkbox"/> 5,000     | <input type="checkbox"/> 10,000                                     |

**OPTIONAL COVERAGES**

Employment Practices Liability

Limit:

Privacy Liability & Data Breach Coverage (Cyber)

50,000  100,000

\*Any losses for Privacy liability or data breach claims, incidents or potential incidents in the past 5 years?

YES NO

Waiver of Transfer of Rights of Recovery Against other to Us

Primary and Non-Contributory – Owners or Lessors of Premises

Primary and Noncontributory – Other Insurance Condition

Optional Additional Insured?

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