



Agency:  
Contact:  
Phone:  
Email:  
New      Renewal      Policy #:

## Quick Trucking Quote

Requested Effective Date:		Agent:		Agency:	
Agent email:				Agent Phone #:	
Insured Name including DBA:				MC Number:	US DOT Number:
Type of Business: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other _____					Yrs in Trucking Ind.
<b>Are Filings Required:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					
Location	Address		City		State
Mailing					Zip Code:
Garaging					

<b>Description of Operations:</b>		<input type="checkbox"/> For Hire <input type="checkbox"/> Private <input type="checkbox"/> Non Trucking <input checked="" type="checkbox"/> Other _____		
		Range of Transport: <input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate		
Maximum Radius of loads are:		Please list major Metropolitan Areas traveled through or into:		
0-100 miles: _____ %    101-300 miles: _____ % With percentage on _____ 301-500 miles: _____ %    501+ miles: _____ %		_____ _____ _____		
<b>Operation History</b>				
	Projected	Past Year	Past Year 2	Past Year 3
Revenue				
Mileage				
# Units Operated				

<b><i>Commodities Transported</i></b>	<b>Requested Limit:</b>		<b>Deductible:</b>	
<b>Commodity</b>	<b>% of Loads</b>	<b>Maximum Value</b>	<b>Average Value</b>	<b>Comments: If Autos % New/%Used</b>
<b><i>Optional Coverages:</i></b> <input type="checkbox"/> Earned Freight <input type="checkbox"/> Refrigeration Breakdown				

[illegible]

<b>Driver Information</b>		Must be completed on all drivers. (Include owner)			
Driver Name		Date of Birth	License Number	State	#Yrs Driving Similar Equip
1	Owner:				
2					
3					
4					

Driver Information Continued (last 3 years)				
	Date of Hire	#Violations	# Accidents	Details (Accidents are considered at fault unless report showing not at fault is submitted)
1				
2				
3				
4				

<b>Schedule of Autos to be Insured</b>			All units you own or are leased to you must be scheduled and insured if filings are to be made.					
Type: TR = Tractor TK = Truck TL = Trailer V = Van			Trailers: D = Dump F = Flat Bed R = Reefer CC = Car Carrier DV = Dry Van T = Tanker					
Model YR	Trade Name	Type	Trailer Type	Vin	GVW/G CQW	Stated Value	Max Radius	Owner's Name

<b>Coverages and Limits</b>		Auto Liability: CSL \$			
<input type="checkbox"/> Med Pay: \$		UM/UM Limits: \$		<input type="checkbox"/> Non-Owned Auto: # of Employees:	
<input type="checkbox"/> Physical Damage Deductible: \$		PIP Coverage Limit: \$		<input type="checkbox"/> Hired Auto Cost of Hire: If Any Basis <input type="checkbox"/>	
		<input type="checkbox"/> General Liability # Executive officers		Payroll: \$	

Comments:
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Please send this form and Document below to:  
[general@iwannainsurancellc.com](mailto:general@iwannainsurancellc.com)

Current Policy  
Company Loss Runs  
IFTA Report