



Trucking Quick Quote - 1 to 4 Power Units

Please type in your answers, print and fax to (918) 336-4842.

**Agency Information:**

Agent Code: _____ Agent Name: _____ State: _____
 Contact Person: _____ Phone #: _____ Fax #: _____
 Email address: _____

Insured Information:

Desired Effective Date: _____
 Insured Name: _____ Owner's Name: _____
 Address: _____ Owners' Social Security #: _____
 City: _____ State: _____ Zip: _____
 Insured DOT#: _____ Brokerage: Yes No
 Insured MC#: _____ FEIN #: _____
 Other State Filings (Please provide ID#'s, if applicable): _____ Years in Business: _____
 States Entered: _____ Does the insured do Double or Triples: Yes No
 Major Cities Driving To/Through: _____

Prior Carrier Info for the past 3 years:

Year	Company Name	Policy Number	Loss (Y/N)	Details	Driver Involved

If no prior insurance in own name, provide 3 years of driver employment history: _____ Current Pricing: _____

Driver Information:

Driver Name	Date of Birth	License Number	State	Date Hired	# of Yrs CDL	Last 3 years Violations	# of Accidents

Vehicle Information:

Year	Make	Model	Veh Type	GVW	Present Value	Radius Miles	Comments

Coverage & Limits

Liability
<input type="checkbox"/> Primary
<input type="checkbox"/> Non Trucking

Physical Damage	Deductible
<input type="checkbox"/> Specified Perils	
<input type="checkbox"/> Comprehensive	
<input type="checkbox"/> Collision	

Auto Liability Limits	
UM	
UIM	
PIP Coverage	
Medical Payments	
Hired Car	
Non-Owned	
GL Coverage	

Cargo Maximum Cargo Limit: _____ Cargo Deductible: _____

Commodity Transport	% of Total	Value Per Truckload