

# Trucker's Quote Questionnaire

Name:		Date	
DBA:			
Address:			
Phone #:		Cell ph#:	
Yrs in business	New Venture? <input type="checkbox"/> Y <input type="checkbox"/> N	DOT /ICC#	
Commodities Hauled:			
Any hazardous commodities hauled, i.e., chemicals, explosives? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, explain			

## Drivers:

Owner	D.O.B.	License#
Yrs Exp                      CDL? <input type="checkbox"/> Y <input type="checkbox"/> N	# of tickets	# of accidents
Driver	D.O.B.	License #
Yrs Exp                      CDL? <input type="checkbox"/> Y <input type="checkbox"/> N	# of tickets	# of accidents
Driver	D.O.B.	License #
Yrs Exp                      CDL? <input type="checkbox"/> Y <input type="checkbox"/> N	# of tickets	# of accidents
Driver	D.O.B.	License #
Yrs Exp                      CDL? <input type="checkbox"/> Y <input type="checkbox"/> N	# of tickets	# of accidents

## Vehicles:

No	Year	Make (if unidentified trlr, show UNID)	GVW (trucks)	Radius	Value	Comprehensive Fire & Theft Deductible	Collision Deductible
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

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## Previous Insurance:

Currently insured? ___ Y ___ N	Name of Ins Co:
Cancelled or non-renewed? ___ Y ___ N	If yes, reason?

## Previous Loss History:

Year	Insurance Co	Type of claim	\$ paid out

## Insurance coverage limits desired:

Liability \_\_\_\_\_ Underinsured Motorists \_\_\_\_\_

Personal Injury \_\_\_\_\_ Cargo \_\_\_\_\_

## Filings Required:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The above information is representative of the operations for the quote requested. I certify that I have the authority to seek and secure the type of insurance coverage addressed in this questionnaire.

\_\_\_\_\_

Signed

\_\_\_\_\_

Date