

**Truck Quotation Worksheet (9-28-05)**

Date: \_\_\_\_\_

Named Insured: \_\_\_\_\_

Garaging Address: \_\_\_\_\_

Specific Commodities Hauled: \_\_\_\_\_

Max Radius of Operations: \_\_\_\_\_ Exp/Yrs in Biz: \_\_\_\_\_ Filings: \_\_\_\_\_ Docket # \_\_\_\_\_

List all states operated into or through: \_\_\_\_\_

(describe major routes) \_\_\_\_\_

Do you use hired or owner/operator equipment? \_\_\_\_\_ If yes, what is carrier's name? \_\_\_\_\_

Do you allow others to trip lease under your authority? \_\_\_\_\_

**PRIOR CARRIER HISTORY (PAST THREE YEARS)**

Company _____	Period _____	Premium _____
Company _____	Period _____	Premium _____
Company _____	Period _____	Premium _____

**LOSS HISTORY (PAST THREE YEARS)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DRIVER INFORMATION**

Name _____	DOB _____	Yrs/Exp _____	MVR _____
Name _____	DOB _____	Yrs/Exp _____	MVR _____
Name _____	DOB _____	Yrs/Exp _____	MVR _____
Name _____	DOB _____	Yrs/Exp _____	MVR _____

**VEHICLE INFORMATION**

Yr	Make	Type/Description	GVW	Value
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

**COVERAGE INFORMATION - ( ) Primary ( ) NonTrucking**

**Limits:**

Liability \_\_\_\_\_ Med Pay \_\_\_\_\_ UM/UIM \_\_\_\_\_  
 SP/Comp - ded \_\_\_\_\_ Coll - ded \_\_\_\_\_ Cargo \_\_\_\_\_ ded \_\_\_\_\_  
 Other \_\_\_\_\_

Agency \_\_\_\_\_ Contact Person \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_