

Truck or Auto EASY QUOTE Application - OR go online and get INSTANT quote

1. Agency Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City/State \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Fax # \_\_\_\_\_ & Phone # \_\_\_\_\_  
E-mail \_\_\_\_\_
2. Insured \_\_\_\_\_  
DBA \_\_\_\_\_  
Is Insured a corporation?  Yes  No  
Street Address \_\_\_\_\_  
City/State \_\_\_\_\_  
Zip \_\_\_\_\_ County \_\_\_\_\_
3. Effective Date of Coverage \_\_\_\_\_
4. Cargo Hauled \_\_\_\_\_  
Describe Any Hazardous Materials Hauled \_\_\_\_\_
5. Nature of Operations \_\_\_\_\_
6. Is this the applicant's primary business?  Yes  No  
If no, explain \_\_\_\_\_
7. Filing Required?  No  Single State  
 Multi-State  ICC  
If filing required, will policy cover all vehicles owned, operated or under lease to applicant?  Yes  No
8. Do you haul for hire?  Yes  No
9. Is your business for profit?  Yes  No
10. Is the transportation of people your primary business?  Yes  No
11. Do you haul double trailers?  Yes  No
12. Do you operate in more than one state?  Yes  No
13. Hired and Non-owned?  Yes  No If yes, please advise estimated cost of hire \_\_\_\_\_
14. Largest Cities Entered \_\_\_\_\_
15. Driver's Information:

Name	Date of Birth	# Yrs. Exp.	License Class	Moving Violations & Accidents - Last 3 Yrs.

16. Vehicle Information:

Body Type	Year	Make	Current Stated Value (Not Cost New)	Radius	GVW (loaded) OR GCW/with trailer OR Seating Capacity	If Truck or Tractor, # of Rear Axles	Annual Mileage	Anti-Lock Brakes (A) Air Bags (B) or Lifts (C)

17. Prior Carrier - Last 3 years: \_\_\_\_\_  
Claims Paid: \_\_\_\_\_

INSURANCE NEEDS - Complete for desired coverages by indicating limits of insurance.							
LIABILITY				Medical Payments	CSL	UM/UIM	
Combined Single Limit BI & PD	Split Limits		Property Damage			SPLIT	
	Bodily Injury	Each Person				Each Accident	BI

DEDUCTIBLES - Complete for desired coverages.		
<input type="checkbox"/> Specified Perils	<input type="checkbox"/> Comprehensive	<input type="checkbox"/> Collision

<input type="checkbox"/> CARGO	<input type="checkbox"/> IN-TOW	<input type="checkbox"/> Cargo Named Peril or Cargo Broad Form
Value	Deductible (500 or 1000)	<input type="checkbox"/> Exclude Theft

**SPECIALTY CLASS QUESTIONS**

- Dumping:** Number of end dump/side dump vehicles \_\_\_\_\_ Number of hopper/belly dump vehicles \_\_\_\_\_
- Limousines:** Are the limousines stretched?  Yes  No If so, length stretched \_\_\_\_\_
- Tow Trucks:** Are towing vehicles associated with a  service station  repair shop  full-time towing business  
 Other, Explain \_\_\_\_\_  
Equipped with tilt bed?  Yes  No Repossess autos?  Yes  No If so, what % of time? \_\_\_\_\_
- All Public:** Are you transporting physically disabled persons?  Yes  No If so, what % of time? \_\_\_\_\_  
Is a fee or fare charged for transporting passengers?  Yes  No Equipped with wheelchair lift?  Yes  No
- Driver Training:** Do vehicles have dual controls?  Yes  No Does insured give classroom instruction?  Yes  No
- Bobtail/Contingent:** Equipment is under permanent/long term lease to \_\_\_\_\_ What % of time? \_\_\_\_\_