



Auto Quick Quote Sheet

Customer Information

Agent Name: _____ Today's Date: _____ Effective Date: _____
 Legal Name: _____ DBA: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Garaging Address: _____ City: _____ State: _____ Zip: _____
 Phone Number: _____ Email: _____ Entity: _____
 Radius: _____ Owner/Safety Name: _____ Is Owner a driver? _____
 # of Power Units: _____ # of Trailers: _____ Major Cities: _____
 USDOT # _____ MC # _____ State # _____ FID # _____ Filings? _____

Primary Commodities Hauled

_____	_____ %	_____ %
_____	_____ %	_____ %

Coverages & Limits

Auto Liability _____ UM/UIM _____ Med Pay _____ # of AI's and/or WOS _____
 Cargo \$ _____ Deductible _____ Reefer Breakdown Deductible _____
 PD Type: Comp/Coll _____ SCOL/Coll _____ Deductible \$ _____ Add'l Coverage _____

Scheduled Drivers

#	Name	CDL #	Age	Exp	DOB	DOH	State	Vio	Acc
1									
2									
3									
4									
5									
6									

Scheduled Equipment (for accuracy please provide Full VINS)

#	Year	Make	Type	Vin #	Value
1					
2					
3					
4					
5					
6					
Total Insured Value					

Prior Insurance Experience

Year	Company	Policy #	Claim Info	Reserve	Total	Trucks

New Venture: _____ **Prior Experience**
 Company Name: _____ MC # _____ Years With Company _____ # Trucks _____
 Coverage Being Non Renewed or Cancelled? _____ Target Premium: _____

Comments