

Non-Fleet Quote Sheet 1 to 4 Power Units

Underwriter: _____ Date: _____

Agency Information

Agent Code: _____ Agent Name: _____ State: _____
 Person to Contact: _____

Insured Information

Insured Name: _____ Owners Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Insured DOT #: _____ Brokerage (Y/N): _____
 Insured MC#: _____
 Other State Filings (Please provide ID #s if applicable): _____ Years in Business: _____
 States Entered: _____ Does the Insured do Doubles or Triples (Y/N): _____
 Major Cities Driving Into or Through: _____

Prior Carrier Info for the past 3 years

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

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

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	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	
Other	

Cargo Maximum Cargo Limit: _____
 Cargo Deductible: _____

Commodity Transport	% of Total	Value Per Truckload

What kind of growth and/or changes expected in the next 12 months?

Comments:

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