



Non - Fleet Quick Quote Sheet

For use with submissions with 4 or less vehicles

Date:	Desired Effective Date:	Expiring AL Premium:	AL Target:				
Insured Information							
Insured name:		TAX ID #					
Garaging location:		US DOT #					
City:	State:	Zip:	MC #				
Phone:		Employer:					
#Of unit owned:		Exclusively: Yes No					
#Of years business:		Average Miles Driven					
Description of Operation:		0-50: % 51-200: % 201-500: 30 % Over 500: 70 %					
Commodities Hauled (%):		States Entered:					
Hauls Oversize/Overweight? Yes No		Major Cities:					
Have you ever been canceled or non-renewed in the last three years: Yes No		Hauls Hazmat: Yes No					
Do you allow non-employee passengers: Yes No		Number years primary coverage under the above name:					
Is Physical Damage Quote requested: Yes No		*** If yes, indicate stated amount per unit below ***					
Taxi and Limo:	Single Shift	Double Shift	Triple Shift				
Driver Information							
Driver Name	DOB	License Number	State	Date Hired	# Years Comm Driving	Last 3 yrs. Moving Violations	Last 3 yrs. Accidents
Policy Year & Carrier		Loss Information		Coverage & Deductible		Premium	
Year	Make	Type	GVW	Stated Value	VIN #		
Liability							
Liability Limit:		Cargo Limit		Reefer Breakdown: Yes No			
Uninsured Motorist Limit:		Cargo Deductible:					
Underinsured Motorist Limit:		Commodity Transported		% of Loads	Maximum	Average	
Medical Payments:							
Personal Injury Protection Limit:							
Trailer Interchange:							
Agency Information							
Agency Name:		Phone:		Fax:			
Contact Person:		Email:					