



## 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:  |              |                          |                      |                               |                       |